

JUNE 21, 1989

OLYMPIA, WASHINGTON

ISSUE 89-12



IN THIS ISSUE

Accountancy, Board of
Agriculture, Department of
Attorney General's Office
Centralia College
Chiropractic Disciplinary Board
Clark College
Code Reviser's Office
Convention and Trade Center
Corrections, Department of
Ecology, Department of
Edmonds Community College
Education, State Board of
Employment Security Department
Evergreen State College, The
Financial Management, Office of
Fisheries, Department of
Governor, Office of the
Green River Community College
Higher Education Personnel Board

Human Rights Commission
Judicial Conduct, Commission on
Labor and Industries, Department of
Licensing, Department of
Lottery Commission
Natural Resources, Department of
Pharmacy, Board of
Public Instruction, Superintendent of
Revenue, Department of
Skagit Valley College
Social and Health Services, Department of
State Employees Benefits Board
State Patrol
Transportation Commission
Transportation Improvement Board
Utilities and Transportation Commission
Vocational Education, Board for
Wildlife, Department of

(Subject/Agency index at back of issue)
This issue contains documents officially
filed not later than June 7, 1989

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

A copy of each document filed with the code reviser's office, pursuant to chapter 28B.19 or 34.04 RCW, is available for public inspection during normal office hours. The code reviser's office is located on the ground floor of the Legislative Building in Olympia. Office hours are from 8 a.m. to noon and from 1 p.m. to 5 p.m. Monday through Friday, except legal holidays. Telephone inquiries concerning material in the Register or the Washington Administrative Code (WAC) may be made by calling (206) 753-7470 (SCAN 234-7470).

REPUBLICATION OF OFFICIAL DOCUMENTS

All documents appearing in the Washington State Register are prepared and printed at public expense. There are no restrictions on the republication of official documents appearing in the Washington State Register. All news services are especially encouraged to give wide publicity to all documents printed in the Washington State Register.

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

STATE MAXIMUM INTEREST RATE

The maximum allowable interest rate applicable for the month of June 1989 pursuant to RCW 19.52.020 is thirteen point one six percent (13.16%).

NOTICE: FEDERAL LAW PERMITS FEDERALLY INSURED FINANCIAL INSTITUTIONS IN THE STATE TO CHARGE THE HIGHEST RATE OF INTEREST THAT MAY BE CHARGED BY ANY FINANCIAL INSTITUTION IN THE STATE. THE MAXIMUM ALLOWABLE RATE OF INTEREST SET FORTH ABOVE MAY NOT APPLY TO A PARTICULAR TRANSACTION.

The maximum allowable retail installment contract service charge applicable for calendar year 1989 pursuant to RCW 63.14.130(1)(a) is thirteen and one-half percent (13.50%).

The maximum allowable retail installment contract service charge for the purchase of a motor vehicle pursuant to RCW 63.14.130(2)(a) is fifteen and one-quarter percent (15.25%) for the second calendar quarter of 1989.

WASHINGTON STATE REGISTER

(ISSN 0164-6389) is published twice each month by the Statute Law Committee, Office of the Code Reviser, Olympia, WA 98504, pursuant to RCW 34.08.020. Subscription rate is \$161.70 per year, sales tax included, postpaid to points in the United States. Second-class postage paid at Olympia, Washington.

Changes of address notices, subscription orders, and undelivered copies should be sent to:

WASHINGTON STATE REGISTER
Code Reviser's Office
Legislative Building
Olympia, WA 98504

The Washington State Register is an official publication of the state of Washington. It contains proposed, emergency, and permanently adopted administrative rules, as well as other documents filed with the code reviser's office pursuant to RCW 34.08.020 and 42.30.075. Publication of any material in the Washington State Register is deemed to be official notice of such information.

Raymond W. Haman
Chairman, Statute Law Committee

Kerry S. Radcliff
Editor

Dennis W. Cooper
Code Reviser

Joyce Matzen
Subscription Clerk

Gary Reid
Chief Assistant Code Reviser

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 are 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 MATERIAL

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 material is new material;
 - (ii) ~~deleted material is ((timed-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's office. 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's office 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's office 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.

1988 – 1989

DATES FOR REGISTER CLOSING, DISTRIBUTION, AND FIRST AGENCY ACTION

Issue No.	Closing Dates ¹			Distribution Date	First Agency Action Date ³
	Non-OTS & 30 p. or more	Non-OTS & 11 to 29 p.	OTS ² or 10 p. max. Non-OTS		
For Inclusion in—	File no later than—			Count 20 days from—	For hearing/adoption on or after
88-18	Aug 10	Aug 24	Sep 7	Sep 21	Oct 11
88-19	Aug 24	Sep 7	Sep 21	Oct 5	Oct 25
88-20	Sep 7	Sep 21	Oct 5	Oct 19	Nov 8
88-21	Sep 21	Oct 5	Oct 19	Nov 2	Nov 22
88-22	Oct 5	Oct 19	Nov 2	Nov 16	Dec 6
88-23	Oct 26	Nov 9	Nov 23	Dec 7	Dec 27
88-24	Nov 9	Nov 23	Dec 7	Dec 21	Jan 10, 1989
89-01	Nov 23	Dec 7	Dec 21, 1988	Jan 4, 1989	Jan 24
89-02	Dec 7	Dec 21, 1988	Jan 4, 1989	Jan 18	Feb 7
89-03	Dec 21, 1988	Jan 4, 1989	Jan 18	Feb 1	Feb 21
89-04	Jan 4	Jan 18	Feb 1	Feb 15	Mar 7
89-05	Jan 18	Feb 1	Feb 15	Mar 1	Mar 21
89-06	Feb 1	Feb 15	Mar 1	Mar 15	Apr 4
89-07	Feb 22	Mar 8	Mar 22	Apr 5	Apr 25
89-08	Mar 8	Mar 22	Apr 5	Apr 19	May 9
89-09	Mar 22	Apr 5	Apr 19	May 3	May 23
89-10	Apr 5	Apr 19	May 3	May 17	Jun 6
89-11	Apr 26	May 10	May 24	Jun 7	Jun 27
89-12	May 10	May 24	Jun 7	Jun 21	Jul 11
89-13	May 24	Jun 7	Jun 21	Jul 5	Jul 25
89-14	Jun 7	Jun 21	Jul 5	Jul 19	Aug 8
89-15	Jun 21	Jul 5	Jul 19	Aug 2	Aug 22
89-16	Jul 5	Jul 19	Aug 2	Aug 16	Sep 5
89-17	Jul 26	Aug 9	Aug 23	Sep 6	Sep 26
89-18	Aug 9	Aug 23	Sep 6	Sep 20	Oct 10
89-19	Aug 23	Sep 6	Sep 20	Oct 4	Oct 24
89-20	Sep 6	Sep 20	Oct 4	Oct 18	Nov 7
89-21	Sep 20	Oct 4	Oct 18	Nov 1	Nov 21
89-22	Oct 4	Oct 18	Nov 1	Nov 15	Dec 5
89-23	Oct 25	Nov 8	Nov 22	Dec 6	Dec 26
89-24	Nov 8	Nov 22	Dec 6	Dec 20	Jan 9, 1990

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

²A 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.

³No 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 89-12-001
EMERGENCY RULES
DEPARTMENT OF AGRICULTURE
 [Order 2006—Filed May 25, 1989]

I, C. Alan Pettibone, director of the Washington State Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to production of bermudagrass seed in chapters 16-300 and 16-316 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 the department has received a request to allow the production of bermudagrass seed. New strains have been developed for production which have been approved by the Washington Seed Council. This species is not on any county or state noxious weed list.

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

This rule is promulgated pursuant to chapter 15.49 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 May 23, 1989.

By Michael V. Schwisow
 Deputy Director

AMENDATORY SECTION (Amending Order 1796, filed 6/16/83 [5/16/83])

WAC 16-300-020 RESTRICTED NOXIOUS WEED SEEDS. (1) Restricted (secondary) noxious weed seeds are the seeds of weeds which are objectionable in fields, lawns, and gardens of this state, but which can be controlled by cultural or chemical practices.

(2) It shall be unlawful for any person to distribute mislabeled seed. Seed shall be deemed to be mislabeled if it consists of or contains any of the restricted noxious weed seeds listed below in excess of the number declared on the label.

English or Common Name	Botanical or Scientific Name
((Bermudagrass	Cynodon dactylon (L.) Pers.))
Blue lettuce	Lactuca pulchella (Pursh.) DC.
Docks and Sorrel	Rumex spp.
Dodder	Cuscuta spp.
Field pennycress (fanweed)	Thlaspi arvense
Field sandbur	Cenchrus pauciflorus Benth.
Gromwell (only in small grain)	Lithospermum arvense
Halogeton	Halogeton glomeratus C.A. Mey.
Medusahead	Elymus caput-medusae L. or Taeniatherum asperum (Sim.) Nevski
Plantains	Plantago spp.

English or
Common Name

Botanical or
Scientific Name

Poverty weed	Iva axillaris Pursh.
Puncturevine	Tribulus terrestris L.
St. Johnswort	Hypericum perforatum L.
Dalmation toadflax	Linaria dalmatica (L.) Mill.
Yellow toadflax	Linaria vulgaris Hill.
Western ragweed	Ambrosia psilostachya DC.
Wild mustard	Brassica kaber (DC.) L.C. Wheeler Var.
Wild oat	Avena fatua L.
Yellow starthistle	Centaurea solstitialis L.

For the purpose of seed certification, see WAC 16-316-165 for the list of objectionable weeds.

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

AMENDATORY SECTION (Amending Order 1948, filed 8/13/87)

WAC 16-316-165 OBJECTIONABLE WEEDS. The following weeds shall be considered objectionable weeds for the purpose of seed certification:

English or
Common Name

Botanical or
Scientific Name

((Bermudagrass	Cynodon dactylon (L.) Pers.))
Blue lettuce	Lactuca pulchella (Pursh.) DC.
Docks and Sorrel	Rumex spp.
Field pennycress (fanweed)	Thlaspi arvense
Field sandbur	Cenchrus pauciflorus Benth.
Halogeton	Halogeton glomeratus C.A. Mey.
Medusahead	Elymus caput-medusae L. or Taeniatherum asperum
(Sim) Nevski	
Plantains	Plantago spp.
Poverty weed	Iva axillaris Pursh.
Puncturevine	Tribulus terrestris L.
St. Johnswort	Hypericum perforatum L.
Dalmation toadflax	Linaria dalmatica (L.) Mill.
Yellow toadflax	Linaria vulgaris Hill.
Western ragweed	Ambrosia psilostachya DC.
Wild mustard	Brassica kaber (DC.) L.C. Wheeler Var.
Wild oat	Avena fatua L.
Yellow starthistle	Centaurea solstitialis L.
Gromwell (in small grain)	Lithospermum arvense
Bedstraw	Galium aparine (in alfalfa only - inclusion of this species on weed list means certified class is limited to a maximum 18 per pound with no tolerance for foundation or registered seed

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 spelling error in the above section occurred in the copy filed by the agency and appears herein pursuant to the requirements of RCW 34.08.040.

AMENDATORY SECTION (Amending Order 1499, filed 3/31/77)

WAC 16-316-245 FIELD TOLERANCES. Field tolerances shall be as follows:

	Field Producing*		
	Founda-tion	Regis-tered	Certi-fied
Other varieties	0.10%	0.5%	1.0%
Sweet clover	none	5 plants/acre	20 plants/acre
Red clover	none	4 plants/acre	((20 plants/acre))=

* Prohibited noxious weeds must be controlled to prevent seed formation.

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 1457, filed 5/13/76)

WAC 16-316-455 **FIELD TOLERANCES.** Field tolerances shall be as follows:

		Field Producing*	
		Foundation	Certified
Other varieties	(Max.)	0.00%	0.50%
Alfalfa	(Max.)	None	((10 plants/acre))=
Sweet Clover	(Max.)	None	20 plants/acre

* Prohibited noxious weeds must be controlled to prevent seed formation.

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

NEW SECTION

WAC 16-316-375 **BERMUDAGRASS SEED CERTIFICATION STANDARDS.** The general seed certification standards (WAC 16-316-100 through 16-316-214), and grass seed certification standards and fees (WAC 16-316-340 through 16-316-365) are basic and together with the following rules shall constitute the standards for bermudagrass seed certification in Washington State.

NEW SECTION

WAC 16-316-380 **BERMUDAGRASS SEED CERTIFICATION—FIELD ELIGIBILITY.** A field to be eligible for the production of bermudagrass foundation seed shall not have been grown or been seeded to the same species during the previous five years, and shall have included a cultivated crop for three years. A field to be eligible for production of bermudagrass registered or certified seed shall not have grown or been seeded to the same species during the previous three years and shall include a cultivated crop for three years unless the crop was the same variety and passed field inspection for certification.

NEW SECTION

WAC 16-316-385 **BERMUDAGRASS SEED CERTIFICATION—ISOLATION.** Fields or portions of fields for bermudagrass certification shall be isolated

from bermudagrass other than the same variety as follows: Foundation—nine hundred ninety feet; certified—one hundred sixty five feet.

NEW SECTION

WAC 16-316-390 **BERMUDAGRASS SEED CERTIFICATION—FIELD INSPECTION.** In bermudagrass foundation fields no off-types or other varieties are permitted, and in bermudagrass certified fields only one percent off-types or other varieties is permitted.

NEW SECTION

WAC 16-316-395 **BERMUDAGRASS SEED CERTIFICATION—SEED STANDARDS.** Seed standards for bermudagrass seed certification shall be as follows:

Seed Percentage Factor	Class	
	Foundation	Certified
Pure seed (min.)	98.0%	98.0%
Inert matter (max.)	2.0%	2.0%
Objectionable seeds	None	None
Weed seeds (max.)	.01%	.05%*
Other crops or varieties (max.)	.01%	.25%
Germination (min.)	85.0%	85.0%

* Maximum of the following specific grasses: Sprangle top, Lovegrass and Sanddrop seed. Maximum seed permitted of Featherfinger and Rhodegrass - thirty six per pound, either alone or in combination.

AMENDATORY SECTION (Amending Order 1757, filed 3/31/82)

WAC 16-316-620 **STANDARDS.** Seed standards for sod quality grass seed are as follows:

Variety	Mini-mum Purity	Mini-mum Germin-ation	Maxi-mum* Other Crop	Maxi-mum** Weed
Merion Kentucky Bluegrass	95%	80%	0.1%	.02%
Other varieties of Kentucky Blue-grass	97%	80%	0.1%	.02%
Red Fescue	98%	90%	0.1%	.02%
Chewings Fescue	98%	90%	0.1%	.02%

*Must be free of ryegrass, orchardgrass, timothy, bentgrass, big bluegrass, Poa trivialis, smooth brome, reed canarygrass, tall fescue, clover, meadow foxtail, bermudagrass and Canby blue-grass. Maximum allowable Canada bluegrass .02%.

**Must be free of dock, chickweed, crabgrass, plantain, short-awn foxtail, black medic, annual bluegrass, velvetgrass, Rattail fescue and prohibited noxious weed seeds.

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 1976, filed 5/13/88)

WAC 16-316-830 BEAN VARIETIES ELIGIBLE. Following are the bean varieties eligible and the certification scheme for each:

Red Mexican:	NW-59** NW-63** Rufus** U of I 42**
Pinto:	Holberg* Fiesta* <u>pvpV</u> NW-410** NW-590** Nodak** Olathe** <u>pvpV</u> Pindak** U of I 114*** Othello** Sierra**
Pink:	Gloria** Harold** Roza** Victor** Viva**
Small White:	Chief** Bonus** Aurora** <u>Mayflower**</u>
Kidney:	Royal Red**, Montcalm-Dark Red** Isabella-Light Red**, Kardinal**, Kamiken**
Snap Bean:	Epoch** <u>pvpV</u> SB2002**
Navy:	Bunsi**, C-20**, Duty (Pulsar)**, Hyden**, Laker**, NW 395** Seafarer**
Great Northern:	Emerson**, Harris**
Black Turtle:	Black Turtle Soup** #39** Black Beauty** Ebony** <u>pvpV</u> Blackhawk**

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 89-12-002
EMERGENCY RULES
DEPARTMENT OF AGRICULTURE
[Order 2008—Filed May 25, 1989]

I, C. Alan Pettibone, director of the Washington State Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to the use and distribution of daminozide, WAC 16-228-610 through 16-228-630.

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 the restriction of use of the pesticide daminozide to require use only under permit by the department and filing of records of use is needed to determine the amount of daminozide applied in the state of Washington.

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

This rule is promulgated pursuant to chapters 15.58 and 17.21 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 May 25, 1989.

By C. Alan Pettibone
Director

NEW SECTION

WAC 16-228-610 DAMINOZIDE—RESTRICTED USE PESTICIDE. Daminozide (Alar, B-Nine) is hereby declared to be a restricted use pesticide. The purchase or use of daminozide shall be limited to application under the direct supervision of certified applicators who have obtained a permit from the department.

NEW SECTION

WAC 16-228-615 DAMINOZIDE—DISTRIBUTION. (1) Distribution of daminozide shall be only by pesticide dealers who are currently licensed with the Washington State department of agriculture.

(2) Dealers shall distribute daminozide only to certified (licensed) applicators who have obtained a permit from the department for use on the crop specified.

(3) Dealers shall keep records of every distribution of daminozide, which shall, at the minimum, contain the following information:

(a) Purchaser's name, address, certification (license) number, and Washington State department of agriculture permit number. If the purchaser is a commercial applicator or another person other than the grower, the name and address of the grower shall also be recorded;

(b) Number of acres and crop to be treated;

(c) Product name(s) and EPA registration number(s);

(d) Quantity of daminozide distributed;

(4) Dealers shall send a copy of the daminozide distribution records specified in subsection (3) of this section within fourteen days following distribution to the: Washington State department of agriculture, Chemical and Plant Division, Ag Chemical Branch, 406 General Administration Building AX-41, Olympia, Washington 98504.

(5) Dealers shall retain a copy of daminozide distribution records specified in subsection (3) of this section for a period of seven years.

NEW SECTION

WAC 16-228-620 DAMINOZIDE—PERMITS. (1) Certified (licensed) applicators must obtain a permit from the department prior to use or purchase of daminozide. Application for permits shall, at the minimum, contain the following information:

(a) Name, address and telephone number of grower;

(b) Name, address, telephone number and certification (license) number of certified applicator who will supervise the application of daminozide;

(c) Propose rate(s) of application;

(d) Crop and number of acres to be treated;

(e) Pounds of daminozide to be purchased;

(f) Quantity of daminozide already in the grower's possession;

(g) Other information required on the permit form.

(2) Permits to apply daminozide will be limited to pounds necessary to treat this season's crop.

(3) Permits may be obtained by contacting the Washington State department of agriculture, Ag Chemical Branch, 2015 S. 1st Street, Yakima, Washington 98903, phone (509) 575-2746.

NEW SECTION

WAC 16-228-625 DAMINOZIDE—APPLICATOR RECORDS. (1) Certified applicators applying daminozide shall keep the following records:

- (a) The location of the land where the daminozide was applied;
- (b) The year, month, day and time the daminozide was applied;
- (c) The product name used on the registered label and the United States environmental protection agency registration number, if applicable;
- (d) The crop to which the daminozide was applied;
- (e) The amount of daminozide applied per acre or other appropriate measure;
- (f) The concentration of daminozide that was applied;
- (g) The number of acres, or other appropriate measure, to which the daminozide was applied;
- (h) The certified (licensed) applicator's name, address, telephone number, certification (license) number, Washington State department of agriculture permit number, and the name of the individual or individuals making the application;
- (i) Grower's name and address, if different from above;
- (j) The direction and estimated velocity of the wind at the time the pesticide was applied: **PROVIDED**, that this subsection shall not apply to application of daminozide in greenhouses;
- (k) Any other reasonable information required by the director.

(2) This information shall be retained by the certified applicator and the grower for seven years. A copy shall be furnished to the department at the following address within fourteen days following the application: Washington State department of agriculture, Chemical and Plant Division, Ag Chemical Branch, 406 General Administration Building AX-41, Olympia, Washington 98504.

NEW SECTION

WAC 16-228-630 DAMINOZIDE—DEALER STOCKS. Dealers are required to furnish the department an inventory of stocks of daminozide in their possession including brand name, EPA registration number and container size on May 25, 1989. This record of stocks shall be mailed to the Washington State department of agriculture, Chemical and Plant Division, Ag Chemical Branch, 406 General Administration Building AX-41, Olympia, Washington 98504 prior to June 20, 1989.

WSR 89-12-003

ADOPTED RULES

DEPARTMENT OF CORRECTIONS

[Order 89-04—Filed May 25, 1989]

I, Chase Riveland, director of the Department of Corrections, do promulgate and adopt at Olympia,

Washington, the annexed rules relating to reimbursement for criminal justice costs and contingency plan expenses, amending chapter 137-70 WAC.

This action is taken pursuant to Notice No. WSR 89-07-075 filed with the code reviser on March 21, 1989. 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 Corrections as authorized in RCW 34.04.025.

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 May 19, 1989.

By Joseph D. Lehman
Deputy Secretary

AMENDATORY SECTION (Amending Order 87-04, filed 11/3/87)

WAC 137-70-040 REIMBURSABLE IMPACTS/RATES—CRIMINAL JUSTICE COSTS. Reimbursement shall be restricted to fully documented law enforcement, prosecutorial, judicial and jail facility costs, as defined herein, at the actual costs of the submitting jurisdiction, not to exceed the following rates:

(1) Law enforcement costs are costs incurred by any political subdivision in apprehending escapees, in investigating crimes committed by state institutional inmates including pretrial investigations within or outside the institution, or in providing security for inmates outside the jail facility. These costs are reimbursable at the following rates:

(a) \$19.03 per hour for the period July 1, 1985, through June 30, 1986.

(b) \$19.81 per hour for the period July 1, 1986, through June 30, 1989.

(2) If an escape or investigation results in the filing of a criminal complaint, the impacted political subdivision shall be entitled to attorney costs associated with the prosecution and/or defense of the filed action. These costs are reimbursable at the following maximum rates:

(a) \$45.50 per hour from July 1, 1985, through June 30, 1986.

(b) \$47.37 per hour from July 1, 1986, through June 30, 1989.

(3) Reimbursement for judicial costs incurred as a result of the filing of a criminal complaint shall be limited to judges, court reporters, transcript typing or preparation, witness fees and jury fees. These costs are reimbursable at the following maximum rates:

(a) Judges - \$42.41 per hour from July 1, 1985, through June 30, 1986, and \$44.15 per hour for the period July 1, 1986, through June 30, 1989. These costs shall include the services of court clerks and bailiffs.

(b) Court reporters - \$19.08 per hour from July 1, 1985, through June 30, 1986, and \$19.86 per hour for the period July 1, 1986, through June 30, 1989.

(c) Transcript typing services – \$3.80 per page from July 1, 1985, through June 30, 1986, and \$3.96 per page for the period July 1, 1986, through June 30, 1989.

(d) Expert witnesses – \$63.86 per hour from July 1, 1985, through June 30, 1986, and \$66.48 per hour for the period July 1, 1986, through June 30, 1989.

(e) Witness fees/nonexpert – jury fees – reimbursable at the rate established by the local governmental legislative authority up to a maximum of \$28.67 per day for the period July 1, 1985, through June 30, 1986, and \$29.85 for the period July 1, 1986, through June 30, 1989.

(4) Jail facility costs resulting from the escape or criminal complaint shall be reimbursed at the following maximum rate: \$15.00 per inmate day from July 1, 1985, through June 30, 1987, ~~((and))~~ \$18.00 for the period July 1, 1987, through July 31, 1988, and \$30.00 for the period August 1, 1988, through June 30, ((+1988)) 1989.

(5) Coroner – Where an inmate dies as a result of criminal activity of another inmate, coroner costs incurred by a local jurisdiction may be reimbursed up to a maximum amount established by the department as reasonable.

(6) Medical costs – Where an inmate is in the custody of a local jurisdiction as a result of a crime committed while incarcerated in a state institution, extraordinary medical costs, beyond the routine medical services of the jail, may be reimbursed at the discretion of the department. Counties, cities, and towns shall notify the department prior to incurring expenses for extraordinary medical expenses, where practicable, to allow the department an opportunity to provide the necessary medical care directly.

WSR 89-12-004

ADOPTED RULES

DEPARTMENT OF LABOR AND INDUSTRIES

[Order 89-04—Filed May 25, 1989]

I, Joe Dear, director of the Department of Labor and Industries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to plumber examination, certification, reinstatement, and temporary permit fees, WAC 296-400-045.

This action is taken pursuant to Notice No. WSR 89-07-079 filed with the code reviser on March 22, 1989. 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 18.106-.125 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 May 25, 1989.

By Joseph A. Dear
Director

AMENDATORY SECTION (Amending Order 87-32, filed 2/29/88)

WAC 296-400-045 PLUMBER EXAMINATION, CERTIFICATION, REINSTATEMENT, AND TEMPORARY PERMIT FEES.

Examination fee: \$100.00

Trainee certificate fee
(1 year): ~~((~~\$20.00~~))~~ \$30.00

Issuance of trainee certificate for less than 1 year: ~~((~~\$2.00~~))~~ \$ 3.00
for each month of certificate period with a minimum fee of ~~((~~\$10.00~~))~~ \$20.00

The trainee certificate shall expire one year from the date of issuance, and shall be renewed on or before the date of expiration.

Temporary permit fee: ~~((~~\$20.00~~))~~ \$50.00

Issuance or renewal of journeyman or specialty certificate fee (2 year): ~~((~~\$60.00~~))~~ \$80.00

Issuance of certificate for less than two years: ~~((~~\$2.50~~))~~ \$ 3.50
for each month of certificate period with a minimum fee of ~~((~~\$20.00~~))~~ \$30.00

Reinstatement of journeyman or specialty certificate: ~~((~~\$60.00~~))~~ \$160.00

Replacement of all certificates: ~~((~~\$20.00~~))~~ \$30.00

Each person who has passed the examination for the plumbers certificate of competency and has paid the certificate fee shall be issued a certificate of competency that will expire on his or her birthdate. If the person was born in an even-numbered year, the certificate shall expire on the person's birthdate in the next even-numbered year. If the person was born in an odd-numbered year, the certificate shall expire on the person's birthdate in the next odd-numbered year.

WSR 89-12-005

PROPOSED RULES

TRANSPORTATION COMMISSION

[Filed May 25, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, 47.60.326 and 47.56.030, that

the Washington State Transportation Commission intends to adopt, amend, or repeal rules concerning change bicycle tariff and special school rates, and clarification of other categories such as priority loading, truck definition and vanpools;

that the agency will at 10:00 a.m., Thursday, June 15, 1989, in the Transportation Building, Room 1D2, 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 June 15, 1989.

The authority under which these rules are proposed is RCW 47.56.030 and 47.60.326.

The specific statute these rules are intended to implement is RCW 47.60.326.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 15, 1989.

This notice is connected to and continues the matter in Notice No. WSR 89-08-068 filed with the code reviser's office on April 4, 1989.

Dated: May 25, 1989
By: Anna Peterson
Administrator

AMENDATORY SECTION (Amending Order 66, Resolution No. 343, filed 1/23/89, effective 7/1/89)

WAC 468-300-010 FERRY PASSENGER TOLLS.

Effective 03:00 a.m. (~~July~~) September 11, 1989

ROUTES	Full Fare	Half Fare**	COM-MU-TATION 20 Rides ((**)) ****	<u>Bicycle Surchage</u> *****
Via Passenger-Only Ferry				
Seattle-Vashon Seattle-Southworth Seattle-Bremerton	3.30	1.65	19.80	<u>N/C</u>
Via Auto Ferry				
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Edmonds-Kingston	3.30	1.65	19.80	<u>.50</u>
Pt. Townsend-Keystone	1.65	.85	19.80	<u>.25</u>
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah Mukilteo-Clinton	2.15	1.10	12.90	<u>.50</u>
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	4.65	2.35	27.90	<u>1.00</u>
Anacortes to Sidney and Sidney to all destinations	6.05	3.05	N/A	<u>2.50</u>
Between Lopez, Shaw, Orcas***** and Friday Harbor	N/C	N/C	N/C	<u>2.25</u>
From Lopez, Shaw, Orcas and Friday Harbor@ to Sidney	2.25	1.25	N/A	<u>1.00</u>

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

*These routes operate as a one-point toll collection system.

**Half Fare

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.

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 or Regional Reduced Fare 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.

Bus Passengers - Passengers traveling in vehicles licensed as stages and buses, unless traveling under an annual permit, will be charged half-fare.

Medicare Card Holders - Any person holding a Medicare card duly issued to that person pursuant to Title II or Title XVIII of the Social Security Act may travel at half-fare tolls on any route upon presentation of a WSF Handicapped Travel Permit or a Regional Reduced Fare Permit at time of travel.

NOTE: Half-fare privilege does not include vehicle.

((~~***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.~~))

****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.

*****Bicycle surcharge is in addition to the appropriate passenger fare.

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).

SPECIAL SCHOOL RATE

Individuals in school groups of fifteen or larger on institution-sponsored activities may travel at quarter-fare. A letter of authorization is required to receive the discount.

Schools are defined as public schools and state board of education "approved private schools."

AMENDATORY SECTION (Amending Order 66, Resolution No. 343, filed 1/23/89, effective 7/1/89)

WAC 468-300-020 AUTO, MOTORCYCLE, (~~BICYCLE~~) AND STOWAGE FERRY TOLLS.

Effective 03:00 a.m. (~~July 1~~) September 11, 1989

	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 ***
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	5.55	88.80	3.05	40.65	2.30	1.50	23.00
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	* 7.50	60.00	4.10	27.35	3.20	2.15	16.00
Mukilteo-Clinton	3.75	60.00	2.05	27.35	1.60	1.10	16.00
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	11.60 13.85 15.85	46.40 55.40 63.40	7.15 8.20 9.50	47.65 54.65 63.35	6.25	3.95	31.25
Anacortes to Sidney and Sidney to all destinations	26.05	N/A	13.15	N/A	8.55	5.55	N/A
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	13.25	N/A	6.00	N/A	3.25	2.25	N/A))

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

*These routes operate as a one-point 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. By July 1, 1990, all vanpools will be required to have tax exempt or vanpool specialized licenses. The fee for private vanpool permits will be reduced from ten dollars per quarter to ten dollars per year to coincide with the fee charged to public vanpools, effective July 1, 1990. 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)) four 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.

***** Carry on items including kayaks, canoes and other items of comparable size which are typically stowed on the vehicle deck of the vessel shall be charged at the motorcycle rate. This rate includes the walk-on passenger carrying on the item to be stowed.

SUMMER SURCHARGE

A 20% surcharge shall be applied to coincide with the summer schedule period to regular, noncommutation auto and noncommercial vehicles with trailers and oversize vehicles.

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 vehicles 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.

Schools are defined as public schools and state board of education "approved private schools."

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 66, Resolution No. 343, filed 1/23/89, effective 7/1/89)

WAC 468-300-040 TRUCKS AND TRUCKS WITH TRAILER FERRY TOLLS.

Effective 03:00 a.m. ((July 1)) September 11, 1989

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'	
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	5.55	9.40	18.65	27.85	37.10	46.35	55.50	55.50	.80
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	7.50	13.20	26.20	39.00	51.90	64.90	77.90	77.90	1.10
Mukilteo-Clinton	3.75	6.60	13.10	19.50	25.95	32.45	38.95	38.95	.55
**Anacortes to Lopez, Shaw, Orcas * or Friday Harbor	11.60 13.85 15.85	22.45	44.65	66.80	88.95	111.20	133.35	133.35	1.85
Anacortes to Sidney **and Sidney to all destinations	26.05	34.20	57.70	81.20	104.75	128.40	151.95	151.95	2.10
Between Lopez, Shaw, Orcas **@ and Friday Harbor	6.50	11.00	11.00	11.00	44.00	44.00	44.00	44.00	N/A
**From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	13.25	20.00	34.00	48.00	61.50	75.50	89.25	89.25	1.00

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

*These routes operate as a one-point 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, vehicles licensed as fixed load, unlicensed vehicles and road machinery on wheels. Vehicles not included in this class cannot be charged under this class.

****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 per week (Sunday thru Saturday) will qualify for a 25% discount from the regular ferry tolls.

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 66, Resolution No. 343, filed 1/23/89, effective 7/1/89)

WAC 468-300-070 NONCOMMERCIAL VEHICLE WITH TRAILER, OVERSIZE VEHICLE, STAGE AND BUS, NEWSPAPER, EXPRESS SHIPMENTS AND MEDICAL SUPPLIES FERRY TOLLS.

Effective 03:00 a.m. (~~July 1~~) September 11, 1989

Noncommercial Vehicle with Trailer, Oversize Vehicle, Stage and Bus, Newspaper, Express Shipments and Medical Supplies Ferry Tolls***

	(Under 18'	18' To Under 28'	28' To Under 38'	38' To Under 48'	48' And Over	Stages And Buses Incl. Driver **
Seattle-Winslow Seattle-Bremerton Edmonds-Kingston Pt. Townsend-Keystone Fauntleroy-Southworth	5.55	8.35	11.25	15.90	20.50	12.25
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	* 7.50	11.40	15.80	22.20	28.80	15.70
Mukilteo-Clinton Anacortes to Lopez, Shaw, Orcas or Friday Harbor *	3.75 11.60 13.85 15.85	5.70 20.45	7.90 27.05	11.10 38.10	14.40 49.20	7.85 33.30
Anacortes to Sidney and Sidney to all destinations	26.05	33.10	38.85	50.60	62.35	48.50
Between Lopez, Shaw, Orcas ****@ and Friday Harbor	6.50	11.00	11.00	11.00	44.00	11.00
From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	13.25))	18.25	22.50	29.50	36.50	15.50

(1) BULK NEWSPAPERS per 100 lbs. \$2.20

(Shipments exceeding 60,000 lbs. in any month shall be assessed \$1.10 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. \$20.90

(Shipments exceeding 100 lbs. assessed \$8.30 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 @ \$2.80 per 100 lbs.

(3) MEDICAL SUPPLIES per 100 lbs. \$1.15

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

*These routes operate as a one-point toll collection system.

**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.

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 468-300-040)
- Oversize vehicles
- Does not include motorcycles with trailers.

Also 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.

****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.

SUMMER SURCHARGE

A 20% surcharge shall be applied to coincide with this summer schedule period to regular, noncommutation auto and noncommercial vehicles with trailers and oversize vehicles.

AMENDATORY SECTION (Amending Order 61, Resolution No. 298, filed 5/21/87)

WAC 468-300-700 PREFERENTIAL LOADING. In order to protect public health, safety and commerce; to encourage more efficient use of the ferry system; and to reduce dependency on the single occupant private automobiles:

(1) Preferential loading privileges on vessels operated by Washington state ferries exempting vehicles from the standard first-come first-serve rule shall be granted, in the order set forth below, to:

(a) Emergency vehicles actually involved in emergency operations;

(b) Vehicles transporting persons with severe illnesses or severe disabilities such that the delay in loading which would otherwise result would cause health risks, undue strain or undue discomfort to those persons;

(c) Appropriately marked law enforcement and emergency vehicles traveling on official business;

(d) Public transportation and/or pupil transportation vehicles owned or operated by public or private transportation operators providing transit or charter service under a certificate of public convenience and necessity issued by the utilities and transportation commission of the state of Washington or owned and operated by a local school district or private school system;

((d)) (e) Commuter vanpools which are certified in the manner set forth in WAC 468-300-020;

((e)) (f) Commuter car pools which shall consist of a minimum number of persons as determined by ferry system management: PROVIDED, That such minimum number shall in no case be less than three, and provided further that a formal registration system may be required as determined by ferry system management;

((f)) (g) Commercial vehicles traveling on routes where Washington state ferries is the only major access for landbased traffic, provided that the vehicles are carrying wholesale perishable article(s) of commerce to be bought or sold in commercial activity or to be used in the production of other such articles.

(2) Such preferential loading privileges shall be subject to the following conditions:

(a) Privileges shall be granted only where physical facilities are deemed by ferry system management to be adequate to achieve an efficient operation;

(b) Documentation outlining details of travel will be required in advance from all agencies, companies, or individuals requesting such privileges;

(c) Privileges may be limited to specified time periods as determined by ferry system management;

(d) Privileges may require a minimum frequency of travel, as determined by ferry system management;

(e) Privileges may be limited to a specific number of vehicle spaces for any one sailing; and,

(f) Privileges may require arriving at the ferry terminal a specified time prior to the scheduled sailing.

**WSR 89-12-006
PROPOSED RULES
DEPARTMENT OF FISHERIES
[Filed May 25, 1989]**

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State

Department of Fisheries intends to adopt, amend, or repeal rules concerning definitions.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 11, 1989.

The authority under which these rules are proposed is RCW 75.08.080.

The specific statute these rules are intended to implement is RCW 75.30.130(3).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Dated: May 24, 1989

By: Joseph R. Blum
Director

STATEMENT OF PURPOSE

Title: WAC 220-16-410 Definition—Extenuating circumstances.

Description of Purpose: Define extenuating circumstances.

Statutory Authority: RCW 75.08.080.

Summary of Rule and Reasons Supporting Proposed Action: Extenuating circumstances is defined in order to provide assistance to the Puget Sound crab license advisory review board.

Personnel Responsible for Drafting: Evan S. Jacoby, 115 General Administration Building, Olympia, WA, 586-2429; Implementation: Judith Freeman, 115 General Administration Building, Olympia, WA, 753-6749; and Enforcement: James W. McKillip, 115 General Administration Building, Olympia, WA, 753-6585.

These rules are proposed by the Washington State Department of Fisheries.

Comments: No public hearing is scheduled.

These proposals are not the result of federal law or court order.

Small Business Economic Impact Statement: No differential impact is anticipated. No effect on 10% of businesses in any one three-digit industrial classification nor 20% of all businesses is expected.

NEW SECTION

WAC 220-16-410 DEFINITION—EXTENUATING CIRCUMSTANCES. "Extenuating circumstances" for purposes of this chapter mean circumstances that lessen the seriousness or magnitude of an act, and which are to be considered in determining if an individual is to be granted extraordinary relief. Such personal characteristics as age, education, fishing experience, and physical capability, as well as other personal characteristics, and such physical characteristics as weather, age of vessel, and vessel propulsion mechanism, as well as other physical characteristics, may be considered when reviewing a set of facts for extenuating circumstances.

WSR 89-12-007
EXECUTIVE ORDER
OFFICE OF THE GOVERNOR
[EO 89-03]

DESIGNATION OF THE CRIMINAL JUSTICE
STATISTICAL
ANALYSIS CENTER

WHEREAS, planning for criminal justice and correctional programs is enhanced by the availability of sound and accurate data; and

WHEREAS, the Office of Financial Management, Forecasting Division, Criminal Justice Section, is currently responsible for collecting and analyzing criminal justice statistics;

WHEREAS, this order is made to meet the eligibility requirements for grant applications to the Bureau of Justice Statistics under the United States Department of Justice;

NOW, THEREFORE, I, BOOTH GARDNER, Governor of the State of Washington, by virtue of the authority vested in me, do hereby resolve that the Office of Financial Management, Forecasting Division, Criminal Justice Section, be designated as the Washington Statistical Analysis Center (SAC), and

The Director of the Washington Statistical Analysis Center (SAC) shall be the Chairman of the Executive Committee for implementation of the Criminal Justice Information Act (Chapter 10.98 RCW).

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 25th day of May, A.D., nineteen hundred and eighty-nine.

Booth Gardner

Governor of Washington

BY THE GOVERNOR:

Ralph Munro

Secretary of State

Reviser's note: The spelling error in the above material appeared in the original copy filed by the Office of the Governor and appears herein pursuant to the requirements of RCW 34.08.040.

WSR 89-12-008
NOTICE OF PUBLIC MEETINGS
SKAGIT VALLEY COLLEGE
[Memorandum—May 23, 1989]

There will be a special meeting of the board of trustees on Tuesday, May 30, 1989, 7:00 p.m., in the board room of the Campus Center Annex for the purpose of reviewing and discussing the 1989-90 proposed budget. During

the course of the meeting, the board of trustees may hold an executive session if necessary. No formal board action is contemplated.

Skagit Valley College will schedule meetings in locations that are free of mobility barriers, and interpreters for deaf individuals and brailled or taped information for blind individuals can be provided when adequate notice is given to the president's office at the college.

WSR 89-12-009
NOTICE OF PUBLIC MEETINGS
THE EVERGREEN STATE COLLEGE
[Memorandum—May 24, 1989]

The board of trustees of The Evergreen State College has changed its regularly scheduled meeting of June 14 to June 12, and the board cancelled the regularly scheduled meeting of July 12.

The next meeting will be August 9 in Vancouver.

WSR 89-12-010
ADOPTED RULES
COMMISSION ON JUDICIAL CONDUCT
[Filed May 26, 1989]

Shown below are the recently adopted revised rules of the Commission on Judicial Conduct. These rules are promulgated under the rule-making authority of the Commission on Judicial Conduct, as authorized in Article IV, Section 31 of the Washington State Constitution. Pursuant to RCW 34.08.020, please publish them in the next available State Register and in the upcoming Volume 0 of the Revised Code of Washington.

Esther Garner
Executive Director

Reviser's note: The material contained in this filing will appear in the 89-13 issue of the Register as it was received after the applicable closing date for the issue for agency-typed material exceeding the volume limitations of WAC 1-12-035 or 1-13-035, as appropriate.

WSR 89-12-011
ADOPTED RULES
BOARD OF PHARMACY
[Order 225—Filed May 26, 1989]

Be it resolved by the Washington State Board of Pharmacy, acting at Spokane, Washington, that it does adopt the annexed rules relating to the practice of pharmacy including emergency outpatient medications, amending WAC 360-17-055.

This action is taken pursuant to Notice No. WSR 89-08-062 filed with the code reviser on April 3, 1989. 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 Board of Pharmacy as authorized in RCW 18.64.005.

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 May 17, 1989.

By Joseph M. Honda
Chair

AMENDATORY SECTION (Amending Order 179, filed 11/23/83)

WAC 360-17-055 EMERGENCY OUTPATIENT MEDICATIONS. The director of pharmacy of a hospital shall, in concert with the appropriate committee of the hospital medical staff, develop policies and procedures, which shall be implemented, to provide emergency pharmaceuticals to outpatients during hours when normal community or hospital pharmacy services are not available. The delivery of a single dose for immediate administration to the patient shall not be subject to this regulation. Such policies shall allow the designated registered nurse(s) to deliver medications other than controlled substances, pursuant to the policies and procedures which shall require that:

(1) An order of a practitioner authorized to prescribe a drug is presented. Oral or electronically transmitted orders must be verified by the prescriber in writing within 72 hours.

(2) The medication is prepackaged by a pharmacist and has a label that contains:

(a) Name, address, and telephone number of the hospital.

(b) The name of the drug (as required by chapter 360-49 WAC), strength and number of units.

(c) Cautionary information as required for patient safety and information.

(d) An expiration date after which the patient should not use the medication.

(3) No more than a 24-hour supply is provided to the patient except when the pharmacist has informed appropriate hospital personnel that normal services will not be available within 24 hours.

(4) The container is labeled by the designated registered nurse(s) before presenting to the patient and shows the following:

- (a) Name of patient;
- (b) Directions for use by the patient;
- (c) Date;
- (d) Identifying number;
- (e) Name of prescribing practitioner;
- (f) Initials of the registered nurse;

(5) The original or a direct copy of the order by the prescriber is retained for verification by the pharmacist after completion by the designated registered nurse(s) and shall bear:

- (a) Name and address of patient;

(b) Date of issuance;

(c) Units issued;

(d) Initials of designated registered nurse.

(6) The medications to be delivered as emergency pharmaceuticals shall be kept in a secure place in or near the emergency room in such a manner as to preclude the necessity for entry into the pharmacy.

(7) The procedures outlined in this rule may not be used for controlled substances(--) except at the following rural hospitals which met all three of the rural access project criteria on May 17, 1989:

Hospital	City
1. Lake Chelan Community Hospital	Chelan
2. St. Joseph's Hospital	Chewelah
3. Whitman Community Hospital	Colfax
4. Lincoln Hospital	Davenport
5. Dayton General Hospital	Dayton
6. Ocean Beach Hospital	Ilwaco
7. Newport Community Hospital	Newport
8. Jefferson General Hospital	Port Townsend
9. Ritzville Memorial Hospital	Ritzville
10. Willapa Harbor Hospital	South Bend

WSR 89-12-012
EMERGENCY RULES
DEPARTMENT OF FISHERIES
[Order 89-40—Filed May 26, 1989]

I, Joseph R. Blum, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, Joseph R. Blum, 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 initial returns to Leavenworth National Fish Hatchery indicate that harvestable numbers of hatchery spring chinook are available in the Icicle River and in the Wenatchee River in the vicinity of the Icicle River. An immediate opening is necessary in order to harvest these fish. There is inadequate time to promulgate permanent regulations.

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 May 26, 1989.

By Judith Merchant
Deputy
for Joseph R. Blum
Director

NEW SECTION

WAC 220-57-29000K ICICLE RIVER. Notwithstanding the provisions of WAC 220-57-290, effective May 27 through June 30, 1989, two fish bag limit in those waters 400 feet below the Leavenworth National Fish Hatchery rack to a set of boundary markers at the mouth of the Icicle River.

NEW SECTION

WAC 220-57-49700D WENATCHEE RIVER. Notwithstanding the provisions of WAC 220-57-497, effective May 27 through June 18, 1989, two fish bag limit in those waters from the Highway 2 Bridge at Leavenworth upstream to the mouth of the Icicle River.

WSR 89-12-013

ADOPTED RULES

DEPARTMENT OF REVENUE

[Order 89-7—Filed May 26, 1989]

I, William R. Wilkerson, director of the Department of Revenue, do promulgate and adopt at Olympia, Washington, the annexed rules relating to Personal property exemption—Exceptions, new section WAC 458-16-115.

This action is taken pursuant to Notice No. WSR 89-09-074 filed with the code reviser on April 19, 1989. 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 84.36.110 and is intended to administratively implement that statute.

This rule is promulgated pursuant to RCW 84.08.010(2) and 84.36.865 which directs that the Department of Revenue has authority to implement the provisions of RCW 84.36.110.

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 May 26, 1989.

By Steven L. Frisch
Assistant Director

NEW SECTION

WAC 458-16-115 PERSONAL PROPERTY EXEMPTION — EXCEPTIONS. (1) The personal property exemption in RCW 84.36.110 shall not be applied to:

- (a) Houses, cabins, boathouses, boatdocks or other similar improvements which are located on publicly owned lands;
- (b) Mobile homes; or
- (c) Floating homes.

WSR 89-12-014

EMERGENCY RULES

DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

[Order 2802—Filed May 26, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to alcohol detoxification program, amending chapter 388-40 WAC and new WAC 388-40-091.

I, Leslie F. James, 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 Department of Social and Health Services finds that the immediate amendment of chapter 388-40 WAC is necessary for the preservation of the public health, safety and general welfare. Emergency legislation signed by the governor on February 17, 1989, restored funding to the ADATSA program so that treatment and shelter services would not be terminated. This extension of emergency rules adopted on February 28, 1989, is necessary to retain shelter and treatment services through the end of the biennium.

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

This rule is promulgated under the general rule-making authority of the Department of Social and Health Services as authorized in RCW 74.08.090.

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 May 23, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 2526, filed 8/21/87)

WAC 388-40-030 ADATSA SERVICES. (1) The department shall provide ADATSA services to the extent provided for by legislative appropriation and only to the extent each service conforms to all conditions and limitations set by the department. The department shall establish treatment and shelter caseload ceilings and eligibility standards as needed to assure the program operates within expenditure and caseload limits.

(2) Persons who qualify for the ADATSA program ((shall)) may be eligible for:

(a) A continuum of alcohol/drug treatment services and support ~~((as))~~ described ~~((in))~~ under WAC 388-40-090~~((;))~~ and 388-40-095; or

(b) Shelter services ~~((as))~~ described ~~((in))~~ under WAC 388-40-100.

~~((2))~~ (3) Recipients of ADATSA are eligible for medical care services ~~((as))~~ described ~~((in))~~ under WAC 388-86-120.

AMENDATORY SECTION (Amending Order 2526, filed 8/21/87)

WAC 388-40-050 MEDICAL ELIGIBILITY REQUIREMENTS. (1) If otherwise eligible, ADATSA assistance, available within the current appropriation, shall be granted to alcoholics and drug addicts whose chemical dependency is severe enough to render them incapable of gainful employment.

(2) Incapacity based on alcoholism or drug addiction shall be determined by a department designated chemical dependency assessment center. The assessment center is the department's sole source of medical evidence required for the diagnosis and evaluation of alcoholism/drug addiction and its effects on employability.

(a) The department shall require such an assessment in writing for all ADATSA applicants.

(b) The costs of assessments needed to determine eligibility shall be paid for by the department.

AMENDATORY SECTION (Amending Order 2740, filed 12/21/88)

WAC 388-40-080 ADATSA ASSESSMENT CENTERS—ROLE. (1) ADATSA assessment centers shall:

(a) Be responsible for diagnostic evaluation and placement; and

(b) Not be responsible for providing direct treatment.

(2) The assessment center shall, in accordance with standards set forth under chapter 275-19 WAC, conduct a face-to-face diagnostic assessment of the applicant to:

(a) Determine ~~((incapacity))~~ if the applicant is incapacitated from gainful employment based on alcoholism or drug addiction; and

(b) Determine whether the incapacitated applicant is willing and able to undergo a course of treatment or desires shelter or medical assistance only.

(3) Once the applicant's financial and medical eligibility is established, the assessment center shall:

(a) Determine if treatment or shelter is available, subject to caseload ceilings established by the department;

(b) Arrange all placements into treatment and/or shelter facilities, taking into account the treatment priorities set forth under WAC 388-40-091;

~~((b))~~ (c) Provide the applicant with written notification of the applicant's right to return to the CSO at any time while receiving ADATSA treatment or shelter assistance. This includes, but is not limited to, those situations where the ADATSA recipient is discharged from any inpatient, recovery house, outpatient, or shelter facility providing services under contract to the department;

~~((c))~~ (d) Provide the applicant with written notification of the applicant's right to request a fair hearing to challenge any action which affects eligibility for ADATSA treatment or shelter assistance;

~~((d))~~ (e) Provide ongoing case monitoring of treatment and/or shelter services; ~~((and))~~

~~((e))~~ (f) Notify the community services office promptly of all placement or eligibility status changes.

AMENDATORY SECTION (Amending [Order] 2635, filed 6/21/88)

WAC 388-40-090 ADATSA TREATMENT MODALITIES—DESCRIPTION OF SERVICES, REQUIREMENTS, AND LIMITATIONS. (1) The department shall offer ADATSA treatment services to eligible applicants/recipients incapacitated by alcoholism or drug addiction, subject to availability defined under WAC 388-40-030(1) and priority classifications set forth under WAC 388-40-091.

(2) The department shall limit treatment services to a ~~((total))~~ maximum of six months in a twenty-four month period. The twenty-four month period begins on the date of initial entry into treatment.

(3) The assessment center shall determine a course of treatment based on an individual assessment of alcohol/drug involvement, and treatment needs in accordance with RCW 70.96A.100(2) and the procedures in WAC 275-19-185.

(4) Treatment may consist of residential and/or outpatient services.

(5) The department shall limit residential treatment to the following services:

(a) Intensive inpatient treatment, not to exceed thirty days per admission;

(b) Recovery house treatment, not to exceed sixty days per admission;

(c) Extended care recovery house treatment, not to exceed ninety days;

(d) Long-term care residential treatment, not to exceed one hundred eighty days;

(e) Drug residential treatment, not to exceed one hundred eighty days.

(6) An applicant/recipient ~~((shall))~~ may qualify for up to ~~((six))~~ three months of direct outpatient treatment services if the assessment center determines ~~((that))~~ residential treatment is not necessary or appropriate. The assessment center shall base this determination on clinical or medical factors which would indicate the likelihood that an applicant/recipient would succeed in a less-structured primary treatment modality. Such factors may include an assessment of former treatment history, the number of detoxification admissions, and the chronicity, and degree of incapacity of the applicant/recipient. The assessment center shall also consider social factors such as the availability of social support systems, family support, and stable living arrangement when evaluating the individual's ability to benefit from primary outpatient treatment.

(7) A recipient seeking ninety days or more of continuous, direct outpatient treatment shall return to the assessment center after seventy-five days of outpatient

treatment for re-evaluation. The assessment center shall determine:

(a) Whether the recipient remains incapacitated; and
(b) If more than ninety days of outpatient treatment is necessary or appropriate.

Availability of additional outpatient treatment shall be based upon the priorities under WAC 388-40-091.

(8) When outpatient treatment caseloads exceed one thousand seventy-five clients, applicants for outpatient treatment may be placed on a waiting list.

(9) ADATSA recipients who withdraw from treatment for any reason shall be subject to termination and shall reapply and/or be rereferred to the assessment center if they wish further ADATSA services.

(a) Recipients who drop out of treatment in the intensive inpatient phase may be required to repeat this phase.

(b) Recipients who drop out of treatment during the recovery house or outpatient phase may be required to return to the modality from which they dropped out or may be required to enter intensive inpatient treatment if, in the clinical judgment of the assessment center, a more structured form of treatment seems warranted. The assessment center shall refer to inpatient or residential treatment those recipients who demonstrate an inability to remain abstinent in outpatient treatment.

(c) Recipients who have been absent from inpatient treatment or other residential services for less than seventy-two hours may, at full discretion of the providing program director, reenter that program without being considered as having dropped out and without being required to reapply for readmittance through the assessment center.

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

NEW SECTION

WAC 388-40-091 AVAILABILITY OF TREATMENT—PRIORITY GROUPS. (1) Due to limited availability of treatment, the department shall provide residential and/or outpatient treatment services to eligible applicants/recipients under the following descending list:

- (a) Pregnant women;
- (b) Persons referred through the child protective services program;
- (c) Adults residing in households with children;
- (d) Persons receiving ADATSA shelter assistance, or other financial or medical assistance;
- (d) Persons of the above-priority classes who require additional treatment; and
- (f) Other applicants.

(2) Whenever waiting lists develop, the assessment center shall make treatment placements in order of priority.

(3) The department shall make reductions in outpatient caseload based on the priorities under subsection (1) of this section in inverse order if reductions in outpatient caseloads are necessary to meet the caseload limit.

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

AMENDATORY SECTION (Amending Order 2740, filed 12/21/88)

WAC 388-40-100 ADATSA SHELTER SERVICES. (1) Subject to the provisions under WAC 388-40-030(1), the department shall provide shelter services to eligible ADATSA applicants/recipients:

- (a) Who refuse treatment; or
- (b) Who have exhausted their six months of treatment in a twenty-four month period; or
- (c) (~~Who are~~) In temporary need of shelter pending placement into a treatment facility.

(2) Eligible applicants/recipients wishing shelter services shall have their choice of:

(a) Placement by the assessment center into a department-contracted shelter facility which provides room and board; or

(b) A shelter assistance payment, through a protective payee, for independent housing and basic needs.

(3) The department shall provide assistance for independent housing only to recipients who will be residing in a permanent residential structure. These recipients must also have a deed of purchase, rental agreement, or other verifiable written agreement between themselves and the person or entity to whom they are obligated for shelter costs or from whom they are receiving supplied shelter.

(4) The department shall base the amount of assistance for independent housing and basic needs on the appropriate payment standard in WAC 388-29-100 (3)(a) or (b). For recipients in a contracted shelter facility, the department shall provide an allowance for clothing and personal incidentals based on the standard in WAC 388-29-130.

(5) Recipients receiving contracted shelter services who subsequently leave shelter without notice for more than seventy-two hours, or are discharged from the facility for disciplinary reasons, shall be subject to termination. Upon reapplication and/or re-referral, the assessment center shall again offer treatment and/or shelter as appropriate.

(6) When the projected average shelter caseload, during the period from January 1, 1989 through June 30, 1989, exceeds one thousand two hundred and thirteen clients per month, applicants for shelter assistance shall be placed on a waiting list.

(7) The department shall make reductions in shelter caseloads based on the following priorities in descending order if reductions in shelter caseloads are necessary to meet the caseload limit. The priority groups are persons who have received shelter assistance longer than:

- (a) Six months or longer;
- (b) Five months or longer;
- (c) Four months or longer;
- (d) Three months or longer;
- (e) Two months or longer; or
- (f) One month or less.

(8) A client placed on a shelter waiting list may return to the community services office to determine if

they are also eligible for financial assistance for physical or mental incapacities.

WSR 89-12-015

**NOTICE OF PUBLIC MEETINGS
TRANSPORTATION IMPROVEMENT BOARD**

[Memorandum—May 26, 1989]

MEETING NOTICE FOR
JUNE AND JULY 1989
TRANSPORTATION IMPROVEMENT BOARD
TRANSPORTATION BUILDING
OLYMPIA, WASHINGTON 98504

Work session, 6:00-9:00 p.m., Thursday, June 15, 1989,
at the Sea-Tac Red Lion Inn.

TIB hearing and meeting, 9:00 a.m., Friday, June 16,
1989, at Seattle City Council Chambers, 600 4th
Avenue.

TIB meeting, 9:30 a.m., Friday, July 21, 1989, at the
Transportation Building, Olympia.

WSR 89-12-016

PROPOSED RULES

DEPARTMENT OF ECOLOGY

[Filed May 30, 1989]

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:

New	ch. 173-224 WAC	Wastewater discharge permit fees.
Rep	ch. 173-223 WAC	Interim wastewater discharge permit fees.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on May 31, 1989.

The authority under which these rules are proposed is chapter 43.21A RCW.

The specific statute these rules are intended to implement is chapter 90.48 RCW.

This notice is connected to and continues the matter in Notice No. WSR 89-07-088 filed with the code reviser's office on March 22, 1989.

Dated: May 30, 1989

By: Carol Jolly
Assistant Director

WSR 89-12-017

**NOTICE OF PUBLIC MEETINGS
GREEN RIVER COMMUNITY COLLEGE**

[Memorandum—May 23, 1989]

Green River Community College, District No. 10, pursuant to RCW 42.30.075, will change the date of its regular board of trustees meeting from Thursday, June 22, 1989, to Monday, June 19, 1989.

WSR 89-12-018

**ADOPTED RULES
STATE PATROL**

(Commission on Equipment)

[Order 89-02-ESR—Filed May 30, 1989]

I, George B. Tellevik, chief of the Washington State Patrol, do promulgate and adopt at the General Administration Building, Olympia, Washington, the annexed rules relating to display of electronic messages from motor vehicle.

This action is taken pursuant to Notice No. WSR 89-09-024 filed with the code reviser on April 13, 1989. 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 Patrol as authorized in RCW 46.37.005.

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 May 30, 1989.

By George B. Tellevik
Chief

AMENDATORY SECTION (Amending Order 86-2, filed 2/4/87)

WAC 204-65-010 **AUTHORITY.** This chapter is promulgated pursuant to RCW 46.37.005 ((RCW)).

AMENDATORY SECTION (Amending Order 86-2, filed 2/4/87)

WAC 204-65-020 **PURPOSE.** The purpose of this ~~((rule is to prevent the display of electrically powered messages from privately owned vehicles while traveling))~~ section is to limit the confusion that lighted signs on vehicles can create by preventing the display of digital or lighted signs that convey personal or commercial messages, from motor vehicles, while on the public roadways of this state.

AMENDATORY SECTION (Amending Order 86-2, filed 2/4/87)

WAC 204-65-030 **ELECTRONIC MESSAGES.** ~~((Electrically powered signing or message boards will not be allowed to be displayed on or from privately owned vehicles while traveling on or occupying public roadways. This will include any type of electronically displayed letter, number, sign or symbol or any combination thereof that displays a message that may be observed from outside of the vehicle.))~~ Signs or message boards, affixed to or displayed from motor vehicles on any public right of way may not be lighted or electrically powered except as noted below.

AMENDATORY SECTION (Amending Order 86-2, filed 2/4/87)

WAC 204-65-040 EYE LEVEL BRAKE LIGHT. Eye level brake lights shall meet ~~((the present or future))~~ existing requirements of the Code of Federal Regulations, Federal Motor Vehicle Safety Standard 49, Section 571.108. ~~((Eye level brake))~~ Such lights shall not be combined with any type of letter, number, sign ~~((or)),~~ symbol or combination thereof. No function other than red reflex reflectors shall be combined in ~~((the supplemental high mounted stop lamp))~~ eye level brake lights.

AMENDATORY SECTION (Amending Order 86-2, filed 2/4/87)

WAC 204-65-050 TRAFFIC CONTROL VEHICLES. Vehicles that are publicly or privately owned and used in conjunction with officially sanctioned or sponsored motor vehicle traffic control or movement ~~((are allowed to display electrically powered messages or signs that are utilized))~~ may display lighted, digital or electrically powered signs to assist in the efficient control of traffic movement on public roadways. Such signs shall be designed, worded and directed so as to limit misinterpretation and confusion by the motoring public.

AMENDATORY SECTION (Amending Order 86-2, filed 2/4/87)

WAC 204-65-060 TAXICABS AND PUBLIC TRANSPORTATION VEHICLES. Electronic signing that is normally utilized to identify taxi~~((=))~~cabs ~~((will not be effected by this rule))~~ and the destinations of mass transportation vehicles are permitted. Such signs

AMENDATORY SECTION (Amending Order 87-04-ESR, filed 12/8/87)

WAC 204-76-99001 BOLT TYPE BRAKE CHAMBER DATA.

BOLT TYPE BRAKE CHAMBER DATA
 ((Dimensions in inches))

Type	Effective Area (Square Inches)	*Outside Diameter	Maximum Stroke	Maximum Stroke With Brakes Adjusted	Maximum stroke shall not be more than
A	12	6 5/16	1 3/4	Should be	1 3/8
B	24	9 3/16	2 1/4	as short as	1 3/4
C	16	8 1/16	2 1/4	possible	1 3/4
D	6	5 1/4	1 5/8	without	1 1/4
E	9	6 3/16	1 3/4	brakes	1 3/8
F	36	11	3	dragging	2 1/4
**G	30	9 7/8	2 1/2		2

shall not contain any commercial or personal message and shall be located, designed, and so displayed as to clearly differentiate them from other required motor vehicle lights.

WSR 89-12-019
ADOPTED RULES
STATE PATROL
(Commission on Equipment)
 [Order 89-03-ESR—Filed May 30, 1989]

I, George B. Tellevik, chief of the Washington State Patrol, do promulgate and adopt at the General Administration Building, Olympia, Washington, the annexed rules relating to standards for bolt clamp and wedge type brake adjustments.

This action is taken pursuant to Notice No. WSR 89-09-025 filed with the code reviser on April 13, 1989. 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 Patrol as authorized in RCW 46.37.005.

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 May 30, 1989.

By George B. Tellevik
 Chief

Type	Effective Area (Square Inches)	Outside Diameter	Maximum Stroke With Brakes Adjusted	Maximum Stroke At Which Brakes Shall Be Readjusted
A	6	5 1/4	Should be	1 1/4
B	9	6 3/16	as short as	1 3/8
C	12	6 15/16	possible	1 3/8
D	16	8 1/16	without	1 3/4
E	24	9 3/16	brakes	1 3/4
*F	30	9 7/8	dragging	2
G	36	11		2 1/4

*Most common types.

AMENDATORY SECTION (Amending Order 87-04-ESR, filed 12/8/87)

WAC 204-76-99002 CLAMP TYPE BRAKE CHAMBER DATA.

CLAMP TYPE BRAKE CHAMBER DATA
 ((Dimensions in inches))

Type	Effective Area (Square Inches)	*Outside Diameter	Maximum Stroke	Maximum Stroke With Brakes Adjusted	Maximum stroke shall not be more than
6	6	4 1/2	1 5/8	Should be	1 1/4
9	9	5 1/4	1 3/4	as short as	1 3/8
12	12	5 11/16	1 3/4	possible	1 3/8
16	16	6 3/8	2 1/4	without	1 3/4
20	20	6 25/32	2 1/4	brakes	1 3/4
24	24	7 7/32	2 1/4	dragging	1 3/4
**30	30	8 3/32	2 1/2		2
36	36	9	3		2 1/4

*Dimensions listed do not include capscrew head projections for bolt clamp projections for clamp type brake chambers.

**Most common types.))

Type	Effective Area (Square Inches)	* Outside Diameter	Maximum Stroke With Brakes Adjusted	Maximum Stroke At Which Brakes Shall Be Readjusted
6	6	4 1/2	Should be	1 1/4
9	9	5 1/4	as short as	1 3/8
12	12	5 11/16	possible	1 3/8
16	16	6 3/8	without	1 3/4
20	20	6 25/32	brakes	1 3/4
24	24	7 7/32	dragging	1 3/4

**24LS	24	7 7/32	2
30	30	8 3/32	2
36	36	9	2 1/4

* Dimensions listed do not include capscrew head projections for bolt clamp projections for clamp type brake chambers.

** Long stroke.

WSR 89-12-020
EMERGENCY RULES
DEPARTMENT OF ECOLOGY
 [Order 89-39—Filed May 30, 1989]

I, Terry Husseman, assistant director of Waste Management, do promulgate and adopt at Lacey, Washington, the annexed rules relating to Model Toxics Control Act—Local toxics control account—Interim financial assistance program, adopting chapter 173-315 WAC.

I, Terry Husseman, assistant director of Waste Management, 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 on November 8, 1988, the voters of the state of Washington approved Initiative 97, also known as the Model Toxics Control Act. The Model Toxics Control Act supersedes and repeals chapter 70.105B RCW. The Department of Ecology adopted rules, chapter 173-309 WAC, to implement the financial assistance portion of chapter 70.105B RCW. These rules no longer have statutory authority. This emergency rule (chapter 173-315 WAC) is necessary so that ecology can continue to provide solid waste enforcement financial assistance to local governments under the authority of the Model Toxics Control Act. Many local governments have pending grant applications with ecology. Failure to process these applications and to subsequently award grants would result in a critical environmental program not being funded. This program is designed to provide financial assistance for inspection of solid waste facilities to protect the public health and environment.

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

This rule is promulgated pursuant to the Model Toxics Control Act 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 May 30, 1989.

By Terry Husseman
 Assistant Director
 Waste Management

Chapter 173-315 WAC
**MODEL TOXICS CONTROL ACT—LOCAL
 TOXICS CONTROL ACCOUNT—INTERIM FI-
 NANCIAL ASSISTANCE PROGRAM**

WAC

- 173-315-010 Purpose and authority.
- 173-315-020 Definitions.
- 173-315-030 Relation to other legislation and administrative rules.
- 173-315-040 General.
- 173-315-050 Remedial action grants.
- 173-315-060 Hazardous waste planning and program grants.
- 173-315-070 Solid waste planning and program grants.

NEW SECTION

WAC 173-315-010 PURPOSE AND AUTHORITY. *The purpose of this chapter is to set forth eligibility criteria and requirements for the conduct of an interim financial assistance program to provide grants to local government pursuant to the Model Toxics Control Act. The department may provide grants to local government for:*

- (1) Remedial actions;
- (2) Hazardous waste plans and programs under chapter 70.105 RCW;
- (3) Solid waste plans and programs under chapter 70.95 RCW.

This chapter recognizes the burden placed upon rate-payers due to the high costs of cleanups, and solid and hazardous waste management, and consistent with the Model Toxics Control Act, provides financial assistance to mitigate such hardships.

This chapter recognizes the importance of a strong preventive program to alleviate future contamination through proper solid and hazardous waste planning and management. It is designed to provide assistance to local governments in carrying out these vital functions pursuant to the requirements of chapters 70.95 and 70.105 RCW, and the Model Toxics Control Act.

The interim financial assistance program will provide financial assistance to local governments in the form of grants.

The authority to provide financial assistance to local government is granted under the Model Toxics Control Act.

NEW SECTION

WAC 173-315-020 **DEFINITIONS.** (1) "Collection events" means events such as, but not limited to, projects in which household hazardous wastes are collected at centralized location(s) for subsequent packaging and transport to a permitted treatment storage or disposal facility.

(2) "Department" means the Washington state department of ecology.

(3) "Existing facility" means an owned or leased landfill in operation, or for which construction has begun, on or before the effective date of chapter 173-304 WAC for which the owner or operator has obtained permits or approvals necessary under federal, state and local statutes, regulations and ordinances. A facility has commenced construction if either:

(a) A continuous on-site physical construction program has begun; or

(b) The owner or operator has entered into contractual obligations which cannot be cancelled or modified without substantial financial loss. Physical construction of the facility is to be completed within a reasonable time.

Lateral extensions of a landfill's active area on land purchased and permitted by the jurisdictional health department for the purpose of landfilling before the effective date of chapter 173-304 WAC shall be considered existing facilities.

(4) "Hazard ranking system" means the system for ranking and prioritizing hazardous waste sites to be adopted by the department pursuant to the Model Toxics Control Act.

(5) "Household hazardous wastes" means any liquid, solid, contained gas or sludge, including any material, substance, product, commodity or waste used or generated in the household, regardless of quantity, that exhibits any of the characteristics of dangerous waste as set forth in chapter 173-303 WAC

(6) "Local governments" means any political subdivision, regional governmental unit, district, municipal or public corporation, including cities, towns, and counties. The term encompasses but does not refer specifically to the departments within a city, town, or county.

(7) "Minimum functional standards" means the requirements of chapter 173-304 WAC, Minimum functional standards for solid waste handling.

(8) "Moderate-risk waste" means:

(a) Any waste that exhibits any of the properties of hazardous waste but is exempt from regulation under this chapter solely because the waste is generated in quantities below the threshold for regulation; and

(b) Any household wastes which are generated from the disposal of substances identified by the department as hazardous household substances.

(9) "Remedial action" means any action or expenditure, to identify, eliminate, or minimize any threat or potential threat posed by hazardous substances to human health or the environment, including any investigative and monitoring activities with respect to any release

or threatened release of a hazardous substance as well as any health assessments or health effects studies conducted in order to determine the risk or potential risk to human health.

(10) "Settlement agreement" means any consent decree entered into pursuant to RCW 70.105B.080, the Model Toxics Control Act, or any consent order or decree with the department in effect October 16, 1987.

NEW SECTION

WAC 173-315-030 **RELATION TO OTHER LEGISLATION AND ADMINISTRATIVE RULES.**

(1) Nothing in this chapter shall influence, affect, or modify department programs, regulations, or enforcement of applicable laws relating to hazardous and solid waste management and disposal.

(2) The remedial action grants shall be used to supplement local government funding to carry out required remedial actions.

(3) Hazardous waste planning and program grants shall be awarded to local government to implement chapter 70.105 RCW, and the Model Toxics Control Act.

(4) Solid waste planning and program grants shall be awarded to implement chapter 70.95 RCW, and the Model Toxics Control Act.

(5) All grants shall be subject to existing accounting and auditing requirements of state laws and regulations applicable to the issuance of grant funds.

NEW SECTION

WAC 173-315-040 **GENERAL.** (1) Apportionment of funds.

For purposes of implementing the interim financial assistance program, the local toxics account shall be apportioned between the following categories as follows:

(a) Remedial actions.

(b) Hazardous waste plans and programs.

(c) Solid waste plans and programs.

(2) Adjustment of funds. Based on a periodic internal review of grant applications received, grant obligations, grant fund balances, and revenue projections, the department may allocate funds by grant category or readjust the amount of funds that may be allocated under any and all grant categories.

(3) Grant application process. Grant application deadlines and schedules will be announced based upon funding allocations for each of the funding priority grant programs.

Grant application packages which include grant application deadlines, guidelines, application forms, and detailed information will be provided to all interested parties.

When applications are received by the department, they will be reviewed and scored if it is a competitive grant program by a committee consisting of department personnel. Applications need to include all required elements, as outlined in the guidelines, in order to be competitive.

After an application is reviewed and/or scored and an award notice letter is sent out, the department will contact the applicant to negotiate the final details of the scope of work, budget, and any other items of concern.

A grant offer is made by the department to the applicant in the form of a grant contract when all applicant and project eligibility requirements have been met, funds are available, and the formal application has been completed to the mutual satisfaction of the applicant and the department.

A grant award is made when a grant agreement has been signed by both the applicant and the department. The grant agreement becomes effective on the date the program manager of the solid and hazardous waste program of the department signs the contract. This also establishes the beginning date of the project. No costs incurred prior to that date are grant eligible unless specific provision is made in the grant agreement for such costs.

(4) Appropriation and allotment of funds. The obligation of the department to make grant payments is contingent upon the availability of funds through legislative appropriation and allotment, and such other conditions not reasonably foreseeable by the department rendering performance impossible. When the grant crosses over bienniums, the obligation of the department is contingent upon the allotment of funds during the next biennium.

(5) Administrative practices. All grants under this chapter shall be consistent with the provisions of Financial Guidelines for Grants Management, WDOE 80-6, May 1980, reprinted March 1982, or subsequent guidelines adopted thereafter.

(6) The department encourages cooperation and coordination among units of local government and any funds granted under this chapter may be used by any unit of local government through interagency agreements.

(7) The department may issue grants to local governments that applied for funding assistance authorized by chapter 70.105B RCW and chapter 173-309 WAC.

(8) A maximum of fifty percent of the grantee cost share may be from in-kind contributions.

(9) A maximum indirect cost rate of ten percent of direct labor will be allowed unless the grantee has an indirect rate approved by a federal or state audit agency. The department reserves the right to determine the amount of indirect allowance in each grant agreement.

NEW SECTION

WAC 173-315-050 REMEDIAL ACTION GRANTS. (1) Applicant eligibility. An applicant for a remedial action grant must be a local government which will use the grant for the purpose of planning and/or carrying out required remedial action at a public or private landfill site used primarily for the disposal of municipal solid waste.

An applicant must also meet one of the following requirements:

(a) Be a party to a consent decree under chapter 70.105B RCW, the Model Toxics Control Act, or a consent order under chapter 90.48 RCW requiring remedial action at a landfill site; or

(b) Have been issued an enforcement order under RCW 90.48.120, the Model Toxics Control Act, or

RCW 70.105B.120 (1)(c)(ii) or (2), requiring remedial action at a landfill site; or

(c) Have solid waste jurisdiction over a private landfill site for which a potentially liable party has obtained a consent order or has been issued an enforcement order under chapter 90.48 RCW requiring a remedial investigation and feasibility study of the site, provided that the consent order or enforcement order predates September 4, 1988.

Sites meeting eligibility requirements shall be deemed, for the purposes of this chapter, to be on the hazard ranking list pending issuance of such a list.

(2) Eligible project costs.

(a) Remedial action grants are for the purpose of assisting local governments to plan and carry out required remedial action at public or private facilities used primarily for the disposal of municipal solid waste.

(b) Costs are grant eligible if their purpose is to identify, eliminate, or minimize any threat or potential threat posed by hazardous substances to human health or the environment. This includes any investigative and monitoring activities with respect to any release or threatened release of a hazardous substance as well as any health assessments or health effect studies conducted in order to determine the risk or potential risk to human health. Costs eligible for grant funding include:

(i) Remedial investigations to define the extent and source of contamination;

(ii) Feasibility studies to develop and evaluate cleanup options;

(iii) Remedial design, including final engineering and preparation of plans and specifications needed to implement remedial action;

(iv) Monitoring;

(v) Methane control;

(vi) Excavating the site to remove or relocate contaminated materials, or removing and cleaning up drums, debris, and other contaminated materials;

(vii) Run-on/run-off water control systems;

(viii) Final cover;

(ix) Ground water treatment and control;

(x) In situ treatment technology;

(xi) Acquisitions of off-site property or property easements only for the purpose of gaining access to a facility requiring remedial action, or for the purpose of installing monitoring wells or other pollution abatement equipment or for other purposes relating to remedial action;

(xii) Fencing where waste disposal has terminated or to limit access to structures built to implement a remedial action;

(xiii) Other remedial action activities as determined by the department on a case-by-case basis.

(3) Retroactive funding. Retroactive funding will be allowed for all eligible work conducted under a signed settlement agreement. Retroactive funding may be allowed for costs incurred since October 16, 1987.

(4) Matching requirements. Up to fifty percent state funding will be available for eligible project costs as defined in subsection (2)(a)(i), (ii), (iii), and (iv) of this section; remedial investigations, feasibility studies, remedial design, and monitoring. Up to twenty-five percent

state funding will be available for all other eligible project costs.

NEW SECTION

WAC 173-315-060 HAZARDOUS WASTE PLANNING AND PROGRAM GRANTS. (1) Applicant eligibility.

(a) Hazardous waste planning. Eligible local governments under this section are cities, towns, or counties pursuant to RCW 70.105.010(16).

(b) Implementation projects. The applicant must be a local government.

(c) Collection events. The applicant must be a local government.

(2) Eligible project costs.

(a)(i) Hazardous waste planning.

Eligible project costs include activities and tasks to develop or update local hazardous waste management plans, if they are consistent with the department's Planning Guidelines for Local Hazardous Waste Plans, July 1987, WDOE 87-18.

In-depth planning studies to provide detailed analysis of specific plan elements may be undertaken as a part of an overall planning grant, or separately if it can be demonstrated that the planning requirements are otherwise being met.

(ii) Retroactive funding. Funding retroactive to October 16, 1987, will be allowed for costs incurred which are directly related to the preparation of local hazardous waste plans and are in conformance with Planning Guidelines for Local Hazardous Waste Plans, July 1987, WDOE 87-18 and subsequent addenda.

(b) Collection events. Eligible project costs include activities and tasks required to plan and carry out hazardous waste collection events for household and/or small quantity generator hazardous waste.

(c) Implementation projects. Eligible project costs include activities and tasks to (i) reduce, recycle, or improve handling methods for moderate-risk waste, or (ii) educate the public and businesses on alternative moderate-risk waste reduction, recycling, and handling methods.

(3) Matching requirements.

(a) Hazardous waste planning. Grants will be made for up to seventy-five percent of the total eligible project cost, however, based on prior department approval, direct local costs of hazardous household substance pilot or collection projects conducted between June 30, 1985, and June 30, 1988, may be subtracted from the twenty-five percent local share of total project costs, therefore the department may make grants up to one hundred percent of the total project cost in these cases.

(b) Collection events. Grants will be made for up to fifty percent of the total eligible project cost, or fifteen thousand dollars per grant or local government, whichever is the lesser amount.

(c) Implementation projects. Grants will be made for up to fifty percent of the total eligible project cost, or fifty thousand dollars per project, whichever is the lesser amount.

(4) Priority for allocation of grant funds.

(a) Hazardous waste planning. It is the department's intent that grants be awarded for all local hazardous waste plan development state-wide. The grants will be awarded on a first-come first-served basis, subject to availability of funds, technical adequacy, and application completeness.

(b) Collection events. The grants will be awarded on a first-come first-served basis, subject to availability of funds, technical adequacy, and application completeness.

(c) Implementation projects. Grant applications will be ranked according to the following criteria:

(i) Adequacy of and integration with local hazardous waste plans. The local government must be in the process of developing or have completed a local hazardous waste plan. The project must be identified as a part of the local hazardous waste plan.

(ii) Promotion of hazardous waste management priorities. A project must address one or more of the following: Hazardous waste reduction, recycling, or the methods of handling.

(iii) Environmental and public health protection. Special consideration will be given to local governments which have a special need to protect a sensitive resource or existing public health problem.

(iv) Generation of information. The project must result in information useful to the solution of moderate-risk waste problems.

NEW SECTION

WAC 173-315-070 SOLID WASTE PLANNING AND PROGRAM GRANTS. (1) Applicant eligibility.

(a) Solid waste planning. Eligible local governments under this section are counties and cities pursuant to RCW 70.95.130.

(b) Waste reduction and recycling. The applicant must be a local government.

(c) Groundwater monitoring. The applicant must be a local government.

(2) Eligible project costs.

(a) Solid waste planning.

(i) General. Costs for developing or updating local solid waste management plans are grant eligible if:

(A) They are necessary to conduct the project;

(B) They are consistent with department's solid waste-planning guidelines and subsequent addenda.

(ii) Retroactive. Funding retroactive to October 16, 1987, will be allowed for costs incurred which are directly related to the preparation of local solid waste plans and are in conformance with the state Solid Waste Planning Guidelines, May 1986, WDOE 86-4 and subsequent addenda.

(b) Waste reduction and recycling.

(i) Waste reduction and recycling activities and facilities are eligible provided that:

(A) It is demonstrated that the proposed waste reduction and recycling activity, facility, or service is not reasonably available to persons within the locale from private enterprise; and

(B) It is demonstrated that the project is economically feasible and suitable for successful implementation.

(ii) General. Costs are grant eligible if:

(A) They are necessary to conduct the project;

(B) They are consistent with the department's grant guidelines for waste reduction and recycling.

(iii) Waste reduction and recycling facilities. Eligible project activities include:

(A) Planning and feasibility studies, environmental impact statements, and permitting costs;

(B) Preparation of design documents;

(C) Facility construction;

(D) Purchase of specialized equipment.

(iv) Waste reduction and recycling activities. Eligible project activities include:

(A) Public education;

(B) Public involvement;

(C) Program development.

(c) Groundwater monitoring.

(i) A groundwater monitoring project is eligible provided that it is addressed within a facility maintenance and operation plan, as required by chapter 173-304 WAC.

(ii) General. Costs are grant eligible if:

(A) They are necessary to conduct the project;

(B) They are consistent with the department's grant guidelines for groundwater monitoring.

(iii) Groundwater monitoring. Eligible costs include costs incurred by grantees that are owners and operators of landfills, piles, landspreading disposal facilities, and surface impoundments that are required to perform groundwater monitoring pursuant to WAC 173-304-400. Direct costs involved in design and installation of groundwater monitoring wells at existing facilities as defined by WAC 173-304-100 (27)(a) and (b), will be eligible for funding.

(iv) Retroactive funding may be allowed for all eligible costs incurred since October 16, 1987.

(3) Matching requirements.

(a) Solid waste planning. Grants will be made up to fifty percent of the total eligible project cost.

(b) Waste reduction and recycling. Grants will be made up to seventy-five percent of the total eligible project cost.

(c) Groundwater monitoring. Grants will be made up to fifty percent of the total eligible project costs, not to exceed a maximum of fifty thousand dollars per project.

(4) Priority for allocation of grant funds.

(a) Solid waste planning. It is the department's intent that grants be awarded for developing or updating local solid waste management plans state-wide. Subject to the limits of available funds, those applications that meet eligibility requirements will be approved for funding on a first-come first-served basis.

(b) Waste reduction and recycling. Grant applications will be ranked according to how each application meets the criteria set forth below. Grants will be awarded, within the limits of available funds, to the highest ranking applications that otherwise meet provisions for completeness and technical adequacy. The project ranking criteria are as follows:

(i) How the project or activity integrates with the current and planned solid waste management system and local comprehensive plans.

(ii) How the project or activity will contribute to increased waste reduction and recycling.

(iii) The probable success of the project or activity.

(iv) Demonstration that the project or activity scope is compatible with the cost and needs of the project or activity.

(v) How the project or activity will be operated, maintained, or continued beyond the grant funding period.

(vi) Other criteria as may be defined in the waste reduction and recycling grant guidelines.

(c) Groundwater monitoring. Grant applications will be ranked according to how each project application meets the criteria set forth below. Grants will be awarded within the limits of available funds to the highest ranking project applications that otherwise meet provisions for completeness and technical adequacy. The ranking criteria are as follows:

(i) Ability to pay. Priority will be given to local governments in economically distressed areas.

(ii) How, or if, the project will contribute directly to the identification or solution of an existing environmental or public health problem.

(iii) Other criteria as may be defined in the groundwater monitoring grant guidelines.

WSR 89-12-021

EMERGENCY RULES

DEPARTMENT OF ECOLOGY

[Order 89-40—Filed May 30, 1989]

I, Terry Husseman, assistant director of Waste Management, do promulgate and adopt at Lacey, Washington, the annexed rules relating to local solid waste enforcement grant regulation, adopting chapter 173-313 WAC.

I, Terry Husseman, assistant director of Waste Management, 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 on November 8, 1988, the voters of the state of Washington approved Initiative 97, also known as the Model Toxics Control Act. The Model Toxics Control Act supersedes and repeals chapter 70.105B RCW. The Department of Ecology adopted rules, chapter 173-312 WAC, to implement the solid waste enforcement financial assistance portion of chapter 70.105B RCW. These rules no longer have statutory authority. This emergency rule (chapter 173-313 WAC) is necessary so that ecology can provide financial assistance to local governments under the authority of the Model Toxics Control Act. Many local governments have pending grant applications with ecology. Failure to process these applications and to subsequently award grants would result in critical environmental projects not being funded. Some of the projects include conducting groundwater monitoring and taking remedial actions at landfills in order to identify and mitigate potential or actual threats to the public health and the environment.

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

This rule is promulgated pursuant to RCW 70.95.220 and the Model Toxics Control Act 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 May 30, 1989.

By Terry Husseman
Assistant Director
Waste Management

Chapter 173-313 WAC
LOCAL SOLID WASTE ENFORCEMENT GRANT
REGULATION

WAC

173-313-010	Introduction.
173-313-020	Purpose and authority.
173-313-030	Applicant eligibility.
173-313-040	Application.
173-313-050	Criteria for allocation of funds.

NEW SECTION

WAC 173-313-010 INTRODUCTION. RCW 70.95.220 provides that any jurisdictional health department may apply to the department of ecology for financial aid for the enforcement of rules and regulations promulgated under chapter 70.95 RCW. RCW 70.95.220 further provides that after receipt of such applications, the department may allocate available funds according to criteria established by regulation. Such criteria shall consider or be based upon population, urban development, the number of disposal sites, and geographical area.

NEW SECTION

WAC 173-313-020 PURPOSE AND AUTHORITY. The purpose of this regulation is to establish criteria by which the department of ecology shall allocate financial aid, pursuant to the Model Toxics Control Act, to jurisdictional health departments for enforcement of rules and regulations promulgated under chapter 70.95 RCW.

NEW SECTION

WAC 173-313-030 APPLICANT ELIGIBILITY. In order to be eligible for grant funding, the local health department must:

- (1) Be a "jurisdictional health department" as defined by RCW 70.95.030;
- (2) Have a program to achieve the goals of chapter 70.95 RCW;
- (3) Have a solid waste ordinance per chapter 70.95 RCW, or be in the process of adoption.

NEW SECTION

WAC 173-313-040 APPLICATION. Application for funds shall be made on forms provided by the department and shall include detailed information specified in a guidance document also provided by the department. This detailed information shall include a confirmation of the applicant's eligibility, and a description of the program and budget.

NEW SECTION

WAC 173-313-050 CRITERIA FOR ALLOCATION OF FUNDS. As specified in RCW 70.95.220, first priority will be to provide funds exclusively for solid waste inspection activities, including staff for administration of the local inspection program. The following criteria will be used to assist in the allocation of those funds:

- (1) Protection of public health and environment.
- (2) Cost to residential ratepayers without state assistance.
- (3) Actions required under federal, state and local regulations, and consent decrees.
- (4) Commitment/readiness to proceed.
- (5) Degree of local solid waste problems, as measured by these factors:
 - (a) Number of existing disposal sites, open and closed;
 - (b) Environmental sensitivity of the geographical area;
 - (c) Disposal sites and other waste management facilities, open and closed;
 - (d) Current enforcement actions;
 - (e) Extent of urban development and its relationship to industrial, commercial, and residential development; and
 - (f) Population.

WSR 89-12-022

EMERGENCY RULES

OFFICE OF FINANCIAL MANAGEMENT

[Order 89-68—Filed May 30, 1989]

I, Len McComb, acting director of the Office of Financial Management, do promulgate and adopt at the Insurance Building, Room 300, Olympia, Washington 98504, the annexed rules relating to new chapter 82-54 WAC, entitled shared leave program:

New WAC 82-54-010 Transfer of shared leave.
New WAC 82-54-020 Value of leave transferred.

I, Len McComb, 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 chapter 93, Laws of 1989, became effective through its emergency clause on April 20, 1989. Section 4 (6)(b) requires OFM to adopt rules affecting the value of leave transferred from one state employee to another state employee.

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

This rule is promulgated pursuant to section 4 (6)(b), chapter 93, Laws of 1989 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 May 30, 1989.

By Len McComb
Acting Director

Chapter 84-54 WAC
Shared Leave Program

[NEW SECTION]

WAC 82-54-010 TRANSFER OF SHARED LEAVE Employees may donate annual leave to other employees for sick leave purposes as established under Chapter 93, Laws of 1989. The purpose of the Shared Leave Program is to permit state employees to aid fellow state employees who are suffering from, or have a relative or household member suffering from, extraordinary or severe illness, injury, impairment, or physical or mental condition which have caused or are likely to cause the employees to take leave without pay or terminate their employment.

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

[NEW SECTION]

WAC 82-54-020 VALUE OF LEAVE TRANSFERRED The value of leave transferred is to be based upon the current salary rate of the person receiving the leave. The receiving employee will continue to be paid his or her regular rate while on shared leave. Therefore, one hour of donated leave may cover more than or less than one hour of the recipient's salary. Detailed procedures for the transfer of funds under this are prescribed in the accounting procedures manual pursuant to RCW 43.88.160(1).

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

WSR 89-12-023

ATTORNEY GENERAL OPINION

Cite as: AGO 1989 No. 11

[May 25, 1989]

PUBLIC RECORDS—COUNTIES—MUNICIPAL CORPORATIONS—MUNICIPAL BONDS

Where a county sells municipal bonds to an underwriter to finance a public works project, and subsequent sales of the bonds are made with the identities of the bondholders known only to a registrar appointed pursuant to RCW 43.80.125(1), and the registrar is not a public

agency but a bank or trust company as required by statute, and the county has never prepared, possessed, used, or retained any list of bondholders, the records identifying such bondholders are not obtainable from the county through a public records request made pursuant to chapter 42.17 RCW.

Requested by:

Honorable Michael E. Rickert
Skagit County Prosecuting Attorney
Courthouse Annex
Mount Vernon, WA 98273-4299

WSR 89-12-024

ADOPTED RULES

CLARK COLLEGE

[Order 89-01, Resolution No. 89-01—Filed May 31, 1989]

Be it resolved by the board of trustees of Clark Community College District No. 14, acting at Vancouver, Washington, that it does adopt the annexed rules relating to public records.

This action is taken pursuant to Notice No. WSR 89-04-035 filed with the code reviser on January 30, 1989. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 28B.19.050(2).

This rule is promulgated under the general rule-making authority of Clark College as authorized in chapters 28B.50 and 28B.10 RCW.

The undersigned hereby declares that the institution has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Higher Education Administrative Procedure Act (chapter 28B.19 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED April 26, 1989.

By Georgia-Mae Gallivan
Chair

AMENDATORY SECTION (Amending Order 77-3 d, filed 8/29/77)

WAC 132N-276-070 OFFICE HOURS. Public records shall be available for inspection and copying during the customary office hours of the district. For the purposes of this chapter, the customary office hours shall be from 9:00 a.m. to noon and from 1:00 p.m. to 4:00 p.m., Monday through Friday, excluding legal holidays and published college holidays.

AMENDATORY SECTION (Amending Order 77-3 d, filed 8/29/77)

WAC 132N-276-080 REQUESTS FOR PUBLIC RECORDS. In accordance with the requirements of RCW 42.17.250 through 42.17.340 that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the agency, public records may be inspected or copied or copies of such records may be obtained, by members of

the public, upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the district which shall be available at its administrative office. The form shall be presented to the public records officer; or to any member of the district's staff, if the public records officer is not available, at the administrative office of the district during customary office hours. The request shall include the following information:

- (a) The name of the person requesting the record;
- (b) The time of day and calendar date on which the request was made;
- (c) The nature of the request;
- (d) If the matter requested is referenced within ~~((the))~~ a current index maintained by the ~~((records officer))~~ college, a reference to the requested record as it is described in such current index;
- (e) If the requested matter is not identifiable by reference to ~~((the district's))~~ a current index, an appropriate description of the record requested.

(2) The public records officer shall reply to written requests before the close of business on the day following the date of the request by providing copies of the requested records or by informing the requestee in writing of:

- (a) The availability of the requested record(s); and
 - (b) A definite time and place (within five business days) when such requested record(s) may be inspected or copies provided.
- (3) In all cases in which a member of the public is making a request, it shall be the obligation of the public records officer or staff member to whom the request is made to assist the member of the public in appropriately identifying the public record requested.

AMENDATORY SECTION (Amending Order 77-3 d, filed 8/29/77)

WAC 132N-276-110 REVIEW OF DENIALS OR PUBLIC RECORDS REQUESTS. (1) Any person who objects to the denial of a request for a public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the president of the college. The president or his designee shall immediately consider the matter and either affirm or reverse such denial or consult with the attorney general to review the denial. In any case, the request shall be returned with a final decision((;)) within two business days following the original denial.

(3) Administrative remedies shall not be considered exhausted until the district has returned the petition with a decision, provided the requested records, or until the close of the second business day following the denial or inspection has been reached, whichever occurs first.

AMENDATORY SECTION (Amending Order 77-3 d, filed 8/29/77)

WAC 132N-276-130 RECORDS INDEX. ~~((+))~~ INDEX. The district has available to all persons a current index which provides identifying information as to the following records issued, adopted or promulgated since June 30, 1973:

- ~~(a) Final options, including concurring and dissenting opinions, as well as orders, made in the adjudication of cases;~~
- ~~(b) Those statements of policy and interpretations of policy, statute and the constitution which have been adopted by the agency;~~
- ~~(c) Administrative staff manuals and instructions to staff that affect a member of the public;~~
- ~~(d) Planning policies and goals, and interim and final planning decisions;~~
- ~~(e) Factual staff reports and studies, factual consultants' reports and studies, scientific reports and studies, and any other factual information derived from tests, studies, reports or surveys, whether conducted by public employees or others; and~~
- ~~(f) Correspondence, and materials referred to therein, by and with the agency relating to any regulatory, supervisory or enforcement responsibilities of the agency, whereby the agency determines, or opines upon, or is asked to determine or opine upon, the rights of the state, the public, a subdivision of state government, or of any private party.~~

~~(2) AVAILABILITY. The current index promulgated by the district shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection.)~~ The college shall make available for public inspection and copying all indexes maintained for college use under the same rules and on the same conditions as are applied to public records.

The college board of trustees has adopted a formal order stating that providing a master index of all public records would be unduly burdensome and interfere with college operations.

AMENDATORY SECTION (Amending Order 77-3 d, filed 8/29/77)

WAC 132N-276-150 APPENDIX A—FORM—REQUEST FOR PUBLIC RECORD.

~~((REQUEST FOR PUBLIC RECORD TO
Community College District No. 14~~

(a) _____ Signature (Please Print) _____ Signature

_____ Name of Organization, if Applicable _____

_____ Mailing Address of Applicant _____ Phone Number _____

(b) _____ Date Request Made at Community College District No. 14 _____ Time of Day Request Made _____

(c) Nature of request

Referred to: Date: By: Public Records Officer

(d) Identification reference on current index (Please Describe)

Date and Time Public Record(s) Provided

(e) Description of record, or matter, requested if not identifiable by reference to the Community College District No. 14's Current Index

WSR 89-12-025 ADOPTED RULES STATE BOARD OF EDUCATION [Order 11-89-Filed May 31, 1989]

Be it resolved by the State Board of Education, acting at the Board Room of the Bellingham School District No. 501, 1306 Dupont Street, Bellingham, WA, that it does adopt the annexed rules relating to General requirements—Teachers, administrators, educational staff associates, WAC 180-75-085.

This action is taken pursuant to Notice No. WSR 89-08-082 filed with the code reviser on April 5, 1989. 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.70.005 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 May 19, 1989. By Monica Schmidt Secretary

AMENDATORY SECTION (Amending Order 14-88, filed 6/6/88)

WAC 180-75-085 GENERAL REQUIREMENTS—TEACHERS, ADMINISTRATORS, EDUCATIONAL STAFF ASSOCIATES. The following requirements are to be met by candidates for certification as teachers, administrators, or educational staff associates:

(1) Age. No person who is less than eighteen years of age shall receive a certificate to serve in the public or nonpublic schools of Washington state.

(2) Character. Applicants for certificates in Washington state who are not holders of a valid Washington state teacher's, administrator's, educational staff associate's, or vocational certificate must give evidence of good moral character and personal fitness as specified in WAC 180-75-082 and must make arrangements with the Washington state patrol for a background check as required by RCW 28A.70.005: PROVIDED, That applicants for vocational teaching certificates who do not make such an arrangement with the state patrol shall have placed on such certificates by the superintendent of public instruction a provision which

Request: Approved Date By Public Records Officer

Date Denied

Reasons for Denial

Referred to Date

By Public Records Officer

Request for Clark College Public Record(s) Administrative Services

This form is to be used to initiate a request for copying or inspection of public records as prescribed in RCW 42.17.250 through 42.17.340. The form is to be completed and sent to the Clark College Administrative Services Department.

Name (Please Print) Signature

Name of Organization Phone Number (If Applicable)

Mailing Address

Date and Time Request Made

Record(s) Requested

Instructions for Receipt of Record(s)

Date and Time Request Received

Request: Approved Date Denied Date

Reasons for Denial

restricts the certificate holder to the teaching of vocational technical institute students who are sixteen years of age or older.

(3) Academic. A candidate for certification shall have successfully completed an approved professional preparation program within the state of Washington and hold appropriate degrees, licenses, and additional course work as prescribed in chapter 180-79 WAC or have qualified under WAC 180-79-245.

(4) Program completion. A candidate for an initial or continuing certificate shall provide verification that he or she has completed an approved professional preparation program.

Subsections (3) and (4) of this section shall not apply to vocational or limited certificates. Vocational certificates are issued under academic and experience requirements set forth in chapter 180-77 WAC. Limited certificates are issued pursuant to WAC 180-79-230.

WSR 89-12-026

ADOPTED RULES

STATE BOARD OF EDUCATION

[Order 12-89—Filed May 31, 1989]

Be it resolved by the State Board of Education, acting at the Board Room of the Bellingham School District No. 501, 1306 Dupont Street, Bellingham, WA, that it does adopt the annexed rules relating to limited certificates, WAC 180-79-230.

This action is taken pursuant to Notice No. WSR 89-08-081 filed with the code reviser on April 5, 1989. 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.70.005 and 28A.04.120(3) 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 May 19, 1989.

By Monica Schmidt
Secretary

AMENDATORY SECTION (Amending Order 3-88, filed 2/17/88)

WAC 180-79-230 LIMITED CERTIFICATES. Notwithstanding other requirements prescribed in this chapter for eligibility for certification in the state of Washington, the following certificates shall be issued under specific circumstances set forth below for limited periods of service:

(1) Consultant special certificate.

(a) The issuance of consultant special certificates is limited to:

(i) Persons highly qualified and experienced in fields of knowledge to be taught in the common or nonpublic schools;

(ii) Persons who qualify to instruct in the traffic safety program as paraprofessionals pursuant to WAC 392-153-020 (2) and (3);

(iii) Persons who are assigned instructional responsibility for intramural/interscholastic activities which are part of the district approved program.

(b) Such certificates are issued to individuals who are screened by the local school district or educational service district superintendents. The educational service district or local district superintendent will verify that the following criteria have been met when requesting the consultant special certificate:

(i) No person with regular certification in the field is available as verified by the district or educational service district superintendent;

(ii) The individual will be delegated primary responsibility for planning, conducting, and evaluating instructional activities and will not be serving in a paraprofessional role which would not require certification;

(iii) The individual is being certificated for a limited assignment and responsibility in a specified activity/field;

(iv) Personnel so certificated will be oriented and prepared for the specific assignment and will be apprised of any legal liability, the lines of authority, and the duration of the assignment; and

(v) The district or educational service district superintendent will indicate the basis on which he/she has determined that the individual is competent for the assignment and will verify that general requirements for certification as set forth in WAC 180-75-085 (1) and (2) have been met.

(c) The certificate is valid for one year and only for the activity specified. The certificate may be reissued on application and evidence that requirements continue to be met: PROVIDED, That the superintendent of public instruction may extend the validity of the certificate for more than one year but no more than four years.

(2) Substitute certificate.

(a) The substitute certificate entitles the holder to act as substitute during the absence of the regularly certificated staff member for a period not to exceed thirty consecutive school days during the school year in any one assignment. This certificate may be issued to:

(i) Teachers, educational staff associates or administrators whose state of Washington certificates have expired, or

(ii) Persons who have completed state approved preparation programs at regionally accredited colleges and universities for certificates.

(b) The substitute certificate is valid for life:

(c) PROVIDED, That if the district has exhausted or reasonably anticipates it will exhaust its list of qualified substitutes who are willing to serve as substitutes, the superintendent of public instruction may issue emergency substitute certificates to persons not fully qualified under this subsection for use in a particular school district once the list of otherwise qualified substitutes has

been exhausted. Such emergency substitute certificates shall be valid for three years.

(3) Emergency certification.

(a) Emergency certification for specific positions may be issued upon the recommendation of school district and educational service district superintendents to persons who hold the appropriate degree and have substantially completed a program of preparation in accordance with Washington requirements for certification: PROVIDED, That a qualified person who holds regular certification is not available or that the position is essential and circumstances warrant consideration of issuance of an emergency certificate.

(b) The emergency certificate is valid for one year.

(4) Nonimmigrant alien exchange teacher. Applicants for certification as a nonimmigrant alien exchange teacher must qualify pursuant to WAC 392-193-055(1) and be eligible to serve as a teacher in the elementary or secondary schools of the country of residence.

(5) Nonimmigrant alien foreign language teacher. Applicants for certification as a nonimmigrant alien foreign language teacher must qualify pursuant to WAC 392-193-055(2) and possess a baccalaureate degree or establish equivalency to a baccalaureate degree by having his or her college or university transcripts evaluated as equivalent by any accredited college or university within the state of Washington.

WSR 89-12-027
ADOPTED RULES
DEPARTMENT OF ECOLOGY
[Order 89-8—Filed May 31, 1989]

I, Carol Jolly, assistant director of Water and Shorelands, do promulgate and adopt at the Department of Ecology Headquarters, Lacey, Washington, the annexed rules relating to:

New ch. 173-224 WAC Wastewater discharge permit fees.
Rep ch. 173-223 WAC Interim wastewater discharge permit fees.

This action is taken pursuant to Notice No. WSR 89-07-088 filed with the code reviser on March 22, 1989. 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 May 31, 1989.

By Carol Jolly
Assistant Director

Chapter 173-224 WAC
WASTEWATER DISCHARGE PERMIT FEES

WAC

173-224-015	Purpose.
173-224-020	Applicability.
173-224-030	Definitions.
173-224-040	Permit fee schedule.
173-224-050	Permit fee payments.
173-224-060	Permits issued by other governmental agencies.
173-224-070	Credits.
173-224-080	Transfer of ownership or control.
173-224-090	Small discharger fee reduction.
173-224-100	Administrative appeals to the department.
173-224-110	Deposits.
173-224-120	Past due payments.

NEW SECTION

WAC 173-224-015 PURPOSE. The purpose of this chapter is to establish a fee system for state waste discharge and NPDES permits issued by the department pursuant to RCW 90.48.160, 90.48.162, or 90.48.260. Initiative 97 authorizes the department to charge fees to fully recover, but not exceed the costs of the permit program based on expenses incurred in the issuance and administration of state waste discharge and NPDES permits. This regulation is a step towards developing a comprehensive permit program. The department will further document the program needs and costs, and re-examine the fees established within this chapter, and as appropriate, will propose changes to the fee schedule to fully recover the 1992-93 biennium program costs.

NEW SECTION

WAC 173-224-020 APPLICABILITY. This chapter applies to all persons holding a state waste discharge or NPDES permit issued by the department pursuant to RCW 90.48.160, 90.48.162 or 90.48.260, including persons holding permits that remain in effect under WAC 173-216-040, 173-220-180(5), or RCW 90.48.200.

NEW SECTION

WAC 173-224-030 DEFINITIONS. (1) "Administrative expenses" means those costs associated with issuing and administering permits under RCW 90.48.160, 90.48.162, and 90.48.260. Fees for hazardous waste clean up sites may be adjusted retrospectively based on cost accounting for such sites as provided for under the provisions of Initiative 97.

(2) "Aggregate production" means the mining of sand, gravel, or rock and/or the production of concrete and/or asphalt.

(3) "Aluminum and magnesium reduction mills" means the electrolytic reduction of alumina or magnesium salts to produce aluminum or magnesium metal.

(4) "Animal unit" means one slaughter or feeder steer, 0.7 mature dairy cow, 25 swine or as more fully defined in Appendix B of 40 CFR 122.

(5) "Annual permit fee" means the fee charged by the department of ecology for expenses associated with activities specified in Initiative 97. This annual fee is based on the state's fiscal year (July 1 – June 30).

(6) "bbls/d" means barrels per day of feedstock for petroleum refineries.

(7) "bins/yr" means total standard bins used during the last complete calendar year by a facility in the crop preparing industry. The bins measure approximately 47.5 inches x 47.4 inches x 29.5 inches and hold approximately 870 pounds of fruit.

(8) "Combined food processing waste treatment facility" means a facility which treats wastewater from more than one separately permitted food processor and receives no waste from industrial sources other than food processing and no domestic wastewater.

(9) "Combined industrial waste treatment" means a facility which treats wastewater from more than one industry in any of the following categories: Inorganic chemicals, metal finishing, ore concentration, organic chemicals, or photofinishers.

(10) "Combined sewer overflow (CSO)" means the event during which excess combined sewage flow caused by inflow is discharged from a combined sewer, rather than conveyed to the sewage treatment plant because either the capacity of the treatment plant or the combined sewer is exceeded.

(11) "Concentrated animal feeding operation" means an "animal feed operation" which meets the criteria in Appendix B of 40 CFR 122.23 (b)(3) as presently enacted and any subsequent modifications thereto.

(12) "Crop preparing" means the preparation of fruit for wholesale or retail sale by washing and/or other processes in which the skin of the fruit is not broken and in which the interior part of the fruit does not come in director contact with the wastewater.

(13) "cu. yds/yr" means the total production from an aggregate production facility in cubic yards during the most recent completed calendar year.

(14) "Department" means the department of ecology.

(15) "Director" means the director of the department of ecology.

(16) "Domestic wastewater" means water carrying human wastes, including kitchen, bath, and laundry wastes from residences, buildings, industrial establishments or other places, together with such groundwater infiltration or surface waters as may be present.

(17) "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.

(18) "EPA" means the United States Environmental Protection Agency.

(19) "Fin fish rearing and hatching" means the raising of fin fish for fisheries enhancement or sale, by means of hatcheries, net pens, or other confined fish facilities.

(20) "Flavor extraction" means the recovery of flavors or essential oils from vegetable products.

(21) "Food processing" means the preparation of food for human or animal consumption or the preparation of animal byproducts, but exclusive of crop preparing. This

category includes but is not limited to fruit and vegetable processing, meat and poultry products processing, dairy products processing, seafood processing, beer and wine production, rendering and animal feed production. Food processing wastewater treatment plants which treat wastes from only one separately permitted food processor shall be treated as one facility for billing purposes.

(22) "GPD" means maximum daily flow or maximum monthly average permitted flow in gallons per day as specified in the waste discharge permit.

(23) "Gross revenue" means gross receipts from monthly, bimonthly, and/or quarterly user charges for sewer services received from all classes of customers;

Included in these user charges are user charges and fees based on wastewater constituents' strengths and characteristics including high-strength surcharges and charges based on biochemical oxygen demand, suspended solids, oil and grease, toxicants, heavy metals, and flow, etc.

Gross revenue includes charges for receipt and treatment of septic tank wastes, holding tank wastes, chemical toilet wastes, etc.

Gross revenue includes all amounts received from other municipalities for sewage interception, treatment, collection, or disposal.

Gross revenue excludes:

(a) Amounts derived by municipalities directly from taxes levied for the support or maintenance of sewer services.

(b) Late charges, penalties for nontimely payment by customers, interest on late payments, and all other penalties and fines.

(c) Permit fees and compliance monitoring fees for wastewater discharge permits issued by municipalities with local pretreatment programs. Permit fees which are charged to cover the cost of providing sewer service are not excluded from gross revenue.

(d) Receipts by a municipality of special assessments or installments thereof and interests and penalties thereon, and charges in lieu of assessments.

(e) Connection charges.

(f) Revenues from sales of by-products such as sludge, processed wastewater, etc.

(24) "Hazardous waste clean up sites" means hazardous waste sites which have a waste discharge permit but at which the department has not commenced cost recovery under section 4 of Initiative 97.

(25) "Industrial facility" means any facility not included in definition of municipal/domestic facility.

(26) "MGD" means permitted flow expressed in million gallons per day.

(27) "Metal finishing" means the preparation of metal surfaces by means of electroplating, electroless plating, anodizing, coating (chromating, phosphating and coloring), chemical etching and milling, and printed circuit board manufacture.

(28) "Municipal/domestic facility" means a publicly-owned facility treating domestic wastewater together with such industrial wastes as may be present, or a privately-owned facility treating solely domestic wastewater.

(29) "Municipality" means a city, town, county, district, association, or other public body created by or pursuant to state law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under 33 U.S.C. Sec. 1288. State government agencies are not included in this definition.

(30) "Noncontact cooling water" means water used for cooling that does not come into direct contact with any raw material, intermediate product, waste product or finished product, and which does not contain chemicals added by the permittee. The noncontact cooling water fee category applies to those facilities which discharge only noncontact cooling water and which have no other wastewater discharges required to be permitted under RCW 90.48.160, 90.48.162, and 90.48.260.

(31) "Nonferrous metals forming" means the manufacturing of semifinished products from pure metal or metal alloys other than iron or steel or of metals not otherwise classified in WAC 173-224-040(1).

(32) "NPDES permit" means a National Pollutant Discharge Elimination System permit issued by the department pursuant to Section 402 of the federal Clean Water Act and RCW 90.48.260.

(33) "Person" means any political subdivision, government agency, municipality, industry, public or private corporation, partnership, association, firm, individual, or any other entity whatever.

(34) "Permitted flow" means:

(a) For municipal/domestic facilities, the monthly average flow limitation contained in the permit;

(b) For industrial facilities, the daily maximum flow limitation contained in the permit;

(c) For permits in which a flow limit is not specified, the department shall use the design flow corresponding to (a) or (b) of this subsection.

(35) "Residential equivalent" means a single-family residence or a unit of sewer service that yields an amount of gross revenue equal to the annual user charge for a single-family residence. In cases where the permit holder does not maintain data on gross revenue, user charges, and/or the number of single-family residences that it serves, "residential equivalent" means an influent flow of two hundred fifty gallons per day.

(36) "Sewer service" means the activity of receiving sewage deposited into and carried off by a system of sewers, drains, and pipes to a common point, or points, for disposal or for transfer to treatment for disposal, and activities involving the interception, transfer, storage, treatment, and/or disposal of sewage, or any of these activities.

(37) "State waste discharge permit" means a permit required under chapter 173-216 WAC.

NEW SECTION

WAC 173-224-040 PERMIT FEE SCHEDULE.

(1) Industrial facility categories.

(2) Municipal/domestic categories.

INDUSTRIAL FACILITY CATEGORIES	ANNUAL PERMIT FEE
Aluminum Alloys	\$ 5,000.00
Aluminum and Magnesium Reduction Mills	30,000.00
Aluminum Forming	15,000.00
Aggregate Production	
a. Mineral Mining (Sand, Gravel and Rock)	
1. Mining only	500.00
2. Mining with classification (screening and/or crushing)	1,000.00
3. Mining with classification and washing	1,500.00
b. Concrete and/or Asphalt Production	
1. < 20,000 cu. yds/yr.	300.00
2. 20,000 - < 60,000 cu. yds/yr.	500.00
3. 60,000 - < 100,000 cu. yds/yr.	750.00
4. 100,000 - < 150,000 cu. yds/yr.	1,000.00
5. 150,000 - < 200,000 cu. yds/yr.	1,500.00
6. 200,000 - < 250,000 cu. yds/yr.	2,000.00
7. 250,000 cu. yds/yr. and greater	2,500.00
The fee for a facility in the aggregate production category is the sum of the applicable fees in the mineral mining and the concrete and/or asphalt production subcategories.	
Coal Mining and Preparation	
a. < 200,000 tons per year	2,000.00
b. 200,000 - < 500,000 tons per year	4,500.00
c. 500,000 - < 1,000,000 tons per year	8,000.00
d. 1,000,000 tons per year and greater	15,000.00
Combined Industrial Waste Treatment	
a. < 10,000 gpd	1,000.00
b. 10,000 - < 50,000 gpd	2,500.00
c. 50,000 - < 100,000 gpd	5,000.00
d. 100,000 - < 500,000 gpd	10,000.00
e. 500,000 gpd and greater	15,000.00
Combined Food Processing Waste Treatment Facilities	5,000.00
Combined Sewer Overflow System	
a. < 50 acres	1,000.00
b. 50 - < 100 acres	2,000.00
c. 100 - < 500 acres	3,000.00
d. 500 acres and greater	4,000.00
Concentrated Animal Feeding Operation	
a. < 100 Animal Units	100.00
b. 100 - < 500 Animal Units	200.00
c. 500 - < 1,000 Animal Units	500.00
d. 1,000 Animal Units and greater	1,000.00
Crop Preparing	
a. 1,000 - < 5,000 bins/yr.	200.00
b. 5,000 - < 10,000 bins/yr.	400.00
c. 10,000 - < 25,000 bins/yr.	800.00
d. 25,000 - < 50,000 bins/yr.	1,600.00
e. 50,000 - < 100,000 bins/yr.	3,000.00
f. 100,000 - < 150,000 bins/yr.	5,000.00
g. 150,000 bins/yr. and greater	6,000.00
Facilities Not Otherwise Classified	
a. < 1,000 gpd	500.00
b. 1,000 - < 10,000 gpd	1,000.00
c. 10,000 - < 50,000 gpd	2,000.00
d. 50,000 - < 100,000 gpd	4,000.00
e. 100,000 - < 500,000 gpd	8,000.00
f. 500,000 - < 1,000,000 gpd	10,000.00
g. 1,000,000 gpd and greater	15,000.00
Fin Fish Rearing & Hatching	1,500.00
Flavor Extraction	
a. Steam Distillation	250.00
b. Solvent Extraction	1,000.00

INDUSTRIAL FACILITY CATEGORIES	ANNUAL PERMIT FEE
Food Processing	
a. < 1,000 gpd	500.00
b. 1,000 - < 10,000 gpd	1,000.00
c. 10,000 - < 50,000 gpd	1,500.00
d. 50,000 - < 100,000 gpd	2,000.00
e. 100,000 - < 500,000 gpd	5,000.00
f. 500,000 - < 1,000,000 gpd	10,000.00
g. 1,000,000 gpd and greater	15,000.00
Fuel and Chemical Storage	
a. < 100,000 bbls	1,000.00
b. 100,000 - < 500,000 bbls	2,500.00
c. 500,000 bbls and greater	5,000.00
Hazardous Waste Clean Up Sites (See definition under WAC 173-224-030(24).)	20,000.00
Inorganic Chemicals Manufacturing	
a. Lime Products	2,500.00
b. Fertilizer	
c. Peroxide	4,000.00
d. Alkaline Earth Salts	5,000.00
e. Metal Salts	7,000.00
f. Acid Manufacturing	10,000.00
g. Chlor-alkali	20,000.00
Iron and Steel	
a. Foundries	5,000.00
b. Mills	10,000.00
Metal Finishing	
a. < 1,000 gpd	600.00
b. 1,000 - < 10,000 gpd	1,000.00
c. 10,000 - < 50,000 gpd	2,500.00
d. 50,000 - < 100,000 gpd	5,000.00
e. 100,000 - < 500,000 gpd	10,000.00
f. 500,000 gpd and greater	15,000.00
Noncontact Cooling Water	
a. < 1,000 gpd	100.00
b. 1,000 - < 10,000 gpd	500.00
c. 10,000 - < 50,000 gpd	1,000.00
d. 50,000 - < 100,000 gpd	2,000.00
e. 100,000 - < 1,000,000 gpd	4,000.00
f. 1,000,000 - < 10,000,000 gpd	6,000.00
g. 10,000,000 gpd and greater	8,000.00
Nonferrous Metals Forming	5,000.00
Ore Mining	
a. Ore mining	1,000.00
b. Ore mining with physical concentration processes	2,000.00
c. Ore mining with physical and chemical concentration processes	8,000.00
Organic Chemicals Manufacturing	
a. Fertilizer	5,000.00
b. Aliphatic	10,000.00
c. Aromatic	15,000.00
Petroleum Refining	
a. < 10,000 bbls/d	10,000.00
b. 10,000 - < 50,000 bbls/d	20,000.00
c. 50,000 bbls/d and greater	40,000.00
Photofinishers	
a. < 1,000 gpd	400.00
b. 1,000 gpd and greater	1,000.00
Power and/or Steam Plants	
a. Steam Generation - Nonelectric	2,000.00
b. Hydroelectric	2,000.00
c. Nonfossil Fuel	3,000.00
d. Fossil Fuel	8,000.00

INDUSTRIAL FACILITY CATEGORIES	ANNUAL PERMIT FEE
Pulp, Paper and Paper Board	
a. Fiber Recyclers	5,000.00
b. Paper Mills	10,000.00
c. Groundwood Pulp Mills	
1. < 300 tons per day	15,000.00
2. 300 tons per day and greater	30,000.00
d. Chemical Pulp Mills w/o Chlorine Bleaching	40,000.00
e. Chemical Pulp Mills w/Chlorine Bleaching	45,000.00
Shipyards	
\$1,000 per crane, travel lift, small boat lift	
1,000 per drydock under 250 ft in length	
1,000 per graving dock	
1,500 per marine way	
1,500 per synchrolift	
2,000 per drydock over 250 ft in length	
The fee for a facility in the shipyard category is the sum of the fees for the applicable units in the facility.	
Solid Waste Sites	
a. Nonputrescible	2,000.00
b. < 50 acres	4,000.00
c. 50 - < 100 acres	8,000.00
d. 100 - < 250 acres	10,000.00
e. 250 acres and greater	15,000.00
Storm Water Only	
a. < 50 acres	1,000.00
b. 50 - < 100 acres	2,000.00
c. 100 - < 500 acres	3,000.00
d. 500 acres and greater	4,000.00
Textile Mills	20,000.00
Timber Products	
a. Log Storage	1,000.00
b. Veneer	2,000.00
c. Sawmills	4,000.00
d. Hardwood, Plywood	7,000.00
e. Wood Preserving	10,000.00
Vehicle Maintenance, Warehouse and Freight Transfer	
a. < 0.5 acre	1,000.00
b. 0.5 - < 1.0 acre	2,000.00
c. 1.0 acre and greater	3,000.00
Water Plants	
a. Potable water treatment	1,250.00
b. Irrigation water treatment	750.00

(a) Facilities other than those in the aggregate production, crop preparing, or shipyard categories which operate within several fee categories or subcategories will be charged for that category or subcategory with the highest fee.

(b) Facilities covered by general permits will be charged 70% of the fee category which they would otherwise belong.

(c) Industries with permitted discharges of 800 gpd or less will pay an annual fee of \$150.00.

(d) The annual permit fee for a water treatment plant that primarily serves residential customers may not exceed three dollars per residential equivalent. The number of residential equivalents is determined by dividing the facility's annual gross revenue in the previous calendar year by the annual user charge for a single family residence which uses nine hundred cubic feet of water per month.

(e) To verify information relevant to the determination of fees, the department may require industrial and

commercial permittees to submit a form certifying annual production or unit processes. When required, the form must be completed and returned to the department within thirty days after it is mailed to the permittee by the department.

(f) Fees for crop preparers discharging noncontact cooling water only shall pay the lesser of the applicable fee in the crop preparing or noncontact cooling water categories.

(g) Hazardous waste clean up sites for which the department has commenced cost recovery under section 4 of Initiative 97 shall have permit fees deemed to have been charged through the cost recovery action.

(3) The form shall bear a certification of correctness and be signed:

(a) In the case of a corporation, by an authorized corporate officer;

(b) In the case of a limited partnership, by an authorized general partner;

(c) In the case of a general partnership, by an authorized partner;

(d) In the case of a sole proprietorship, by the proprietor.

(4) The department may verify the information contained in the form and, if it determines that the permit holder has made false or inaccurate statements, may, in addition to taking other actions provided by law, revise both current and previously granted fee determinations.

MUNICIPAL/DOMESTIC FACILITIES

(a) The annual permit fee for a permit held by a municipality for a domestic wastewater facility issued under RCW 90.48.162 or 90.48.260 is determined as follows:

(i) If the number of residential equivalents that contribute to the domestic wastewater facility is less than 40,000, the fee is sixty cents times the number of residential equivalents;

(ii) If the number of residential equivalents that contribute to the domestic wastewater facility is 40,000 or greater but less than 150,000, the fee is fifty cents times the number of residential equivalents;

(iii) If the number of residential equivalents that contribute to the domestic wastewater facility is 150,000 or greater but less than 250,000, the fee is forty cents times the number of residential equivalents;

(iv) If the number of residential equivalents that contribute to the domestic wastewater facility is 250,000 or greater but less than 500,000, the fee is thirty-five cents times the number of residential equivalents;

(v) If the number of residential equivalents that contribute to the domestic wastewater facility is 500,000 or greater, the fee is thirty cents times the number of residential equivalents.

(b) The annual permit fee for each permit issued under RCW 90.48.162 or 90.48.260 that is held by a municipality that holds more than one permit for domestic wastewater facilities and which treats each domestic wastewater facility as a separate accounting entity, maintaining separate funds/accounts for each facility, into which revenue received from the users of that facility is deposited and out of which expenditures to pay for

the costs of operating, etc., that facility are made, is determined as in (a) of this subsection.

(c) The sum of the annual permit fees for permits held by a municipality that holds more than one permit for domestic wastewater facilities issued under RCW 90.48.162 or 90.48.260 and which does not treat each domestic wastewater facility as a separate accounting entity, maintaining separate funds/accounts for each facility, into which revenue received from the users of that facility is deposited and out of which expenditures to pay for the costs of operating, etc., that facility are made, is determined as follows:

(i) If the number of residential equivalents that contribute to the municipality's domestic wastewater system is less than 40,000, the fee is sixty cents times the number of residential equivalents;

(ii) If the number of residential equivalents that contribute to the municipality's domestic wastewater system is 40,000 or greater but less than 150,000, the fee is fifty cents times the number of residential equivalents;

(iii) If the number of residential equivalents that contribute to the municipality's domestic wastewater system is 150,000 or greater but less than 250,000, the fee is forty cents times the number of residential equivalents;

(iv) If the number of residential equivalents that contribute to the municipality's domestic wastewater system is 250,000 or greater but less than 500,000, the fee is thirty-five cents times the number of residential equivalents;

(v) If the number of residential equivalents that contribute to the municipality's domestic wastewater system is 500,000 or greater, the fee is thirty cents times the number of residential equivalents.

(d) The permit fee for a privately-owned domestic wastewater facility that primarily serves residential customers is determined as in (a) of this subsection. Residential customers are those whose lot, parcel or real estate, or building is primarily used for domestic dwelling purposes.

(e) Permit fees for privately-owned domestic wastewater facilities that do not serve primarily residential customers and for state-owned domestic wastewater facilities are the following:

<u>Permitted Flows</u>	<u>Annual Permit Fee</u>
.1 MGD and Greater	\$2,500.00
.05 MGD to < .1 MGD	1,000.00
.0008 MGD to < .05 MGD	500.00
< .0008 MGD	150.00

(f) The number of residential equivalents is calculated in the following manner:

(i) If the facility serves only single-family residences, the number of residential equivalents is the number of single-family residences that it served on January 1 of the previous calendar year.

(ii) If the facility serves both single-family residences and other classes of customers, the number of residential equivalents is calculated in the following manner:

(A) Calculation of the number of residential equivalents that the facility serves in its own service area. Subtract from the previous calendar year's gross revenue:

(I) Any amounts received from other municipalities for sewage interception, treatment, collection, or disposal; and

(II) Any user charges received from customers for whom the permit holder pays amounts to other municipalities for sewage treatment or disposal services. Divide the resulting figure by the annual user charge for a single-family residence.

(B) Calculation of the number of residential equivalents that the facility serves in other municipalities which pay amounts to the facility for sewage interception, treatment, collection, or disposal:

(I) Divide any such amounts received from other municipalities during the previous calendar year by the annual user charge for a single-family residence. In this case "annual user charge for a single-family residence" means the annual user charge that the facility charges other municipalities for sewage interception, treatment, collection, or disposal services for a single-family residence. If the facility charges different municipalities differing single-family residential user charges, then the charge used in these calculations must be that which applies to the largest number of single-family residential customers. Alternatively, if the facility charges different municipalities differing single-family residential user charges, the permit holder may divide the amount received from each municipality by the annual user charge that it charges that municipality for a single-family residence and sum the resulting figures.

(II) If the facility does not charge the other municipality on the basis of a charge per single-family residence, the number of residential equivalents in the other municipality is calculated by dividing its previous calendar year's gross revenue by its annual user charge for a single-family residence. If the other municipality does not maintain data on its gross revenue, user charges, and/or the number of single-family residences that it serves, the number of residential equivalents is calculated as in (f)(iv) of this subsection.

(III) If the other municipality serves only single-family residences, the number of residential equivalents may be calculated as in (f)(i) of this subsection.

The sum of the resulting figures is the number of residential equivalents that the facility serves in other municipalities.

(C) The number of residential equivalents is the sum of the number of residential equivalents calculated in (f)(ii)(A) and (B) of this subsection.

(iii) The annual user charge for a single-family residence is calculated by either of the following methods, at the choice of the permit holder:

(A) The annual user charge for a single-family residence using nine hundred cubic feet of water per month. If users are billed monthly, this is calculated by multiplying by twelve the monthly user charge for a single-family residence using nine hundred cubic feet of water per month. If users are billed bimonthly, the annual user charge is calculated by multiplying by six the bimonthly user charge for a single-family residence using one thousand eight hundred cubic feet of water per two-month period. If the user charge for a single-family residence varies, depending on age, income, location, etc.,

then the charge used in these calculations must be that which applies to the largest number of single-family residential customers.

(B) The average annual user charge for a single-family residence. This average is calculated by dividing the previous calendar year's gross revenue from provision of sewer services to single-family residences by the number of single-family residences served on January 1 of the previous calendar year. If the user charge for a single-family residence varies, depending on age, income, location, etc., then the gross revenue and number of single-family residences used in making this calculation must be those for all the single-family residential customers.

In either case, (f)(iii)(A) or (B) of this subsection, the permit holder must provide the department with a copy of its complete sewer rate schedule for all classes of customers.

(iv) If a permit holder does not maintain data on its gross revenue, user charges, and/or the number of single-family residences that it serves, and therefore cannot use the methods described in (f)(i) or (ii) of this subsection to calculate the number of residential equivalents that it serves, then the number of residential equivalents that it serves is calculated by dividing the average daily influent flow to its facility for the previous calendar year by two hundred fifty gallons. This average is calculated by summing all the daily flow measurements taken during the previous calendar year and then dividing the resulting sum by the number of days on which flow was measured. Data for this calculation must be taken from the permit holder's discharge monitoring reports. Permit holders using this means of calculating the number of their residential equivalents must submit with their application a complete set of copies of their discharge monitoring reports for the previous calendar year.

(v) If the facility received a permit fee reduction in accordance with WAC 173-223-090(3) for its fiscal year 1989 permit fee, the facility may use the residential equivalent count that was made in determining that fee reduction as the number of residential equivalents for calculating its fiscal year 1990 and 1991 permit fees.

(g) Fee calculation procedures for holders of permits for domestic wastewater facilities.

(i) Municipalities holding permits for domestic wastewater facilities issued under RCW 90.48.162 and 90.48-.260, and holders of permits for privately-owned domestic wastewater facilities that primarily serve residential customers must complete a form certifying the number of residential equivalents served by their domestic wastewater system. The form must be completed and returned to the department within thirty days after it is mailed to the permit holder by the department. Fees will be calculated in even-numbered fiscal years.

(ii) The form shall bear a certification of correctness and be signed:

(A) In the case of a corporation, by an authorized corporate officer;

(B) In the case of a limited partnership, by an authorized partner;

(C) In the case of a general partnership, by an authorized partner;

(D) In the case of a sole proprietorship, by the proprietor;

(E) In the case of a municipal or other public facility, by either a ranking elected official or a principal executive officer.

(iii) The department may verify the information contained in the form and, if it determines that the permit holder has made false statements, may, in addition to taking other actions provided by law, revise both current and previously granted fee determinations.

(iv) Residential equivalent counts calculated for the purpose of determining fees under chapter 173-223 WAC for the March 1 through June 30, 1989, period will be used to determine permit fees for fiscal years 1990 and 1991.

NEW SECTION

WAC 173-224-050 PERMIT FEE PAYMENTS.

(1) Permit fee computation. Computation of permit fees shall begin on the first day of each fiscal year, or in the case of facilities or activities not previously covered by permits, on the issuance date of the permit. In the case of applicants for state waste discharge permits who are deemed to have a temporary permit under RCW 90.48-.200, computation shall begin on the sixty-first day after the department receives an application. Computation of fees shall end on the last day of the state's fiscal year, or in the case of a terminated permit, on the date of termination. Computation shall end on the expiration date of a permit only if a permit holder has indicated to the department in writing that the permitted activity has been terminated.

(2) The department shall charge permit fees based on the permit fee schedule contained in WAC 173-224-040. The department may charge fees at the beginning of the year to which they apply. The department shall notify permit holders of fee charges by mailing billing statements. Permit fees must be received by the department thirty days after the department mails a billing statement. The department may elect to bill permit holders a prorated portion of the annual fee on a monthly, quarterly, or other periodic basis. In cases where a new permit is only in effect for a portion of the fiscal year upon which the annual fee is based, the department shall prorate the fee accordingly. In addition to other circumstances, this applies where the department terminates a permit upon its determination that an industry which discharges to a municipal sewer system is satisfactorily regulated by a local pretreatment program.

(3) The applicable permit fee shall be paid by check or money order payable to the "Department of Ecology" and mailed to the Wastewater Discharge Permit Fee Program, P. O. Box 5128, Lacey, Washington 98503-5128.

(4) In the event a check is returned due to insufficient funds, the permit fee shall be deemed to be unpaid.

NEW SECTION

WAC 173-224-060 PERMITS ISSUED BY OTHER GOVERNMENTAL AGENCIES. The department shall not charge permit fees for:

(1) Permits issued by a city, town, or municipal corporation under RCW 90.48.165;

(2) Permits issued by the energy facilities site evaluation council under RCW 80.50.071;

(3) Permits administered by the EPA under 33 U.S.C. 1251 et seq.

Nothing herein shall restrict the department from charging fees to recover administrative expenses of permits it issues under RCW 90.48.160 for discharges into municipal sewer systems, nor for charging fees to recover administrative expenses related to monitoring compliance with delegated pretreatment programs.

NEW SECTION

WAC 173-224-070 CREDITS. Any public entity engaging in a comprehensive monitoring program may apply for a credit against its permit fee. The full amount of a permit fee shall not be due until after the department made a determination on any such application for credit. The department may establish a due date in accordance with WAC 173-224-050 for an amount equal to the permit fee assessment minus the requested credit. Any balance of permit fee charges remaining after approval or denial of a credit shall be due thirty days after the department gives notice of such approval or denial. The department may approve applications for credits that meet the following criteria:

(1) Credit shall not be granted to a facility in excess of twenty-five percent of the permit fee assessed over the five-year period of a permit;

(2) The total amount of combined credits granted to all permittees for the five-year period beginning July 1, 1988, shall not exceed fifty thousand dollars. The total amount of credits granted for any one year shall not exceed the balance of the fifty thousand dollar maximum divided by the number of years remaining before July 1, 1993. If more than one permittee applies for credits during any one calendar year, the department shall consider the amount of the credits applied for and the benefits derived from the comprehensive monitoring programs in distributing the credits for that year among the applicants;

(3) Credit shall not be granted for monitoring required by the terms of the applicant's permit; nor for monitoring of effluent or the effects of effluent on the receiving water, sediment, or biota in the vicinity of the discharge; nor for monitoring that is within the scope of monitoring guidelines developed by the department for implementation through permits;

(4) In applying for an NPDES permit credit, the applicant must demonstrate that its comprehensive monitoring produces benefits the general public or public agencies responsible for protection or management of the state's waters or aquatic resources. Such benefits must extend beyond the immediate jurisdiction or responsibility of the applicant;

(5) Requests for credit must be received by the department no later than October 1 during any state fiscal year.

NEW SECTION

WAC 173-224-080 TRANSFER OF OWNERSHIP OR CONTROL. The department shall charge permit fees from the permit holder on record with the department. In the event that ownership or control of a permitted facility or activity is transferred, it shall not be the responsibility of the department to transfer funds between a new and previous permit holder, and the department shall not refund fee charges prospectively in the event of a transfer. Fees paid by a previous permit holder shall be deemed to satisfy the corresponding fee payment requirements of a new permit holder. Agreements between a new and previous permit holder are not binding on the department.

NEW SECTION

WAC 173-224-090 SMALL DISCHARGER FEE REDUCTION. A small business required to pay a permit fee under an industrial facility category may receive a reduction of its permit fee.

(1) To qualify for the fee reduction, a business must:

(a) Be a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit;

(b) Be independently owned and operated from all other businesses (i.e., not a subsidiary of a parent company);

(c) Have fifty or fewer employees; and

(d) Have annual sales of five hundred thousand dollars or less of the goods or services produced using the processes regulated by the waste discharge permit.

(2) To receive a fee reduction, the permit holder must submit an application in a manner prescribed by the department demonstrating that the conditions of subsection (1) of this section have been met. The application shall bear a certification of correctness and be signed:

(a) In the case of a corporation, by an authorized corporate officer;

(b) In the case of a limited partnership, by an authorized general partner;

(c) In the case of a general partnership, by an authorized partner;

(d) In the case of a sole proprietorship, by the proprietor.

(3) The department may verify the information contained in the application and, if it determines that the permit holder has made false statements, may deny the fee reduction request and revoke previously granted fee reductions.

(4) The permit fee for small businesses determined to be eligible under subsection (1) of this section shall be reduced to the greater of: (a) Fifty percent of the permit fee; or (b) two hundred fifty dollars.

(5) If due to special economic circumstances a fee reduction allowed under subsection (4) of this section would nevertheless still impose an extreme economic hardship on a small business, the small business may so indicate in its application for fee reduction and request a further fee reduction. The small business must provide sufficient evidence to support its claim of extreme hardship. The factors which the department may consider in

determining whether the applicant faces special economic circumstances and in setting the applicant's fee include: The applicant's annual sales, the size of its labor force, the conditions of the market which affect the applicant's ability to pass the cost of the permit fee through to its customers, and its average annual profits. In no case will a permit fee be reduced below one percent of the average annual gross sales of the goods or services produced using the process regulated by the waste discharge permit. The average annual gross sales is calculated using the previous three calendar years' gross sales.

NEW SECTION

WAC 173-224-100 ADMINISTRATIVE APPEALS TO THE DEPARTMENT. Any person aggrieved by a determination made under this chapter by the department may file a written appeal to the department no later than the due date for payment of fees. Such appeal shall state the reasons that the aggrieved person believes that the department's determination is contrary to the requirements of Initiative 97, and specific actions that he/she is requesting that are consistent with those requirements. The department shall either issue a revised determination or a statement upholding the original determination. A revised determination shall be consistent with the requirements of Initiative 97.

NEW SECTION

WAC 173-224-110 DEPOSITS. The department shall deposit permit fee payments in the water quality permit account in the state treasury. Funds collected shall not be available for use by the department until appropriated by the legislature.

NEW SECTION

WAC 173-224-120 PAST DUE PAYMENTS. Any person who, by the effective date of this section, has not paid the fees and other amounts due under chapters 173-222 and 173-223 WAC shall continue to be obligated to pay such fees and amounts.

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 173-223-015 PURPOSE AND AUTHORITY.

WAC 173-223-020 APPLICABILITY.

WAC 173-223-030 DEFINITIONS.

WAC 173-223-040 PERMIT FEE SCHEDULE.

WAC 173-223-050 PERMIT FEE PAYMENTS.

WAC 173-223-060 PERMITS ISSUED BY OTHER GOVERNMENTAL AGENCIES.

WAC 173-223-070 CREDITS.

WAC 173-223-080 TRANSFER OF OWNERSHIP OR CONTROL.

WAC 173-223-090 ADMINISTRATIVE APPEALS TO THE DIRECTOR.

WAC 173-223-100 DEPOSITS.

WAC 173-223-110 PAST DUE PAYMENTS.

WSR 89-12-028
ADOPTED RULES
CODE REVISER'S OFFICE
 [Order 89-1—Filed May 31, 1989]

I, Dennis W. Cooper, Code Reviser, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

New ch. 1-21 WAC Rule making.
 Rep ch. 1-12 WAC Drafting and filing of notices and rules.
 Rep ch. 1-13 WAC Drafting and filing of notices and rules by institutions of higher education.

This action is taken pursuant to Notice No. WSR 89-09-068 filed with the code reviser on April 19, 1989. 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 34.05.385 and 34.08.030 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 May 31, 1989.

By Gary Reid
 Chief Assistant Code Reviser
 for Dennis W. Cooper
 Code Reviser

Chapter 1-21
 RULE MAKING

WAC

1-21-005	Purpose.
1-21-010	Preproposal comments.
1-21-020	Notice—Form, contents, numbers.
1-21-030	Notice period—Register distribution date.
1-21-040	Notice—Time for filing.
1-21-050	Continuance.
1-21-060	Withdrawal of proposal.
1-21-070	Administrative order.
1-21-080	Numbering system—Captions.
1-21-090	Redesignation of numbers.
1-21-100	Nontext rules.
1-21-110	Amendatory rules.
1-21-120	Underlining restricted.
1-21-130	Repealers.
1-21-140	Review of previously adopted rules.
1-21-150	Exemptions from publication.
1-21-160	Emergency rules—Filing after office hours.
1-21-170	Official forms.

NEW SECTION

WAC 1-21-005 PURPOSE. This chapter implements RCW 34.05.210 and 34.05.310 through 34.05.395, the provisions of the Administrative Procedure Act on agency rule making. It also implements chapter 34.08 RCW, the State Register Act. It replaces the former chapters 1-12 and 1-13 WAC on drafting and filing of

notices and rules. It covers both institutions of higher education and all other administrative agencies, since chapter 34.05 RCW merged chapters 28B.19 and 34.04 RCW.

NEW SECTION

WAC 1-21-010 PREPROPOSAL COMMENTS. An agency that wishes to solicit comments from the public under RCW 34.05.310 on a subject of possible rule making, but before a formal notice is filed under RCW 34.05.320, may complete and file with the code reviser's office a CR-101 form (Preproposal Comments). The filing will appear in the Register in accordance with the schedule provided in WAC 1-21-040.

NEW SECTION

WAC 1-21-020 NOTICE—FORM, CONTENTS, NUMBERS. (1) An agency shall file notice of proposed rule making under RCW 34.05.320 with the code reviser's office on a CR-102 form (Proposed Rule Making). The agency must file the full text of the proposed rule along with the Notice form (RCW 34.08.020).

(2) The agency shall file the original and six copies of the notice package (form and text). The code reviser's office will keep the original and two copies and return four stamped copies to the agency. The joint administrative rules review committee has requested that the agency submit three of these copies to the committee for purposes of legislative review. The agency should keep the remaining copy for its files.

NEW SECTION

WAC 1-21-030 NOTICE PERIOD—REGISTER DISTRIBUTION DATE. (1) Under RCW 34.05.320, notice of proposed rule making must be published in the State Register at least 20 days before the agency may hold a hearing on the proposal. The Register is distributed on the first and third Wednesdays of each month. If a distribution date falls on a state holiday as determined by RCW 1.16.050, the distribution date of that Register will be delayed until Thursday.

(2) In counting the twenty-day notice period, consider the distribution date of the pertinent Register as day 20; count down to day zero to find the first day on which a hearing may be held; cf. RCW 1.12.040 and State ex rel. Earley v. Batchelor, 15 Wn.2d 149 (1942).

(3) The schedule of closing dates on page 2 of each Register applies this section and WAC 1-21-040 to the current year. In case of a discrepancy between the WAC rules and the schedule, the rules have priority.

NEW SECTION

WAC 1-21-040 NOTICE—TIME FOR FILING. To permit sufficient lead time for the editorial, data capture, and printing process, material to be published in a particular issue of the Register must be in the physical possession of and filed in the code reviser's office according to the following schedule:

(1) If the material has been prepared and completed by the code reviser's Order Typing Service (OTS), by

5:00 p.m. on the fourteenth day before the distribution date of that issue of the Register; or

(2) If the material has been prepared by any means other than OTS and it contains:

(a) No more than 10 pages, by 5:00 p.m. on the fourteenth day before the distribution date of that Register; or

(b) More than 10 but less than 30 pages, by 5:00 p.m. on the twenty-eighth day before the distribution date of that Register; or

(c) 30 or more pages, by 5:00 p.m. on the forty-second day before the distribution date of that Register.

NEW SECTION

WAC 1-21-050 CONTINUANCE. (1) Under RCW 34.05.325(4), an agency may continue a proceeding that has already started by establishing the later time and place on the record. No publication is required in the Register, but before filing the administrative order adopting the rule, the agency shall give notice of the continuance to the code reviser's office on a CR-102 form. If no substantial change is made in the proposal, the continuance is not subject to the 20-day publication requirement of RCW 34.05.320.

(2) An agency may change the date or the location, or both, of a rule-making proceeding before the proceeding has begun if the agency gives adequate notice to the public through the same methods that were used for the original notice. Adequate notice for purposes of the State Register consists of filing the continuance notice on a CR-102 form with the code reviser in time for it to appear in a Register that will be distributed at least five days before the originally scheduled proceeding.

NEW SECTION

WAC 1-21-060 WITHDRAWAL OF PROPOSAL. Under RCW 34.05.335 a proposed rule may be withdrawn any time before adoption. The agency shall provide notice of withdrawal to the code reviser's office by a letter or memorandum signed by the person who signed the original notice, or by that person's designee. The agency shall send a copy of the withdrawal notice to the rules review committee.

NEW SECTION

WAC 1-21-070 ADMINISTRATIVE ORDER. (1) The administrative order by which an agency adopts a rule shall be done on a CR-103 form (Rule-making Order) provided by the code reviser's office or, if required by agency practice, on an agency form that provides the information required by RCW 34.05.360. The agency shall number administrative orders sequentially, with a unique number for each rule-making proceeding.

(2) The agency shall file with the code reviser's office the original and three copies of the text of permanent rules, along with four copies of the administrative order. Emergency rules require an additional three copies of the order and the text, which the agency shall file with the rules review committee after the copies have been stamped by the code reviser's office.

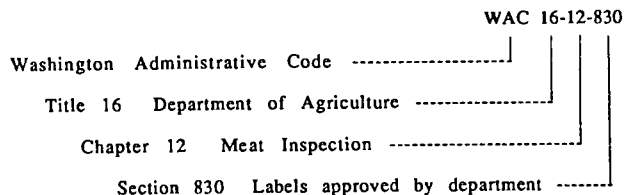
NEW SECTION

WAC 1-21-080 NUMBERING SYSTEM—CAPTIONS. (1) The primary division of the Washington Administrative Code (WAC) is the Title. The code reviser assigns each agency a title number, which usually is in alphabetical order. A newly created agency shall apply to the code reviser's office for assignment of a title number. If an agency's name is changed, the title number stays the same. The list of titles is published in volume 1 of the WAC.

(2) Each title is divided into chapters, which are the major subject matter divisions of the agency's title.

(3) Each chapter is divided into sections, which are the individual rules and are the smallest unit that can be amended. The agency shall place a short caption on each section to describe its contents. Sections should be as short as reasonably possible to facilitate finding an individual rule and amending it in the future.

(4) The WAC citation number is a composite of these three divisions:



NEW SECTION

WAC 1-21-090 REDESIGNATION OF WAC NUMBERS. (1) WAC numbers are permanent and may not be changed by the use of addition and deletion marks used for text amendments. If an agency wishes to recodify its permanent rules, it should consult with the code reviser's office for the method to be used.

(2) WAC numbers previously assigned to repealed sections or chapters may not be reused to designate other sections or chapters. The numbers of the repealed rules are shown in a disposition table prepared by the code reviser and published with the appropriate chapter or title.

NEW SECTION

WAC 1-21-100 NONTEXT RULES. All tables, charts, maps, and other material that are rules under RCW 34.05.010 must be either part of another rule or be assigned WAC numbers and adopted as individual sections. The latter method is preferred, and it simplifies future amendment.

NEW SECTION

WAC 1-21-110 AMENDATORY RULES. (1) Designate each amendatory section with the heading "AMENDATORY SECTION" followed by a reference to the agency order number and filing date of the latest permanent order affecting that section. Show amendments

to the text in terms of the latest permanent version of the section that has been filed with the code reviser.

(2) If a section to be amended has been exempted from publication under RCW 34.05.210 and is not published in the WAC, in later orders amending or repealing the section refer to it by the original agency order and section number or other appropriate description.

NEW SECTION

WAC 1-21-120 UNDERLINING RESTRICTED. Since RCW 34.05.395 requires the use of the legislature's bill-drafting style to show amendments in previously adopted rules, underlined text may be used only to show new material added to an existing section. Underlining may not be used for emphasis, as it would not permit codification of the section in the usual manner. Italics or boldface may be used for emphasis. Consult with the code reviser's office if in doubt as to the proper method for indicating these styles.

NEW SECTION

WAC 1-21-130 REPEALERS. To repeal one or more current sections, list them individually by citation and caption under a heading of "REPEALER." An entire chapter may be repealed section by section or as one complete unit. The first method preserves the unrepealed section numbers for future use, while the second method eliminates the entire chapter number from future use.

NEW SECTION

WAC 1-21-140 REVIEW OF PREVIOUSLY ADOPTED RULES. When an agency is required under RCW 34.05.630 to review permanent or emergency rules previously adopted, the agency shall file notice of the review with the code reviser on a CR-104 form (Review of Previously Adopted Rules). The agency shall file the original and six copies of the notice. Four copies will be returned to the agency, three of which shall be delivered to the rules review committee. The notice is subject to the twenty-day requirement of RCW 34.05.320. The text of the rule under review is not needed with this notice.

NEW SECTION

WAC 1-21-150 EXEMPTIONS FROM PUBLICATION. Agency rules that are likely to be omitted from WAC publication by the code reviser under the authority of RCW 34.05.210, may, upon application by the agency to the code reviser for an exemption, be exempted by the code reviser from the form and style requirements of this chapter, other than requirements that are imposed by statute. An application for exemption must be made and approved before filing the rules.

NEW SECTION

WAC 1-21-160 EMERGENCY RULES—FILING AFTER OFFICE HOURS. The code reviser's office is open for the filing of agency rule-making notices and orders from 8 a.m. to 5 p.m., Monday through Friday, except legal holidays. The code reviser delegates to

the Washington State Patrol the authority to accept at other times the filing of emergency orders adopting, amending or repealing rules when the emergency nature of the orders requires their filing and immediate effectiveness. To use this service, the agency may telephone the capitol security unit of the state patrol at 753-2191 to arrange for receipt of the filing by the state patrol. The agency shall notify the code reviser's office of the filing by 9:00 a.m. on the next business day after the filing.

NEW SECTION

WAC 1-21-170 OFFICIAL FORMS. Agencies may obtain the following official forms from the code reviser's office upon request:

- (1) Form CR-101 Preproposal Comments
- (2) Form CR-102 Proposed Rule Making
- (3) Form CR-103 Rule-making Order
- (4) Form CR-104 Review of Previously Adopted Rules.

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 1-12-005 DECLARATION OF PURPOSE.

WAC 1-12-010 WHO MUST FILE RULES UNDER CHAPTER 34.04 RCW.

WAC 1-12-020 WHAT RULES MUST BE FILED.

WAC 1-12-030 NOTICES OF INTENTION TO ADOPT RULES.

WAC 1-12-032 RULE PURPOSE AND IMPLEMENTATION STATEMENT.

WAC 1-12-033 WITHDRAWAL OF PROPOSED RULE.

WAC 1-12-034 REVIEW OF PREVIOUSLY ADOPTED RULES.

WAC 1-12-035 TIME FOR FILING MATERIAL FOR INCLUSION IN REGISTER.

WAC 1-12-040 ADMINISTRATIVE ORDER—HOW PROMULGATED.

WAC 1-12-045 ADMINISTRATIVE ORDER—DUTY TO MAINTAIN ORDER REGISTER.

WAC 1-12-050 FILING OF ADMINISTRATIVE ORDER—RULES ADOPTED.

WAC 1-12-060 FORMULATION OF AGENCY ORDERS CREATING, AMENDING, OR REPEALING RULES.

WAC 1-12-070 WASHINGTON ADMINISTRATIVE CODE—BASIC ORGANIZATION.

WAC 1-12-080 DRAFTING INSTRUCTIONS—TITLE NUMBER—CHAPTER AND SECTION NAMES AND NUMBERS.

WAC 1-12-090 DRAFTING INSTRUCTIONS—DIVISION OF CHAPTERS INTO SECTIONS.

WAC 1-12-100 DRAFTING INSTRUCTIONS—SUBSECTIONS, SUBDIVISIONS, ITEMS, AND SUBITEMS.

WAC 1-12-110 DRAFTING INSTRUCTIONS—CITATIONS AND REFERENCES.

WAC 1-12-120 DRAFTING INSTRUCTIONS—TITLE AND CHAPTER DIGESTS—HISTORY NOTES.

WAC 1-12-125 DRAFTING INSTRUCTIONS—USE OF UNDERLINING.

WAC 1-12-130 DRAFTING INSTRUCTIONS—AMENDATORY SECTION.

WAC 1-12-140 DRAFTING INSTRUCTIONS—REPEALER SECTIONS.

WAC 1-12-150 DRAFTING INSTRUCTIONS—SEQUENCE AND NUMBERING OF SECTIONS.

WAC 1-12-155 DRAFTING INSTRUCTIONS—IDENTIFICATION OF SECTIONS AS NEW, AMENDATORY, OR REPEALED.

WAC 1-12-160 DRAFTING INSTRUCTIONS—REDESIGNATION OF WAC NUMBERS—AMENDMENT OR REPEAL OF INCONSISTENT RULES.

WAC 1-12-170 TYPING INSTRUCTIONS—GENERAL.

WAC 1-12-180 TYPING INSTRUCTIONS—NEW CHAPTERS OF WAC.

WAC 1-12-190 EMERGENCY RULES.

WAC 1-12-191 EMERGENCY RULES—FILING AFTER OFFICE HOURS.

WAC 1-12-200 EXEMPTION FROM THESE RULES.

WAC 1-12-210 OFFICIAL FORMS SUPPLIED UPON REQUEST.

WAC 1-12-220 ORDER TYPING SERVICE (OTS).

WAC 1-12-910 NOTICE OF INTENTION TO ADOPT, AMEND, OR REPEAL RULES (FORM CR-1).

WAC 1-12-930 FORM OF ORDER AND TRANSMITTAL BY AGENCY HAVING SINGLE HEAD (FORM CR-7).

WAC 1-12-940 FORM OF ORDER AND TRANSMITTAL BY BOARD, COMMISSION, OR COUNCIL (FORM CR-8).

WAC 1-12-950 NOTICE OF REVIEW OF PREVIOUSLY ADOPTED RULES (FORM CR-11).

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 1-13-005 DECLARATION OF PURPOSE.

WAC 1-13-010 WHO MUST FILE RULES.

WAC 1-13-020 WHAT RULES MUST BE FILED.

WAC 1-13-030 NOTICES OF INTENTION TO ADOPT RULES.

WAC 1-13-032 RULE PURPOSE AND IMPLEMENTATION STATEMENT.

WAC 1-13-033 WITHDRAWAL OF PROPOSED RULE.

WAC 1-13-034 REVIEW OF PREVIOUSLY ADOPTED RULES.

WAC 1-13-035 TIME FOR FILING MATERIAL FOR INCLUSION IN REGISTER.

WAC 1-13-040 ADMINISTRATIVE ORDERS—HOW PROMULGATED.

WAC 1-13-045 ADMINISTRATIVE ORDERS—DUTY TO MAINTAIN ORDER REGISTER.

WAC 1-13-050 FILING OF ADMINISTRATIVE ORDER—RULES ADOPTED.

WAC 1-13-060 FORMULATION OF INSTITUTION ORDERS CREATING, AMENDING, OR REPEALING RULES.

WAC 1-13-070 WASHINGTON ADMINISTRATIVE CODE—BASIC ORGANIZATION.

WAC 1-13-080 DRAFTING INSTRUCTIONS—TITLE NUMBER—CHAPTER AND SECTION NAMES AND NUMBERS.

WAC 1-13-090 DRAFTING INSTRUCTIONS—DIVISION OF CHAPTERS INTO SECTIONS.

WAC 1-13-100 DRAFTING INSTRUCTIONS—SUBSECTIONS, SUBDIVISIONS, ITEMS, AND SUBITEMS.

WAC 1-13-110 DRAFTING INSTRUCTIONS—CITATIONS AND REFERENCES.

WAC 1-13-120 DRAFTING INSTRUCTIONS—TITLE AND CHAPTER DIGEST—HISTORY NOTES.

WAC 1-13-125 DRAFTING INSTRUCTIONS—USE OF UNDERLINING.

WAC 1-13-130 DRAFTING INSTRUCTIONS—AMENDATORY SECTIONS.

WAC 1-13-140 DRAFTING INSTRUCTIONS—REPEALER SECTIONS.

WAC 1-13-150 DRAFTING INSTRUCTIONS—SEQUENCE AND NUMBERING OF SECTIONS.

WAC 1-13-155 DRAFTING INSTRUCTIONS—IDENTIFICATION OF SECTIONS AS NEW, AMENDATORY, OR REPEALED.

WAC 1-13-160 DRAFTING INSTRUCTIONS—REDESIGNATION OF WAC NUMBERS—AMENDMENT OR REPEAL OF INCONSISTENT RULES.

WAC 1-13-170 TYPING INSTRUCTIONS—GENERAL.

WAC 1-13-180 TYPING INSTRUCTIONS—NEW CHAPTERS OF WAC.

WAC 1-13-190 EMERGENCY RULES.

WAC 1-13-200 EXEMPTION FROM THESE RULES.

WAC 1-13-210 OFFICIAL FORMS SUPPLIED UPON REQUEST.

WAC 1-13-230 DISPOSITION OF RULES AND NOTICES FILED UNDER CHAPTER 34.04 RCW.

WAC 1-13-240 ORDER TYPING SERVICE (OTS).

WAC 1-13-910 NOTICE OF INTENTION TO ADOPT, AMEND, OR REPEAL RULES BY INSTITUTION OF HIGHER EDUCATION (FORM CR-4).

WAC 1-13-930 FORM OF ORDER AND TRANSMITTAL BY INSTITUTION HAVING SINGLE HEAD (FORM CR-9).

WAC 1-13-940 FORM OF ORDER AND TRANSMITTAL BY BOARD, COMMISSION, OR COUNCIL (FORM CR-10).

WAC 1-13-950 NOTICE OF REVIEW OF PREVIOUSLY ADOPTED RULES BY INSTITUTION OF HIGHER EDUCATION (FORM CR-12).

WSR 89-12-029
NOTICE OF PUBLIC MEETINGS
TRANSPORTATION COMMISSION
 [Memorandum—May 31, 1989]

The July 1989 regular meeting of the Washington State Transportation Commission has been changed from July 20, 1989, to July 13, 1989, beginning at 9:30 a.m., in Room 1D2, Transportation Building, Olympia, Washington.

WSR 89-12-030
PROPOSED RULES
ATTORNEY GENERAL'S OFFICE
 [Filed June 1, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Attorney General's Office intends to adopt, amend, or repeal rules concerning chapter 19.118 RCW:

Amd	WAC 44-10-040	Attorney General screening of arbitration requests.
Amd	WAC 44-10-050	Assignment to arbitration service.
Rep	WAC 44-10-055	Composition of arbitration panel.
Amd	WAC 44-10-060	Powers and duties of arbitration special master.
Amd	WAC 44-10-100	Subpoenas.
Amd	WAC 44-10-110	Scheduling of arbitration hearings.
Amd	WAC 44-10-130	Defaults.
Amd	WAC 44-10-140	Representation by counsel.
Amd	WAC 44-10-150	Predecision settlement of dispute.
Amd	WAC 44-10-160	Use of technical expert.
Amd	WAC 44-10-170	Powers and duties of arbitrators.
Amd	WAC 44-10-180	The arbitration hearing.
Amd	WAC 44-10-200	The arbitration decision.
Amd	WAC 44-10-220	Resale of motor vehicle determined or adjudicated as having a serious safety defect.
Amd	WAC 44-10-230	Resale of motor vehicle determined or adjudicated as having a nonconformity.
Amd	WAC 44-10-240	Warranty period for certificate of correction;

that the agency will at 10:00 a.m., Friday, July 14, 1989, in the Lemon Law Conference Room, 710 2nd Avenue, 13th Floor, Seattle, WA, 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 19.118.061, 19.118.080 and 19.118.090.

The specific statute these rules are intended to implement is WAC 44-10-040, 44-10-110, 44-10-130 and 44-10-200 are intended to implement RCW 19.118.090 and chapter 19.118 RCW; WAC 44-10-050, 44-10-055, 44-10-060, 44-10-150, 44-10-160, 44-10-170 and 44-10-180 are intended to implement RCW 19.118.080, 19.118.090 and chapter 19.118 RCW; WAC 44-10-100 is intended to implement RCW 19.118.031

and 19.118.080; WAC 44-10-140 is intended to implement RCW 19.118.080; and WAC 44-10-220, 44-10-230 and 44-10-240 are intended to implement RCW 19.118.061.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 12, 1989.

Dated: May 30, 1989
 By: Jay Uchida
 Assistant Attorney General

STATEMENT OF PURPOSE

Name of Agency: Washington State Attorney General's Office.

Title: Washington State Attorney General's Office.

Description of Purpose: These rules are proposed by the state of Washington Attorney General's Office to implement chapter 19.118 RCW and to provide standards for uniform conduct for the arbitration and uniform standards to administer the arbitration process.

Statutory Authority: RCW 19.118.080 and 19.118.090.

Summary of Rules: WAC 44-10-040, review procedure for the Attorney General to determine if requests are timely, complete and comply with the jurisdictional requirements of chapter 19.118 RCW; WAC 44-10-050, process by which the arbitration service will further screen a request as well as provision for notification of consumer and manufacturer; WAC 44-10-055, provides for request of a three member arbitration panel; WAC 44-10-060, outlines the powers and duties of an arbitration special master; WAC 44-10-100, outlines in detail the subpoena authority granted to the Attorney General by RCW 19.118.080; WAC 44-10-110, establishes that the arbitration service has discretionary authority to schedule arbitration hearings; WAC 44-10-130, sets forth the procedures to be followed by the arbitrator in the event of a default; WAC 44-10-140, any party may be represented by counsel or may rely on the assistance of another if handicap or language barrier precludes adequate pro se representation; WAC 44-10-150, notification of Attorney General or arbitration service of predecision settlement; WAC 44-10-160, outlines requirements and activities of technical expert as well as role in arbitration process; WAC 44-10-180, outlines arbitration process and procedures; WAC 44-10-170, establishes the powers and duties of the arbitrators; WAC 44-10-200, outlines arbitration decision format and procedural steps following arbitration; WAC 44-10-220, procedure for the resale of a motor vehicle determined or adjudicated as having a serious safety defect; WAC 44-10-230, procedures for the resale of a motor vehicle determined or adjudicated as having a nonconformity; and WAC 44-10-240, provides a warranty period of one year or twelve thousand miles from the date of resale of a vehicle with a corrected serious safety defect or a corrected nonconformity.

Responsible Personnel: In addition to the Attorney General, the following persons have knowledge of and responsibility for drafting, implementing and enforcing these rules: Sally Sterling, Administrator, 710 2nd Avenue, Suite 1300, Seattle, WA 98104, (206) 587-4289;

and Jay Uchida, Assistant Attorney General, 710 2nd Avenue, Suite 1300, Seattle, WA 98104, (206) 464-7243.

Proponents: The Office of the Attorney General.

Federal Law or Federal or State Court Requirements: Not necessitated as the result of federal or state court action.

Small Business Economic Impact Statement: Not required.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-040 ATTORNEY GENERAL SCREENING OF ARBITRATION REQUESTS. (1) A submitted request for arbitration form shall be date stamped upon receipt by the attorney general.

(2) The attorney general will screen the request for arbitration form and supporting documentation to determine if the request is timely, complete and complies with the jurisdictional requirements of chapter 19.118 RCW. The date of screening shall be recorded in the request for arbitration file.

(a) A request will be considered timely if it is received within thirty months from the date of original delivery of the new motor vehicle to the original consumer at retail.

(b) If a request is not timely or does not comply with the jurisdictional requirements of chapter 19.118 RCW the attorney general will reject the request and then notify the consumer of the reason for the rejection.

(c) A request will be considered complete if the information required by the request form is provided in full or if the consumer can provide a reasonable explanation to the attorney general why any supporting documentation may be absent.

(d) If a request is not complete, the attorney general will notify the consumer of any procedures or information required to complete the request.

(3) If the attorney general finds that a request is not complete, the statute of limitations, for purposes of chapter 19.118 RCW, will resume running two business days after the date the attorney general mails notice of incompleteness to the consumer.

(4) A consumer request that is based on a problem which does not manifest itself, is intermittent or unconfirmed shall not preclude an attorney general finding of jurisdiction for purposes of initial screening. However, this section shall not preclude a party from raising jurisdictional issues at the arbitration hearing or subsequent court proceedings.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-050 ASSIGNMENT TO ARBITRATION SERVICE. (1) After initial screening by the attorney general, all timely and complete requests for arbitration (~~((forms))~~) which have met the jurisdictional requirements of chapter 19.118 RCW shall be (~~((date stamped upon approval))~~) assigned by the attorney general (~~((and forwarded))~~) to the arbitration service which will (~~((date stamp the request upon))~~) record the date of receipt in the request for arbitration file.

(2) The arbitration service must determine if it will accept the request for arbitration or reject the request for arbitration, for the reasons set forth in RCW 19.118.090, within three business days after the attorney general has forwarded the request for arbitration to the arbitration service.

(3) The arbitration service shall (~~((date stamp))~~) record the date of acceptance or rejection of the request for arbitration ((immediately upon acceptance of the request)). The acceptance of the request shall commence the running of the (~~((thirty))~~) forty-five calendar day period in which a hearing must be conducted.

(4) Upon acceptance of a request, the arbitration service shall immediately send a notice of arbitration to the consumer and manufacturer of its acceptance by certified mail/return receipt requested and shall inform the parties that a hearing shall be held within (~~((thirty))~~) forty-five calendar days. The parties shall be sent formal notice of the actual hearing date by certified mail/return receipt requested, at least ten calendar days before the hearing. The manufacturer shall be sent a copy of the consumer's request and a manufacturer's statement form with the notice of arbitration.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-060 POWERS AND DUTIES OF ARBITRATION SPECIAL MASTER. (1) One or more arbitration special masters shall be appointed by the arbitration service to hear and decide preliminary and post-hearing issues that must be resolved, including but not limited to (~~((:))~~): Motions to quash subpoenas, motions for telephone conference hearings, requests for continuances, requests to view the vehicle. The arbitration special master may conduct telephonic conferences with a party or parties, as appropriate, and may request additional written information in order to rule on issues.

(2) Arbitration special masters shall sign a written oath prior to their appointment as arbitration special master attesting to their impartiality. There shall be no ex parte communication initiated by a party between such party and the arbitration special master.

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-100 SUBPOENAS. (1) A subpoena issued by the attorney general, pursuant to chapter 19.118 RCW, shall identify the party causing the issuance of the subpoena, designate that the subpoena is issued by the attorney general pursuant to RCW 19.118.080, state the purpose of the proceeding and shall command the person to whom it is directed to produce at the time and place set in the subpoena the designated ((books,)) documents((;)) or ((things)) records under his or her control (~~((at the time and place set in the subpoena))~~).

(2) A subpoena may be served by any suitable person over 18 years of age, by exhibiting and reading it to the person, or by giving a copy of the subpoena, or by leaving such copy at the place of his or her abode. When service is made by any other person than an office authorized to serve process, proof of service shall be made by affidavit.

(3) A person to whom a subpoena is directed may move to quash the subpoena. The motion to quash must be accompanied by a short memorandum or statement setting forth the foundation for the motion. Upon motion made promptly, and in any event at or before the time specified in the subpoena for compliance, by the person to whom the subpoena is directed (~~((t))~~) and upon notice to the party (~~((by whom))~~) who requested the subpoena ((was issued)), the arbitration special master may quash or modify the subpoena if it is unreasonable or requires evidence not relevant to any matter at issue.

(4) Any objection to the production of evidence shall be treated as a motion to quash to be decided by the arbitration special master.

(5) If a ((person fails to obey a subpoena, upheld by the arbitration special master;)) nonparty fails to comply with a subpoena and upon an arbitrator finding that without such compliance there is insufficient evidence to render a decision in the dispute, the attorney general shall enforce such subpoena in superior court and the arbitrator shall continue the arbitration hearing until such time as the nonparty complies with the subpoena or the subpoena is quashed. The attorney general ((may)) shall petition the superior court of the county where the hearing is being conducted for enforcement of the subpoena. The petition shall be accompanied by a copy of the subpoena and proof of service, and shall set forth in what specific manner the subpoena has not been complied with, and shall ask for an order of the court to compel the production of (~~((relevant))~~) relevant evidence for the arbitration hearing. The court upon such petition shall enter an order directing the person to appear before the court at a time and place to be fixed in such order and then and there to show cause why the person has not responded to the subpoena or has refused to comply. A copy of the order shall be served upon the person. If it appears to the court that the subpoena was properly issued (~~((and upheld by the arbitration special master))~~), the court shall enter an order that the person appear at the time and place fixed in the order and produce the required evidence, and on failing to obey said order the person shall be dealt with as for contempt of court.

(6) If a party fails to comply with the subpoena, the arbitrator may, at the outset of the arbitration hearing, impose any of the following sanctions:

(a) Find that the matters which were the subject of the subpoena, or any other designated facts, shall be taken to be established for purposes of the hearing in accordance with the claim of the party which requested the subpoena;

(b) Refuse to allow the disobedient party to support or oppose the designated claims or defenses, or prohibit that party from introducing designated matters into evidence;

(c) Strike claims or defenses, or parts thereof; or

(d) Render a decision by default against the disobedient party.

(7) The arbitration service shall have three business days from the receipt of the manufacturer's statement to determine whether to submit a request from itself or the parties, to the attorney general to issue a subpoena for the production of evidence. ~~((The person))~~ A party or nonparty subject to the subpoena must comply or submit a motion to quash before the arbitration special master within five business days of receipt of the subpoena. The arbitration special master shall have five business days to hear and rule on a motion to quash. If the arbitration special master upholds a subpoena the ~~((person))~~ party or nonparty shall have five business days to comply with the subpoena. ~~((If the person does not comply the attorney general may bring a show cause motion in superior court.))~~

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-110 SCHEDULING OF ARBITRATION HEARINGS. The arbitration service has the authority to schedule ~~((, at its discretion.))~~ the arbitration hearing at its discretion and shall notify ~~((both))~~ the parties of the date, time and place by certified letter mailed at least ten calendar days prior to the hearing. Hearings may be scheduled during business hours, Monday through Thursday evenings, or Saturdays.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-130 DEFAULTS. (1) A party who fails to appear at the arbitration hearing will be considered in default.

(2) If a manufacturer defaults the arbitrator shall hold the hearing. The arbitrator shall make a decision based on the evidence presented by the consumer, and any files or documentation contained in the record.

(3) If the consumer defaults it shall be considered a withdrawal with prejudice of the claim for arbitration. The hearing shall be canceled if the consumer defaults.

(4) The default shall be final unless within twenty-four hours of the hearing time, the manufacturer or consumer contacts the arbitration service to request that the default be set aside. The request shall include evidence of an unforeseeable circumstance that resulted in the failure of the party to appear. Such request shall be considered by the arbitration special master who will hear arguments from both parties on the request to set aside the default ~~((Arguments))~~ which may be conducted via telephone conference call. If the arbitration special master sets aside the default a new hearing shall be scheduled within ten calendar days of the original hearing date, and the parties shall be informed of the new date and time at least five business days prior to the hearing date.

(5) If both parties default, the disposition of the case shall be handled as if only the consumer defaulted pursuant to WAC 44-10-130(3).

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-140 REPRESENTATION BY COUNSEL. (1) Any party to the arbitration hearing may be represented by counsel. If either party opts to be so represented, said party shall immediately notify the arbitration service and the other party of the name and address of the attorney.

(2) The consumer may be represented by himself or herself or by legal counsel, but may not be represented by a nonattorney. However, a person, acting as an interpreter, may assist a party in the presentation of the case if such assistance is necessary because of a mental or physical handicap or language barrier which would preclude the party from adequately representing himself or herself ~~((pro se))~~.

(3) A manufacturer may be represented by legal counsel or ~~((an appointed))~~ designated representative or agent ~~((of the manufacturer))~~.

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-150 PREDECISION SETTLEMENT OF DISPUTE. (1) ~~((One or both of the))~~ Both parties shall notify the arbitration service and attorney general if the dispute is settled ~~((at any time after the request for arbitration is received and before the decision is rendered))~~ after the request for arbitration has been accepted by the arbitration board. The attorney general shall verify the terms of the settlement to which the parties have agreed. The disclosure of terms is for statutorily required record keeping only. The settlement is not subject to approval by the arbitration service or the attorney general.

(2) Notice of settlement shall be treated procedurally as if the consumer had withdrawn from the arbitration process, as set forth in WAC 44-10-120.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-160 USE OF TECHNICAL EXPERT. (1) An adequate pool of automotive technical experts shall be maintained by the arbitration service for assignment as advisors and consultants to each arbitrator if such services are deemed necessary. Technical experts shall not be directly involved in the manufacture, distribution, sale, or warranty service of any motor vehicle.

(2) Either party may request that a technical expert be assigned to a dispute. Such assignment, however, shall be at the discretion of the arbitrator or the arbitration service. The arbitrator or the arbitration service may upon their own volition assign a technical expert to a dispute. Any request for a technical expert must be made within a time frame that will allow for reasonable inspection by the expert.

(3) If a technical expert is assigned to a dispute, and intends to perform an inspection of the vehicle prior to the hearing, a notice of the time, date and location of the technical expert's inspection of the vehicle will be provided to both parties. This section does not confer a right, for either party, to be present during the inspection of the vehicle, however, either party may be present. ~~((Any request for a technical expert must be made within a time frame that will allow for reasonable inspection by the expert.))~~

~~((3))~~ (4) Said expert may be present as advisor and consultant at the arbitration hearing, if he or she has been requested to be present by the arbitrator or arbitration service.

~~((4))~~ (5) The expert shall sign a written oath attesting to his or her impartiality prior to the commencement of each arbitration hearing to which he or she has been assigned.

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-170 POWERS AND DUTIES OF ARBITRATORS. (1) Arbitrators shall have the duty to conduct fair and impartial hearings, to take all necessary actions to avoid delay in the disposition of proceedings, to maintain order, and to meet the sixty day time frame required by RCW 19.118.090 for the rendering of a decision. They shall have all powers necessary to meet these ends including, but not limited to, the power:

(a) To consider any and all evidence offered by the parties which the arbitrator deems necessary to an understanding and determination of the dispute;

(b) ~~((To request the attorney general to issue subpoenas to compel the production of documents, records, and things relevant to the dispute.))~~

~~((c))~~ (c) To regulate the course of the hearings and the conduct of the parties, their representatives and witnesses;

~~((d))~~ (d) To schedule vehicle inspection by the technical experts, if deemed necessary, at such time and place as the arbitrator determines;

~~((e))~~ (e) To continue the arbitration hearing to a subsequent date if, at the initial hearing, the arbitrator determines that additional information is necessary in order for said arbitrator to render a fair and accurate decision. Such continuance shall be held within ten calendar days of the initial hearing;

(f) To impose sanctions or to continue a hearing for failure of a party or nonparty to comply with a subpoena pursuant to WAC 44-10-100.

(2) Arbitrators shall maintain their impartiality throughout the course of the arbitration proceedings.

(a) An arbitrator shall sign a written oath prior to the commencement of each arbitration hearing to which he or she has been assigned, attesting to his or her impartiality in that case.

(b) There shall be no direct communication between the parties and the arbitrators other than at the arbitration hearing. Any other oral or written communications between the parties and the arbitrators shall be channeled through the arbitration service ~~((for transmittal to the appropriate arbitrator))~~. Any ~~((such))~~ prohibited contact shall be reported by the arbitrators to the arbitration service and noted in the case record.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-180 THE ARBITRATION HEARING. (1) The conduct of the hearing shall encourage a full and complete disclosure of the facts.

(2) Arbitrators may admit and give probative effect to evidence which possesses probative value commonly accepted by reasonably prudent people in the conduct of their affairs. They shall give effect to the rules of privilege recognized by law. They may exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence. ~~((Either))~~ A party, at the hearing or any time prior, may request that the arbitrator examine or ride in the vehicle. The arbitrator shall comply with such requests unless the arbitrator determines that such examination or ride is not reasonably practical, not reasonably safe, or not relevant to the issues to be considered at the hearing. ~~((Such determination shall be set forth in the arbitration decision.))~~

(3) The consumer shall present his or her evidence and witnesses, then the manufacturer shall present its evidence and witnesses.

(4) Each party may question the other after each presentation, and may question each witness after testimony. The arbitrator may question any party or witness at any time.

(5) The arbitrator shall ensure that a tape recording record of the hearing is maintained.

(6) The arbitrator shall administer an oath or affirmation to each individual who testifies.

(7) The hearing procedure contemplates that both parties will be present. However, either party may offer written testimony only, as long as the arbitration service and the other party are informed of such and are in receipt of that evidence prior to the day of the hearing.

(8) A party may request presentation of its case by telephone. Such request must demonstrate that it is unreasonable to require the requesting ~~((person))~~ party to attend the hearing in person. The request shall be directed to the arbitration service and will be decided by the arbitration special master. If such request is granted the arbitration service shall immediately notify the other party. In such cases, the party requesting the telephonic hearing shall pay all costs associated therewith, including but not limited to, costs for long distance calls, conference calls, and rental of telephone amplification equipment.

(9) The arbitration service shall assign arbitrators to the pending cases. The choice of arbitrators is not subject to the approval of either party.

(10) Arbitrators must not have a personal interest in the outcome of any hearing, nor be acquainted with any of the participants except as such acquaintance may occur in the hearing process, nor hold any prejudice toward any party. Arbitrators shall ~~((have no current connection to the sale or manufacturer of))~~ not be directly involved in the manufacture, distribution, sale, or warranty service of any motor vehicle(s).

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-200 THE ARBITRATION DECISION. (1) The ~~((arbitrator shall send, by certified mail, a decision in each case within sixty calendar days of the notice of))~~ arbitration board shall send the decision to the parties in each case within sixty calendar days of acceptance of the request for arbitration:

(a) All decisions shall be ~~((in writing))~~ written, in a form to be provided by the attorney general, dated and signed by the arbitrator, and sent to both parties and the attorney general;

(b) The date of mailing of the arbitration decision shall determine compliance with the sixty day requirement.

(c) The written decision shall contain findings of fact and ~~((a))~~ conclusions of law as to whether the motor vehicle meets the statutory standards for refund or replacement;

(i) If the consumer prevails and has elected repurchase of the vehicle, the decision shall include the calculations used to determine the monetary award as set forth in RCW 19.118.090, 19.118.041 and 19.118.021;

(ii) If the consumer prevails and has elected replacement of the vehicle, the decision shall include the information used to identify a reasonably equivalent replacement vehicle and the costs associated with such vehicle and a description of the vehicle as set forth in RCW 19.118.090, 19.118.041 and 19.118.021;

(iii) If the consumer prevails, the decision shall include provisions for the return of the vehicle upon compliance by the manufacturer at a reasonable time and place.

(2) Included with the copy of the arbitration decision sent to the consumer shall be a form to be completed by said consumer, indicating acceptance or rejection of the decision. The consumer must return said form to the arbitration service within ~~((thirty))~~ sixty calendar days from the date of the consumer's receipt of ~~((said notice))~~ the decision. If the consumer has not responded within thirty days, the attorney general's office shall send a ~~((second))~~ notice requesting a response and

informing the consumer that failure to respond ~~((within thirty days of receipt of the second notice))~~ shall be deemed a rejection of the arbitration decision.

(3) If the consumer rejects the decision, the arbitration service shall forward general information to the consumer explaining the consumer's right to appeal the decision to superior court. ~~((A form shall be included with the information, and if the consumer files an appeal, the consumer will be requested to return the form to the attorney general indicating the cause number and county of the filing.))~~ The consumer shall have one hundred twenty calendar days from the date of the rejection of the decision to file a petition of appeal in superior court. At the time of filing an appeal, the consumer shall deliver by certified mail or by personal service a conformed copy of the petition to the attorney general.

(4) If the consumer accepts the decision, the arbitration service shall send a notice of acceptance by certified mail to the manufacturer ~~((:))~~ and shall include a manufacturer's intent form ((shall also be sent)). The intent form shall be returned to the attorney general by the manufacturer within thirty calendar days, of the manufacturer's receipt of notice of consumer's acceptance ~~((to the attorney general))~~ and shall indicate whether the manufacturer intends to comply with the decision or appeal the decision to superior court.

(5) A verification of compliance form shall be sent to the consumer by the attorney general's office. The verification of compliance form shall be completed and returned to the attorney general by the consumer upon the manufacturer's compliance with the decision.

(6) After forty calendar days from the date of the notice of acceptance to the manufacturer, the attorney general shall determine whether the manufacturer has complied with the arbitration decision or appealed to superior court. If the manufacturer has not complied or appealed, the attorney general may impose fines authorized by RCW 19.118.090. ~~((Information regarding the manufacturer's right to contest the fines shall be provided by the attorney general.))~~

AMENDATORY SECTION (Amending Order 88-7, filed 6/9/88)

WAC 44-10-220 RESALE OF MOTOR VEHICLE DETERMINED OR ADJUDICATED AS HAVING A SERIOUS SAFETY DEFECT. (1) Resale of a motor vehicle in the state of Washington, pursuant to RCW 19.118.061(1), must conform to the following procedures:

(a) A manufacturer ~~((:))~~ or its agent ((or motor vehicle dealer)) to whom a motor vehicle with a serious safety defect is returned, shall affix a "Lemon Law resale notice" to the lower center of the front windshield of the vehicle in a manner so as to be readily visible from the exterior of such vehicle. The "Lemon Law resale notice" will set forth that the vehicle was determined to have a serious safety defect and the specific serious safety defect(s) shall be enumerated. The "Lemon Law resale notice" shall be supplied by the attorney general's office. The "Lemon Law resale notice" may only be removed by the manufacturer, its agent or motor vehicle dealer upon receipt of a signed copy of the consumer disclosure form.

(b) The consumer disclosure form sets forth the specific serious safety defect found in the motor vehicle. The motor vehicle dealer shall ensure that the purchaser of a motor vehicle signs the consumer disclosure form and that a signed copy is delivered to the attorney general's office. The purchaser shall receive a copy of the signed disclosure form.

(c) The manufacturer must ensure that a copy of the signed certificate of correction and warranty is received by the motor vehicle dealer that is to sell the vehicle, the vehicle service division of the Washington state department of licensing and the state attorney general's office. Upon sale of the vehicle, the motor vehicle dealer shall provide a copy of the certificate of correction and warranty to the consumer.

(2)(a) If a manufacturer delivers a motor vehicle that has been found to have a serious safety defect under the Lemon Law, to a motor vehicle dealer outside of Washington state, the manufacturer shall fill out an out of state disposition postcard indicating the vehicle identification number and the destination state, and send the postcard to the attorney general's office.

(b) If a motor vehicle dealer in Washington state has received, for purposes of resale, a motor vehicle that has been found to have a serious safety defect, and such dealer sells, delivers or disposes of such vehicle outside of Washington state, the motor vehicle dealer shall fill out an out of state disposition postcard indicating the vehicle identification number and destination state, and send the postcard to the attorney general's office.

AMENDATORY SECTION (Amending Order 88-7, filed 6/9/88)

WAC 44-10-230 **RESALE OF MOTOR VEHICLE DETERMINED OR ADJUDICATED AS HAVING A NONCONFORMITY.** (1) Resale of a motor vehicle in the state of Washington, pursuant to RCW 19.118.061(3) and 19.118.061(4), must conform to the following procedures:

(a) A manufacturer(;) or its agent (~~(or motor vehicle dealer)~~) to whom a motor vehicle with a nonconformity is returned shall affix a "Lemon Law resale notice" to the lower center of the front windshield of the vehicle in a manner so as to be readily visible from the exterior of such vehicle. The "Lemon Law resale notice" will set forth that the vehicle was determined to have a nonconformity and the specific nonconformity(ies) shall be enumerated. The "Lemon Law resale notice" shall be supplied by the attorney general's office. The "Lemon Law resale notice" may only be removed by the manufacturer, its agent or motor vehicle dealer upon receipt of a signed copy of the consumer disclosure form.

(b) The consumer disclosure form sets forth the specific nonconformity found in the motor vehicle. The motor vehicle dealer shall ensure that the purchaser of a motor vehicle signs the consumer disclosure form and that a signed copy is delivered to the attorney general's office. The purchaser shall receive a copy of the signed disclosure form.

(c) The manufacturer, if it chooses to have the nonconformity corrected, must ensure that a copy of the signed certificate of correction and warranty is received by the motor vehicle dealer that is to sell the vehicle, the vehicle services division of the Washington state department of licensing and attorney general's office. Upon sale of the vehicle, the motor vehicle dealer shall provide a copy of the certificate of correction and warranty to the consumer.

(2)(a) If a manufacturer delivers a motor vehicle that has been found to have a nonconformity under the Lemon Law, to a motor vehicle dealer outside of Washington state, the manufacturer shall fill out an out of state disposition postcard indicating the vehicle identification number and the destination state, and send the postcard to the attorney general's office.

(b) If a motor vehicle dealer in Washington state has received, for purposes of resale, a motor vehicle that has been found to have a nonconformity, and such dealer sells, delivers or disposes of such vehicle outside of Washington state, the motor vehicle dealer shall fill out an out of state disposition postcard indicating the vehicle identification number and destination state, and send the postcard to the attorney general's office.

AMENDATORY SECTION (Amending Order 88-5, filed 4/20/88)

WAC 44-10-240 **WARRANTY PERIOD FOR CERTIFICATE OF CORRECTION AND WARRANTY.** Any warranty of a correction of a defect issued pursuant to the provisions of RCW 19.118.061 shall be for ~~((the duration of))~~ not less than one year from the date of resale or an additional twelve thousand miles from the date of resale, whichever occurs first.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 44-10-055 **COMPOSITION OF ARBITRATION PANEL.**

WSR 89-12-031**EMERGENCY RULES****ATTORNEY GENERAL'S OFFICE**

[Order 89-3—Filed June 1, 1989]

I, Kenneth O. Eikenberry, Attorney General of Washington, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd WAC 44-10-040 Attorney General screening of arbitration requests.
 Amd WAC 44-10-050 Assignment to arbitration service.
 Rep WAC 44-19-055 Composition of arbitration panel.

Amd WAC 44-10-060 Powers and duties of arbitration special master.
 Amd WAC 44-10-100 Subpoenas.
 Amd WAC 44-10-110 Scheduling of arbitration hearings.
 Amd WAC 44-10-130 Defaults.
 Amd WAC 44-10-140 Representation by counsel.
 Amd WAC 44-10-150 Predecision settlement of dispute.
 Amd WAC 44-10-160 Use of technical expert.
 Amd WAC 44-10-170 Powers and duties of the arbitrator.
 Amd WAC 44-10-180 The arbitration hearing.
 Amd WAC 44-10-200 The arbitration decision.
 Amd WAC 44-19-220 Resale of motor vehicle determined or adjudicated as having a serious safety defect.
 Amd WAC 44-10-230 Resale of motor vehicle determined or adjudicated as having a nonconformity.
 Amd WAC 44-10-240 Warranty period for certificate of correction.

I, Kenneth O. Eikenberry, 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 chapter 19.118 RCW went into effect January 1, 1988, providing arbitration hearings for new motor vehicle owners. Amendments to chapter 19.118 RCW take effect June 1, 1989. The immediate adoption of the rules cited above is necessary to implement the statute and to properly protect the public interest.

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

This rule is promulgated pursuant to RCW 19.118-.061, 19.118.080 and 19.118.090 which directs that the Washington State Attorney General's Office has authority to implement the provisions of chapter 19.118 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 June 1, 1989.

By Kenneth O. Eikenberry
 Attorney General

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-040 **ATTORNEY GENERAL SCREENING OF ARBITRATION REQUESTS.** (1) A submitted request for arbitration form shall be date stamped upon receipt by the attorney general.

(2) The attorney general will screen the request for arbitration form and supporting documentation to determine if the request is timely, complete and complies with the jurisdictional requirements of chapter 19.118 RCW. The date of screening shall be recorded in the request for arbitration file.

(a) A request will be considered timely if it is received within thirty months from the date of original delivery of the new motor vehicle to the original consumer at retail.

(b) If a request is not timely or does not comply with the jurisdictional requirements of chapter 19.118 RCW the attorney general will reject the request and then notify the consumer of the reason for the rejection.

(c) A request will be considered complete if the information required by the request form is provided in full or if the consumer can provide a reasonable explanation to the attorney general why any supporting documentation may be absent.

(d) If a request is not complete, the attorney general will notify the consumer of any procedures or information required to complete the request.

(3) If the attorney general finds that a request is not complete, the statute of limitations, for purposes of chapter 19.118 RCW, will resume running two business days after the date the attorney general mails notice of incompleteness to the consumer.

(4) A consumer request that is based on a problem which does not manifest itself, is intermittent or unconfirmed shall not preclude an attorney general finding of jurisdiction for purposes of initial screening. However, this section shall not preclude a party from raising jurisdictional issues at the arbitration hearing or subsequent court proceedings.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-050 ASSIGNMENT TO ARBITRATION SERVICE. (1) After initial screening by the attorney general, all timely and complete requests for arbitration (~~((forms))~~) which have met the jurisdictional requirements of chapter 19.118 RCW shall be (~~((date stamped upon approval))~~) assigned by the attorney general (~~((and forwarded))~~) to the arbitration service which will (~~((date stamp the request upon))~~) record the date of receipt in the request for arbitration file.

(2) The arbitration service must determine if it will accept the request for arbitration or reject the request for arbitration, for the reasons set forth in RCW 19.118.090, within three business days after the attorney general has forwarded the request for arbitration to the arbitration service.

(3) The arbitration service shall (~~((date stamp))~~) record the date of acceptance or rejection of the request for arbitration (~~((immediately upon acceptance of the request))~~). The acceptance of the request shall commence the running of the (~~((thirty))~~) forty-five calendar day period in which a hearing must be conducted.

(4) Upon acceptance of a request, the arbitration service shall immediately send a notice of arbitration to the consumer and manufacturer of its acceptance by certified mail/return receipt requested and shall inform the parties that a hearing shall be held within (~~((thirty))~~) forty-five calendar days. The parties shall be sent formal notice of the actual hearing date by certified mail/return receipt requested, at least ten calendar days before the hearing. The manufacturer shall be sent a copy of the consumer's request and a manufacturer's statement form with the notice of arbitration.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-060 POWERS AND DUTIES OF ARBITRATION SPECIAL MASTER. (1) One or more arbitration special masters shall be appointed by

the arbitration service to hear and decide preliminary and post-hearing issues that must be resolved, including but not limited to(~~(:))~~): Motions to quash subpoenas, motions for telephone conference hearings, requests for continuances, requests to view the vehicle. The arbitration special master may conduct telephonic conferences with a party or parties, as appropriate, and may request additional written information in order to rule on issues.

(2) Arbitration special masters shall sign a written oath prior to their appointment as arbitration special master attesting to their impartiality. There shall be no ex parte communication initiated by a party between such party and the arbitration special master.

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-100 SUBPOENAS. (1) A subpoena issued by the attorney general, pursuant to chapter 19.118 RCW, shall identify the party causing the issuance of the subpoena, designate that the subpoena is issued by the attorney general pursuant to RCW 19.118.080, state the purpose of the proceeding and shall command the person to whom it is directed to produce at the time and place set in the subpoena the designated (~~((books;))~~) documents(~~(;))~~ or (~~((things))~~) records under his or her control (~~((at the time and place set in the subpoena))~~).

(2) A subpoena may be served by any suitable person over 18 years of age, by exhibiting and reading it to the person, or by giving a copy of the subpoena, or by leaving such copy at the place of his or her abode. When service is made by any other person than an office authorized to serve process, proof of service shall be made by affidavit.

(3) A person to whom a subpoena is directed may move to quash the subpoena. The motion to quash must be accompanied by a short memorandum or statement setting forth the foundation for the motion. Upon motion made promptly, and in any event at or before the time specified in the subpoena for compliance, by the person to whom the subpoena is directed (~~((f))~~) and upon notice to the party (~~((by whom))~~) who requested the subpoena (~~((was issued))~~), the arbitration special master may quash or modify the subpoena if it is unreasonable or requires evidence not relevant to any matter at issue.

(4) Any objection to the production of evidence shall be treated as a motion to quash to be decided by the arbitration special master.

(5) If a (~~((person fails to obey a subpoena, upheld by the arbitration special master;))~~) nonparty fails to comply with a subpoena and upon an arbitrator finding that without such compliance there is insufficient evidence to render a decision in the dispute, the attorney general shall enforce such subpoena in superior court and the arbitrator shall continue the arbitration hearing until such time as the nonparty complies with the subpoena or the subpoena is quashed. The attorney general (~~((may))~~) shall petition the superior court of the county where the hearing is being conducted for enforcement of the subpoena. The petition shall be accompanied by a copy of the subpoena and proof of service, and shall set forth in what specific manner the subpoena has not been complied with, and shall ask for an order of the court to

compel the production of (~~relevant~~) relevant evidence for the arbitration hearing. The court upon such petition shall enter an order directing the person to appear before the court at a time and place to be fixed in such order and then and there to show cause why the person has not responded to the subpoena or has refused to comply. A copy of the order shall be served upon the person. If it appears to the court that the subpoena was properly issued (~~and upheld by the arbitration special master~~), the court shall enter an order that the person appear at the time and place fixed in the order and produce the required evidence, and on failing to obey said order the person shall be dealt with as for contempt of court.

(6) If a party fails to comply with the subpoena, the arbitrator may, at the outset of the arbitration hearing, impose any of the following sanctions:

(a) Find that the matters which were the subject of the subpoena, or any other designated facts, shall be taken to be established for purposes of the hearing in accordance with the claim of the party which requested the subpoena;

(b) Refuse to allow the disobedient party to support or oppose the designated claims or defenses, or prohibit that party from introducing designated matters into evidence;

(c) Strike claims or defenses, or parts thereof; or

(d) Render a decision by default against the disobedient party.

(7) The arbitration service shall have three business days from the receipt of the manufacturer's statement to determine whether to submit a request from itself or the parties, to the attorney general to issue a subpoena for the production of evidence. (~~The person~~) A party or nonparty subject to the subpoena must comply or submit a motion to quash before the arbitration special master within five business days of receipt of the subpoena. The arbitration special master shall have five business days to hear and rule on a motion to quash. If the arbitration special master upholds a subpoena the (~~person~~) party or nonparty shall have five business days to comply with the subpoena. (~~If the person does not comply the attorney general may bring a show cause motion in superior court.~~)

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-110 SCHEDULING OF ARBITRATION HEARINGS. The arbitration service has the authority to schedule (~~at its discretion~~) the arbitration hearing at its discretion and shall notify (~~both~~) the parties of the date, time and place by certified letter mailed at least ten calendar days prior to the hearing. Hearings may be scheduled during business hours, Monday through Thursday evenings, or Saturdays.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-130 DEFAULTS. (1) A party who fails to appear at the arbitration hearing will be considered in default.

(2) If a manufacturer defaults the arbitrator shall hold the hearing. The arbitrator shall make a decision based on the evidence presented by the consumer, and any files or documentation contained in the record.

(3) If the consumer defaults it shall be considered a withdrawal with prejudice of the claim for arbitration. The hearing shall be canceled if the consumer defaults.

(4) The default shall be final unless within twenty-four hours of the hearing time, the manufacturer or consumer contacts the arbitration service to request that the default be set aside. The request shall include evidence of an unforeseeable circumstance that resulted in the failure of the party to appear. Such request shall be considered by the arbitration special master who will hear arguments from both parties on the request to set aside the default (~~Arguments~~) which may be conducted via telephone conference call. If the arbitration special master sets aside the default a new hearing shall be scheduled within ten calendar days of the original hearing date, and the parties shall be informed of the new date and time at least five business days prior to the hearing date.

(5) If both parties default, the disposition of the case shall be handled as if only the consumer defaulted pursuant to WAC 44-10-130(3).

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-140 REPRESENTATION BY COUNSEL. (1) Any party to the arbitration hearing may be represented by counsel. If either party opts to be so represented, said party shall immediately notify the arbitration service and the other party of the name and address of the attorney.

(2) The consumer may be represented by himself or herself or by legal counsel, but may not be represented by a nonattorney. However, a person, acting as an interpreter, may assist a party in the presentation of the case if such assistance is necessary because of a mental or physical handicap or language barrier which would preclude the party from adequately representing himself or herself (~~pro-se~~).

(3) A manufacturer may be represented by legal counsel or (~~an appointed~~) designated representative or agent (~~of the manufacturer~~).

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-150 PREDECISION SETTLEMENT OF DISPUTE. (1) (~~One or both of the~~) Both parties shall notify the arbitration service and attorney general if the dispute is settled (~~at any time after the request for arbitration is received and before the decision is rendered~~) after the request for arbitration has been accepted by the arbitration board. The attorney general shall verify the terms of the settlement to which the parties have agreed. The disclosure of terms is for statutorily required record keeping only. The settlement is not subject to approval by the arbitration service or the attorney general.

(2) Notice of settlement shall be treated procedurally as if the consumer had withdrawn from the arbitration process, as set forth in WAC 44-10-120.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-160 USE OF TECHNICAL EXPERT. (1) An adequate pool of automotive technical experts shall be maintained by the arbitration service for assignment as advisors and consultants to each arbitrator if such services are deemed necessary. Technical experts shall not be directly involved in the manufacture, distribution, sale, or warranty service of any motor vehicle.

(2) Either party may request that a technical expert be assigned to a dispute. Such assignment, however, shall be at the discretion of the arbitrator or the arbitration service. The arbitrator or the arbitration service may upon their own volition assign a technical expert to a dispute. Any request for a technical expert must be made within a time frame that will allow for reasonable inspection by the expert.

(3) If a technical expert is assigned to a dispute, and intends to perform an inspection of the vehicle prior to the hearing, a notice of the time, date and location of the technical expert's inspection of the vehicle will be provided to both parties. This section does not confer a right, for either party, to be present during the inspection of the vehicle, however, either party may be present. ~~((Any request for a technical expert must be made within a time frame that will allow for reasonable inspection by the expert.~~

~~(3))~~ (4) Said expert may be present as advisor and consultant at the arbitration hearing, if he or she has been requested to be present by the arbitrator or arbitration service.

~~((4))~~ (5) The expert shall sign a written oath attesting to his or her impartiality prior to the commencement of each arbitration hearing to which he or she has been assigned.

AMENDATORY SECTION (Amending Order 87-4, filed 12/22/87)

WAC 44-10-170 POWERS AND DUTIES OF ARBITRATORS. (1) Arbitrators shall have the duty to conduct fair and impartial hearings, to take all necessary actions to avoid delay in the disposition of proceedings, to maintain order, and to meet the sixty day time frame required by RCW 19.118.090 for the rendering of a decision. They shall have all powers necessary to meet these ends including, but not limited to, the power:

(a) To consider any and all evidence offered by the parties which the arbitrator deems necessary to an understanding and determination of the dispute;

(b) ~~((To request the attorney general to issue subpoenas to compel the production of documents, records, and things relevant to the dispute;~~

~~(c))~~ To regulate the course of the hearings and the conduct of the parties, their representatives and witnesses;

~~((d))~~ (c) To schedule vehicle inspection by the technical experts, if deemed necessary, at such time and place as the arbitrator determines;

~~((e))~~ (d) To continue the arbitration hearing to a subsequent date if, at the initial hearing, the arbitrator determines that additional information is necessary in order for said arbitrator to render a fair and accurate decision. Such continuance shall be held within ten calendar days of the initial hearing;

(e) To impose sanctions or to continue a hearing for failure of a party or nonparty to comply with a subpoena pursuant to WAC 44-10-100.

(2) Arbitrators shall maintain their impartiality throughout the course of the arbitration proceedings.

(a) An arbitrator shall sign a written oath prior to the commencement of each arbitration hearing to which he or she has been assigned, attesting to his or her impartiality in that case.

(b) There shall be no direct communication between the parties and the arbitrators other than at the arbitration hearing. Any other oral or written communications between the parties and the arbitrators shall be channeled through the arbitration service ~~((for transmittal to the appropriate arbitrator)).~~ Any ~~((such))~~ prohibited contact shall be reported by the arbitrators to the arbitration service and noted in the case record.

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-180 THE ARBITRATION HEARING. (1) The conduct of the hearing shall encourage a full and complete disclosure of the facts.

(2) Arbitrators may admit and give probative effect to evidence which possesses probative value commonly accepted by reasonably prudent people in the conduct of their affairs. They shall give effect to the rules of privilege recognized by law. They may exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence. ~~((Either))~~ A party, at the hearing or any time prior, may request that the arbitrator examine or ride in the vehicle. The arbitrator shall comply with such requests unless the arbitrator determines that such examination or ride is not reasonably practical, not reasonably safe, or not relevant to the issues to be considered at the hearing. ~~((Such determination shall be set forth in the arbitration decision.))~~

(3) The consumer shall present his or her evidence and witnesses, then the manufacturer shall present its evidence and witnesses.

(4) Each party may question the other after each presentation, and may question each witness after testimony. The arbitrator may question any party or witness at any time.

(5) The arbitrator shall ensure that a tape recording record of the hearing is maintained,

(6) The arbitrator shall administer an oath or affirmation to each individual who testifies.

(7) The hearing procedure contemplates that both parties will be present. However, either party may offer written testimony only, as long as the arbitration service and the other party are informed of such and are in receipt of that evidence prior to the day of the hearing.

(8) A party may request presentation of its case by telephone. Such request must demonstrate that it is unreasonable to require the requesting ((person)) party to attend the hearing in person. The request shall be directed to the arbitration service and will be decided by the arbitration special master. If such request is granted the arbitration service shall immediately notify the other party. In such cases, the party requesting the telephonic hearing shall pay all costs associated therewith, including but not limited to, costs for long distance calls, conference calls, and rental of telephone amplification equipment.

(9) The arbitration service shall assign arbitrators to the pending cases. The choice of arbitrators is not subject to the approval of either party.

(10) Arbitrators must not have a personal interest in the outcome of any hearing, nor be acquainted with any of the participants except as such acquaintance may occur in the hearing process, nor hold any prejudice toward any party. Arbitrators shall ((have no current connection to the sale or manufacturer of)) not be directly involved in the manufacture, distribution, sale, or warranty service of any motor vehicle(s).

AMENDATORY SECTION (Amending Order 88-2, filed 2/3/88)

WAC 44-10-200 THE ARBITRATION DECISION. (1) The ((arbitrator shall send, by certified mail, a decision in each case within sixty calendar days of the notice of)) arbitration board shall send the decision to the parties in each case within sixty calendar days of acceptance of the request for arbitration:

(a) All decisions shall be ((in writing)) written, in a form to be provided by the attorney general, dated and signed by the arbitrator, and sent to both parties and the attorney general;

(b) The date of mailing of the arbitration decision shall determine compliance with the sixty day requirement.

(c) The written decision shall contain findings of fact and ((a)) conclusions of law as to whether the motor vehicle meets the statutory standards for refund or replacement;

(i) If the consumer prevails and has elected repurchase of the vehicle, the decision shall include the calculations used to determine the monetary award as set forth in RCW 19.118.090, 19.118.041 and 19.118.021;

(ii) If the consumer prevails and has elected replacement of the vehicle, the decision shall include the information used to identify a reasonably equivalent replacement vehicle and the costs associated with such vehicle and a description of the vehicle as set forth in RCW 19.118.090, 19.118.041 and 19.118.021;

(iii) If the consumer prevails, the decision shall include provisions for the return of the vehicle upon compliance by the manufacturer at a reasonable time and place.

(2) Included with the copy of the arbitration decision sent to the consumer shall be a form to be completed by said consumer, indicating acceptance or rejection of the decision. The consumer must return said form to the arbitration service within ((thirty)) sixty calendar days

from the date of the consumer's receipt of ((said notice)) the decision. If the consumer has not responded within thirty days, the attorney general's office shall send a ((second)) notice requesting a response and informing the consumer that failure to respond ((within thirty days of receipt of the second notice)) shall be deemed a rejection of the arbitration decision.

(3) If the consumer rejects the decision, the arbitration service shall forward general information to the consumer explaining the consumer's right to appeal the decision to superior court. ((A form shall be included with the information, and if the consumer files an appeal, the consumer will be requested to return the form to the attorney general indicating the cause number and county of the filing.)) The consumer shall have one hundred twenty calendar days from the date of the rejection of the decision to file a petition of appeal in superior court. At the time of filing an appeal, the consumer shall deliver by certified mail or by personal service a conformed copy of the petition to the attorney general.

(4) If the consumer accepts the decision, the arbitration service shall send a notice of acceptance by certified mail to the manufacturer~~(-)~~ and shall include a manufacturer's intent form ((shall also be sent)). The intent form shall be returned to the attorney general by the manufacturer within thirty calendar days, of the manufacturer's receipt of notice of consumer's acceptance~~(; to the attorney general)~~ and shall indicate whether the manufacturer intends to comply with the decision or appeal the decision to superior court.

(5) A verification of compliance form shall be sent to the consumer by the attorney general's office. The verification of compliance form shall be completed and returned to the attorney general by the consumer upon the manufacturer's compliance with the decision.

(6) After forty calendar days from the date of the notice of acceptance to the manufacturer, the attorney general shall determine whether the manufacturer has complied with the arbitration decision or appealed to superior court. If the manufacturer has not complied or appealed, the attorney general may impose fines authorized by RCW 19.118.090. ((Information regarding the manufacturer's right to contest the fines shall be provided by the attorney general.))

AMENDATORY SECTION (Amending Order 88-7, filed 6/9/88)

WAC 44-10-220 RESALE OF MOTOR VEHICLE DETERMINED OR ADJUDICATED AS HAVING A SERIOUS SAFETY DEFECT. (1) Resale of a motor vehicle in the state of Washington, pursuant to RCW 19.118.061(1), must conform to the following procedures:

(a) A manufacturer~~(;)~~ or its agent ((or motor vehicle dealer)) to whom a motor vehicle with a serious safety defect is returned, shall affix a "Lemon Law resale notice" to the lower center of the front windshield of the vehicle in a manner so as to be readily visible from the exterior of such vehicle. The "Lemon Law resale notice" will set forth that the vehicle was determined to

have a serious safety defect and the specific serious safety defect(s) shall be enumerated. The "Lemon Law resale notice" shall be supplied by the attorney general's office. The "Lemon Law resale notice" may only be removed by the manufacturer, its agent or motor vehicle dealer upon receipt of a signed copy of the consumer disclosure form.

(b) The consumer disclosure form sets forth the specific serious safety defect found in the motor vehicle. The motor vehicle dealer shall ensure that the purchaser of a motor vehicle signs the consumer disclosure form and that a signed copy is delivered to the attorney general's office. The purchaser shall receive a copy of the signed disclosure form.

(c) The manufacturer must ensure that a copy of the signed certificate of correction and warranty is received by the motor vehicle dealer that is to sell the vehicle, the vehicle service division of the Washington state department of licensing and the state attorney general's office. Upon sale of the vehicle, the motor vehicle dealer shall provide a copy of the certificate of correction and warranty to the consumer.

(2)(a) If a manufacturer delivers a motor vehicle that has been found to have a serious safety defect under the Lemon Law, to a motor vehicle dealer outside of Washington state, the manufacturer shall fill out an out of state disposition postcard indicating the vehicle identification number and the destination state, and send the postcard to the attorney general's office.

(b) If a motor vehicle dealer in Washington state has received, for purposes of resale, a motor vehicle that has been found to have a serious safety defect, and such dealer sells, delivers or disposes of such vehicle outside of Washington state, the motor vehicle dealer shall fill out an out of state disposition postcard indicating the vehicle identification number and destination state, and send the postcard to the attorney general's office.

AMENDATORY SECTION (Amending Order 88-7, filed 6/9/88)

WAC 44-10-230 RESALE OF MOTOR VEHICLE DETERMINED OR ADJUDICATED AS HAVING A NONCONFORMITY. (1) Resale of a motor vehicle in the state of Washington, pursuant to RCW 19.118.061(3) and 19.118.061(4), must conform to the following procedures:

(a) A manufacturer(;) or its agent (~~or motor vehicle dealer~~) to whom a motor vehicle with a nonconformity is returned shall affix a "Lemon Law resale notice" to the lower center of the front windshield of the vehicle in a manner so as to be readily visible from the exterior of such vehicle. The "Lemon Law resale notice" will set forth that the vehicle was determined to have a nonconformity and the specific nonconformity(ies) shall be enumerated. The "Lemon Law resale notice" shall be supplied by the attorney general's office. The "Lemon Law resale notice" may only be removed by the manufacturer, its agent or motor vehicle dealer upon receipt of a signed copy of the consumer disclosure form.

(b) The consumer disclosure form sets forth the specific nonconformity found in the motor vehicle. The motor vehicle dealer shall ensure that the purchaser of a

motor vehicle signs the consumer disclosure form and that a signed copy is delivered to the attorney general's office. The purchaser shall receive a copy of the signed disclosure form.

(c) The manufacturer, if it chooses to have the nonconformity corrected, must ensure that a copy of the signed certificate of correction and warranty is received by the motor vehicle dealer that is to sell the vehicle, the vehicle services division of the Washington state department of licensing and attorney general's office. Upon sale of the vehicle, the motor vehicle dealer shall provide a copy of the certificate of correction and warranty to the consumer.

(2)(a) If a manufacturer delivers a motor vehicle that has been found to have a nonconformity under the Lemon Law, to a motor vehicle dealer outside of Washington state, the manufacturer shall fill out an out of state disposition postcard indicating the vehicle identification number and the destination state, and send the postcard to the attorney general's office.

(b) If a motor vehicle dealer in Washington state has received, for purposes of resale, a motor vehicle that has been found to have a nonconformity, and such dealer sells, delivers or disposes of such vehicle outside of Washington state, the motor vehicle dealer shall fill out an out of state disposition postcard indicating the vehicle identification number and destination state, and send the postcard to the attorney general's office.

AMENDATORY SECTION (Amending Order 88-5, filed 4/20/88)

WAC 44-10-240 WARRANTY PERIOD FOR CERTIFICATE OF CORRECTION AND WARRANTY. Any warranty of a correction of a defect issued pursuant to the provisions of RCW 19.118.061 shall be for ~~((the duration of))~~ not less than one year from the date of resale or an additional twelve thousand miles from the date of resale, whichever occurs first.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 44-10-055 COMPOSITION OF ARBITRATION PANEL.

WSR 89-12-032
ADOPTED RULES
DEPARTMENT OF LICENSING
(Board of Nursing)
 [Order PM 846—Filed June 1, 1989]

Be it resolved by the Washington State Board of Nursing, acting at the Fife Executive Inn, Fife, Washington, that it does adopt the annexed rules relating to licensure by interstate endorsement, WAC 308-120-168.

This action is taken pursuant to Notice No. WSR 89-08-093 filed with the code reviser on April 5, 1989. 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 18.88.080, [18.88].086, [18.88].130, [18.88].140, [18.88].150, 18.130.050 and 70.24.270 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 May 12, 1989.

By Margaret Auld Bruya
Chair

AMENDATORY SECTION (Amending Order PM 795, filed 11/9/88)

WAC 308-120-168 LICENSURE BY INTER-STATE ENDORSEMENT. (1) A license to practice as a registered nurse in Washington may be issued without examination provided the applicant meets all of the following requirements:

(a) The applicant has graduated and holds a degree/diploma from a state board approved school of nursing preparing candidates for licensure as a registered nurse provided such nursing program is equivalent to the minimum nursing educational standards prevailing for state board approved schools of nursing in Washington at the time of the applicant's graduation.

(i) Applicants who were licensed prior to January 1, 1953, shall have scored at least 75% on the state board examination in the state of original licensure.

(ii) Applicants licensed after January 1, 1953, but before June 1, 1982, shall have passed the state board test pool examination for registered nurse licensure with a minimum standard score of 350 in each test.

(iii) Applicants licensed after July 1, 1982, shall have passed with a minimum standard score of 1600 for the total examination.

(b) The applicant holds a valid current license to practice as a registered nurse in another state or territory.

(c) The applicant complies with the education requirements of WAC 308-120-610; however, upon written application an applicant, who is otherwise qualified for licensure, may be licensed and have up to ninety days from the date of the issuance of such license to comply with, and submit certification of, the minimum training and education requirements of WAC 308-120-610.

(d) The application shall be completed and notarized, the fee must be filed with the application. The fee is not refundable. A notarized copy of a valid current license shall be filed with the application.

(e) Verification of licensure by examination shall be obtained from the state or territory of original licensure. Any fee for verification required by the state or territory of original license shall be paid by the applicant.

(2) Applicants from countries outside the United States who were granted a license in another ((U.S.)) United States jurisdiction or territory prior to December 31, 1971, and who were not required to pass the state

board test pool examination shall meet the following requirements:

(a) The nursing education program shall meet the minimum approved standards prevailing for schools of nursing in Washington at the time of the applicant's graduation.

(b) The applicant holds a valid current license to practice as a registered nurse in another ((U.S.)) United States jurisdiction or territory.

(c) The applicant shall submit to the board:

(i) A complete notarized application. The nonrefundable fee must be filed with the application.

(ii) Verification of original licensure obtained in the ((U.S.)) United States jurisdiction or territory.

(iii) Notarized copies of educational preparation and licensure by examination submitted directly from the country of original licensure or from the state board or territory of original ((U.S.)) United States licensure.

(iv) Verification of current nursing practice for three years prior to application for Washington licensure.

(v) Evidence to show compliance with the education requirements of WAC 308-120-610.

(d) The applicant shall meet all requirements of chapter 18.88 RCW and regulations of the board.

WSR 89-12-033

ADOPTED RULES

DEPARTMENT OF LICENSING

(Board of Nursing)

[Order PM 847—Filed June 1, 1989]

Be it resolved by the Washington State Board of Nursing, acting at the Fife Executive Inn, Fife, Washington, that it does adopt the annexed rules relating to:

- | | | |
|-----|-----------------|--|
| Amd | WAC 308-120-170 | Documents which indicate authorization to practice registered nursing in Washington. |
| Amd | WAC 308-120-305 | Use of nomenclature. |
| New | WAC 308-120-810 | Determination and pronouncement of death. |

This action is taken pursuant to Notice No. WSR 89-06-072 filed with the code reviser on March 1, 1989. 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 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050 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 May 12, 1989.

By Margaret Auld Bruya
Chair

AMENDATORY SECTION (Amending Order PM 751, filed 7/28/88)

WAC 308-120-170 DOCUMENTS WHICH INDICATE AUTHORIZATION TO PRACTICE REGISTERED NURSING IN WASHINGTON. The following documents are the only documents that indicate legal authorization to practice as a registered nurse in Washington.

(1) Active license. A license is issued upon completion of all requirements for licensure – confers the right to use the title registered nurse and the use of its abbreviation, R.N. and to practice as a registered nurse in the state of Washington.

(2) Inactive license. A license issued to a person previously holding an active license in this state who desires to retire temporarily from the practice of nursing in this state.

(3) Interim permit. An interim permit may be issued to a graduate from an approved nursing school who has met all qualifications, has filed an application for examination and is eligible for admission to the licensing examination.

(a) This permit expires when a license is issued, when the candidate receives first notice of failure, or within one year from the date of issuance, whichever is the earliest date. The permit is not renewable.

(b) An applicant who does not write the examination on the date scheduled shall return the permit to the division of professional licensing.

(c) The interim permit authorizes the holder to perform functions of registered nursing as described in chapter 18.88 RCW. It is in violation of the law regulating the practice of registered nursing to use the title "registered nurse." The title "interim permit nurse" or "graduate nurse" may be used.

(4) Limited educational license. A limited educational license may be issued to a person who has been on non-practicing status for three years or more and who wishes to return to active status (see WAC 308-120-185).

(5) Advanced registered nurse practitioner (ARNP) recognition document. An ARNP recognition document may be issued to any person who meets the requirements of the board as contained in WAC 308-120-300. Only persons holding this recognition document shall have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP((-))" or any title or abbreviation which may indicate that the person is entitled to practice at an advanced and specialized level as a nurse practitioner, a specialized nurse practitioner, a nurse midwife, or a nurse anesthetist. This document authorizes the ARNP to engage in the scope of practice allowed for his or her specialty area and is valid only with a current registered nurse license.

(6) ARNP interim permit. An interim permit may be issued following satisfactory completion of an advanced formal education program, registration for the first certification examination of an approved program following completion of the education and filing of an application, fee and requested documentation. If the applicant passes the examination the department shall grant advanced

registered nurse practitioner status. If the applicant fails the examination, the interim permit shall expire upon notification and is not renewable.

(7) ARNP prescriptive authorization. A notation of prescriptive authorization may be placed on the ARNP recognition document issued to any person who meets the requirements of the board as contained in WAC 308-120-410. This authorizes the ARNP to prescribe legend drugs within his or her scope of practice and is valid only with a current registered nurse license.

AMENDATORY SECTION (Amending Order PL 569, filed 11/26/85)

WAC 308-120-305 USE OF NOMENCLATURE. Any person who qualifies under WAC 308-120-300 and whose application for advanced registered nurse practitioner designation has been approved by the board shall be designated as ((~~a~~-[am])) an advanced registered nurse practitioner and shall have the right to use the title "advanced registered nurse practitioner" and the abbreviation following the nurse's name shall read "ARNP((-))" and the title or abbreviation designated by the approved national certifying body. No other initials or abbreviations shall legally denote advanced nursing practice. No other person shall assume such title or use such abbreviation ((~~or~~)). No other person shall use any other title, words, letters, signs or figures to indicate that the person using same is recognized as an advanced registered nurse practitioner and:

- (1) Family nurse practitioner, FNP; or
- (2) Women's health care nurse practitioner; or
- (3) Pediatric nurse practitioner/associate, PNP/PNA;

or

- (4) Adult nurse practitioner, ANP; or
- (5) Geriatric nurse practitioner, GNP; or
- (6) Certified nurse midwife/nurse midwife, CNM; or
- (7) Nurse anesthetist, CRNA; or
- (8) School nurse practitioner, SNP.

NEW SECTION

WAC 308-120-810 DETERMINATION AND PRONOUNCEMENT OF DEATH. A nurse may determine and pronounce death, but shall not certify death as defined in RCW 70.58.160 unless the nurse is an ARNP-certified nurse midwife as defined in WAC 308-120-300.

(1) A nurse may assume responsibility for the determination and pronouncement of death only if there are written policies and procedures relating to the determination and pronouncement of death in the organization with which the nurse is associated as an employee or by contract, provided:

(a) The decedent was under the care of a health care practitioner qualified to certify cause of death; and

(b) The decedent was a patient of the organization with which the nurse is associated; and

(c) There is a "do not resuscitate order" in the patient's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.

(2) A nurse who assumes responsibility for the determination and pronouncement of death shall be knowledgeable of the laws and regulations regarding death and human remains which affect the nurse's practice of this responsibility.

(3) A nurse who assumes responsibility for the determination and pronouncement of death shall:

(a) Perform a physical assessment of the patient's condition;

(b) Insure that family and physician and other care givers are notified of the death; and

(c) Document the findings of the assessment and notification in all appropriate records.

WSR 89-12-034
ADOPTED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)

[Order 2803—Filed June 1, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to Intentional program violations—Disqualification penalties, amending WAC 388-49-670.

This action is taken pursuant to Notice No. WSR 89-09-032 filed with the code reviser on April 14, 1989. 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 74.04.510 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 June 1, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 2575, filed 12/31/87)

WAC 388-49-670 INTENTIONAL PROGRAM VIOLATIONS—DISQUALIFICATION PENALTIES. (1) The department shall disqualify the person or persons committing an intentional program violation, but not the entire household, as defined in WAC 388-49-020.

(2) The department shall apply disqualification penalties as follows:

(a) If the violation occurred in whole or in part after the household was notified of the following penalties, these disqualification periods shall apply:

(i) Six months for the first disqualification,

(ii) Twelve months for the second disqualification, and

(iii) Permanently for the third disqualification.

(b) The department shall disqualify the person or persons for three months:

(i) If the violation ended prior to the household being notified of the penalties in subsection (2)(a) of this section, and

(ii) If the disqualification was determined in an administrative hearing.

(c) The department shall consider multiple violations occurring prior to the household being notified of the penalties in subsection (2)(a) of this section as only one disqualification.

(d) Court-ordered disqualifications are for the length of time specified by the court. The department shall:

(i) Recommend that a disqualification penalty, as provided in subsection (2)(a) of this section, be imposed in addition to any civil or criminal intentional program violation penalties;

(ii) Initiate the disqualification period for the currently eligible person or persons within forty-five days of the:

(A) Date the disqualification is ordered if the court does not specify a date; or

(B) Date the court finds such person or persons guilty if the court specifies a disqualification date.

(iii) Impose a disqualification period as specified in subsection (2)(a) of this section if the court fails to address or specify a disqualification period; and

(iv) Not initiate or continue an intentional program violation disqualification period contrary to a court order.

(3) The department shall provide written notice of disqualification to the person or persons prior to disqualification. The notice shall inform the:

(a) Participating person or persons of the disqualification and the effective date of the disqualification, or

(b) Nonparticipating person or persons that the disqualification period shall be deferred until such time as the person or persons applies for and is found eligible for benefits.

(4) The department shall provide written notice to the remaining household member or members, if any, of:

(a) The allotment the household will receive during the period of disqualification; or that

(b) The household must reapply because the certification period has expired.

(5) The department shall recognize an intentional program violation determined in another state or political jurisdiction.

WSR 89-12-035
ADOPTED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)

[Order 2804—Filed June 1, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the

annexed rules relating to Intentional program violations—Administrative disqualifications hearings, amending WAC 388-49-660.

This action is taken pursuant to Notice No. WSR 89-08-101 filed with the code reviser on April 5, 1989. 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 74.04.510 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 June 1, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 2609, filed 4/1/88)

WAC 388-49-660 INTENTIONAL PROGRAM VIOLATIONS—ADMINISTRATIVE DISQUALIFICATION HEARINGS. Administrative disqualification hearings are governed by chapter ~~(s 10-08 and)~~ 388-08 WAC and WAC 388-49-660. If a provision in WAC 388-49-660 conflicts with a provision in chapter 388-08 WAC, the provision in WAC 388-49-660 controls.

(1) The department shall refer an individual who has no prior intentional program violation but who is suspected of committing an intentional program violation for an administrative disqualification hearing when:

(a) The overissuance caused by the suspected intentional program violation is two hundred and fifty dollars or more; or

(b) The sum of the overissuance caused by the suspected intentional program violation and all inadvertent household error overissuances that occurred in the two years immediately preceding the date of discovery of the suspected intentional program violation is two hundred and fifty dollars or more; and

(c) At the time of referral, the individual resides:

(i) In Washington state; or

(ii) ~~((Resides))~~ Outside Washington but within one hour's reasonable drive to a community services office; and

(d) The department determines that administrative proceedings will not jeopardize criminal prosecution.

(2) The department shall refer an individual who has committed one or more intentional program violations and who is suspected of committing another intentional program violation when:

(a) The act of suspected intentional program violation occurred:

(i) After the department mailed the administrative decision disqualifying the individual for the most recent intentional program violation; or

(ii) After entry of the order in criminal proceedings that caused the individual to be disqualified for the most recent intentional program violation; and

(b) At the time of referral, the individual resides:

(i) In Washington state; or

(ii) ~~((Resides))~~ Outside Washington but within one hour's reasonable drive to a community services office; and

(c) The department determines that administrative proceedings will not jeopardize criminal prosecution.

(3) The department shall:

(a) Give at least thirty days advance notice of the hearing date to the person or persons alleged to have committed an intentional program violation as defined in WAC 388-49-020, and

(b) Obtain proof of receipt of the notice.

(4) The notice of hearing shall comply with WAC 10-08-040 and contain the following information:

(a) The allegations;

(b) A summary of the department's evidence;

(c) A statement of how and where the evidence can be examined;

(d) A statement that if the person or a representative fails without good cause to appear at the hearing, a decision will be made based solely on the evidence and argument the department presents; and

(e) A statement that the person has ten days from the date of the scheduled hearing to file a request with the administrative law judge:

(i) ~~((To file a request with the administrative law judge))~~ Showing good cause for failure to appear, and

(ii) Seeking a new hearing; and

(f) A statement that if a telephone hearing is scheduled, the person may request an in-person hearing by filing a request with the administrative law judge at least one week prior to the date of the hearing.

(5) The person or a representative shall have the right to one continuance of up to thirty days provided a request is filed at least ten days prior to the hearing date.

(6) The department shall conduct the hearing without the person or a representative if ~~((they))~~ either person fails to appear at the hearing without good cause.

(a) The decision shall be based solely on the evidence and argument the department presents.

(b) The person has ten days from the date of the scheduled hearing to file a request with the administrative law judge:

(i) Showing good cause for failure to appear, and

(ii) Requesting the hearing be reinstated.

(7) The administrative law judge shall grant a request to change a scheduled telephone hearing to an in-person hearing if the person or representative:

(a) Files the request at least one week before the date the hearing is scheduled, or

(b) Files the request one week or less before the date the hearing is scheduled if the person shows good cause for having the hearing conducted in person.

(8) The administrative law judge shall advise the person or representative they may refuse to answer questions during the hearing.

(9) The department shall bear the burden of proof for demonstrating intentional program violation with clear and convincing evidence.

(10) The department shall follow the decision-rendering in WAC 388-08-406.

(11) The department shall make a final decision and notify the household member of the decision within ninety days of the date the individual receives the notice of hearing.

(12) The department may combine an overissuance fair hearing and an administrative disqualification hearing into a single hearing when the facts alleged for each arise out of the same or related circumstances. When combined:

(a) The hearing procedures and time frames shall be those applicable to an administrative disqualification hearing,

(b) The household loses its right to a subsequent fair hearing on the overissuance, and

(c) The department shall give prior notice to:

(i) The person or persons alleged to have committed the intentional program violation, and

(ii) The person or persons alleged to be liable for the overissuance.

WSR 89-12-036
ADOPTED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)

[Order 2805—Filed June 1, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd WAC 388-77-230 Family independence program—Incapacity criteria.

Amd WAC 388-77-240 FIP—Eligibility for qualifying a parent.

This action is taken pursuant to Notice No. WSR 89-09-033 filed with the code reviser on April 14, 1989. 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 74.50.010 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 June 1, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 2630, filed 6/1/88)

WAC 388-77-230 FAMILY INDEPENDENCE PROGRAM—INCAPACITY CRITERIA. (1) The department shall consider a child denied of parental support and care by reason of parental incapacity when ~~((he or she))~~ the child lives with two natural, adoptive, or stepparents when:

(a) One or both parents are incapacitated; and

(b) The incapacity is expected to last for a period of thirty days or more from the date of application or redetermination.

(2) The department shall deem an incapacity to exist when the impairment and the prognosis are supported by evidence from a qualified medical professional, including, but not limited to:

(a) A licensed physician;

(b) A licensed clinical psychologist;

(c) A certified registered nurse (RN) if within the area of certification;

(d) The chief of medical administration or ~~((his or her))~~ the chief's designee of the Veteran's Administration (VA) as authorized by federal law;

(e) A mental health professional designated by the local community mental health agency ~~((as))~~ defined ((in)) under RCW 71.05.020; or

(f) A certified substance abuse counselor.

(3) The department shall not require medical documentation to establish an incapacity for a parent receiving:

(a) VA benefits based on fifty percent or more disability; or

(b) Social Security Administration (SSA) disability benefits.

(4) The department shall:

(a) Consider the applicant/enrollee incapacitated when competent medical testimony confirms the existence of the incapacitating condition;

(b) Make a decision confirming or denying the existence of incapacity within thirty days of the date of application, except in circumstances beyond the control of the agency, such as a delay on the part of the applicant, the qualified medical professional, or other source of documentation;

(c) Request additional information when necessary; and

(d) Confirm probable duration of incapacity. The probable duration shall be related to the prognosis for the condition as predicted by the medical evidence, but shall not exceed twelve months without a redetermination of incapacity.

~~((4))~~ (5) The department shall consider an individual incapacitated if the impairment:

(a) Reduces substantially or eliminates the parent's ability to care for the child;

(b) Is the reason employers refuse to employ the parent for work ~~((he or she))~~ the parent could do. This includes behavioral disorders and other impairments interfering with the securing and maintaining of employment;

(c) Prevents the parent from working full time:

(i) At a job ~~((in which he or she))~~ the parent has customarily engaged; and

(ii) On another job ~~((for which he or she))~~ the parent is equipped by education, training, or experience; or

(iii) On a job ~~((which can be))~~ learned by on-the-job training.

(d) Prevents the parent from accomplishing as much on a job as a regular employee and is the reason ~~((he or she))~~ the parent is paid on a reduced basis even though working full time; or

(e) Qualifies the parent for placement in a job which is rehabilitative, therapeutic, or in a sheltered workshop not considered to be a competitive full-time job and (~~he or she~~) the parent is placed in such a job.

~~((5))~~ (6) Eligibility cannot be established if an applicant or enrollee fails to cooperate in obtaining information documenting incapacity.

~~((6))~~ (7) The department shall pay the cost of necessary medical reports to determine incapacity (~~shall be paid by the department~~). Payment for such reports shall not be made to DSHS agencies.

AMENDATORY SECTION (Amending Order 2630, filed 6/1/88)

WAC 388-77-240 FIP—ELIGIBILITY FOR QUALIFYING A PARENT. (1) A child residing with two parents, when neither is incapacitated, shall be categorically eligible for FIP when the qualifying parent:

(a) Is not employed more than one hundred hours a month except for intermittent temporary jobs; and

(b) Has been unemployed as defined by subsection (1)(a) of this section for (~~at least~~) thirty days or more prior to the date FIP is authorized; and

(c) Meets the work quarter or unemployment compensation requirement in subsection (3) of this section. The work quarter and unemployment requirements shall only apply to:

(i) Initial applications filed on or after July 1, 1989; or

(ii) Reapplications following a one-month break or more in assistance, filed on or after July 1, 1989; and

(d) Has not refused a bona fide offer of employment or employment training (~~for employment~~); or

~~((d))~~ (e) Has not voluntarily left a job without good cause during the thirty days prior to the date FIP is authorized; or

~~((e))~~ (f) Has not refused to apply for or accept unemployment compensation, if eligible.

(2) The qualifying parent is that parent earning the greater amount of income in the twenty-four-month period immediately preceding the month in which the application for FIP assistance is filed.

(a) The household shall designate the qualifying parent if both parents earned an identical amount of income, or had no earnings.

(b) The designated qualifying parent remains the qualifying parent for each consecutive month the family remains on assistance.

(3) The qualifying parent shall meet the work quarter or unemployment compensation requirement if:

(a) Within one year prior to application, the qualifying parent:

(i) Received, or was eligible to receive, unemployment compensation had the parent applied; or

(ii) For noncovered employment, had a work history such that had the employment been covered the parent would have been eligible for unemployment compensation; or

(b) The qualifying parent had six or more quarters of work within any thirteen calendar quarter period ending within one year prior to the request for benefits:

(i) A quarter of work means a calendar quarter in which the qualifying parent earned income of not less than fifty dollars, or participated in the work incentive (WIN) program or community work experience program (CWEP); and

(ii) A calendar quarter means a period of three consecutive calendar months ending March 31st, June 30th, September 30th, or December 31st.

(4) The department shall consider the following conditions good cause for refusal of an offer of employment or refusal to continue employment:

(a) Physical, mental, or emotional inability of the qualifying parent to satisfactorily perform the work required;

(b) Inability of the qualifying parent to get to and from the job without undue cost or hardships (~~to them~~);

(c) The nature of the work would be hazardous to the qualifying parent;

(d) The wages do not meet any applicable minimum wage requirements and are not customary for such work in the community;

(e) The job is available because of a labor dispute; or

(f) Adequate child care is not available.
~~((4))~~ (5) The child shall be residing with both parents except that one parent may be temporarily absent for up to ninety days to search for employment with the expectation of continuing to reside with the family.

~~((5))~~ (6) FIP shall not be denied or terminated solely because the qualifying parent works over one hundred hours while participating in:

(a) Institutional work experience training; or
(b) A public service employment and training program.

WSR 89-12-037
ADOPTED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)
[Order 2806—Filed June 1, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to transfer of resources, new WAC 388-95-395.

This action is taken pursuant to Notice No. WSR 89-09-029 filed with the code reviser on April 14, 1989. 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 Social and Health Services as authorized in RCW 74.08.090.

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 June 1, 1989.

By Leslie F. James, Director
Administrative Services

NEW SECTION

WAC 388-95-395 TRANSFER OF RESOURCES. (1) The terms in this section shall have the following definitions:

(a) "Institutionalized individual" means an individual who is:

(i) An inpatient in a nursing facility;

(ii) An inpatient in a medical institution where the payment is made for a level of care provided in a nursing facility; or

(iii) In need of the level of care provided in a nursing facility or medical institution, but receiving home or community-based services under WAC 388-83-200 and 388-83-210; and

(iv) Expected to be in the nursing facility, medical institution, or receiving home or community-based services under WAC 388-83-200 and 388-83-210 for thirty consecutive days or more.

(b) "Community spouse" means the person married to an institutionalized individual;

(c) "Transfer" means any act or an omission to act whereby title to or any interest in property is assigned, set over, or otherwise vested or allowed to vest in another person, including but not limited to delivery of personal property, bills of sale, deeds, mortgages, pledges, or any other instrument conveying or relinquishing an interest in property;

(d) "Fair market value" means the price the resource may reasonably sell for on the open market at the time of transfer or assignment;

(e) "Uncompensated value" means the fair market value of a resource at the time of transfer minus the value of compensation the individual receives in exchange for the resource;

(f) "Value of compensation received" means the consideration the purchaser pays or agrees to pay. Compensation includes:

(i) All money, real or personal property, food, shelter, or services the individual receives under a legally enforceable agreement whereby the eligible individual shall transfer the resource; and

(ii) The payment or assumption of a legal debt the individual owes in exchange for the resource.

(g) "Undue hardship" means the client's inability to meet shelter, food, clothing, and health care needs.

(2) The department shall consider resource transfers made on or before June 30, 1989 under WAC 388-92-043.

(3) The department shall consider resource transfers made on or after July 1, 1989 under WAC 388-95-395 and shall consider interspousal transfers made on or after October 1, 1989, under subsection (8)(d) of this section.

(4) The department shall not impose any penalty for transfer for less than fair market value of any exempt resource except for the home as provided under subsections (7) and (8) of this section.

(5) The department shall calculate a period of ineligibility for nursing facility services, equivalent nursing facility services in a medical institution, and services described under WAC 388-83-200 and 388-83-210, for the individual transferring a home or nonexempt resource for less than fair market value at any time during or after the thirty-month period immediately before the date:

(a) The individual becomes an institutionalized individual, if eligible for medical assistance on such date; or

(b) If not eligible as of the date of institutionalization, the date an institutionalized individual applies for such services.

(6) The department shall establish a period of ineligibility beginning on the first day of the month in which the individual transfers the home or nonexempt resource. The number of months of ineligibility shall equal the lesser of:

(a) Thirty months; or

(b) The number of months found by dividing the total uncompensated value of the transferred resource by the statewide average monthly cost of nursing facility services to a private patient at the time of the application; and

(c) The period of ineligibility shall not include a partial month.

(7) The department shall not find the individual ineligible for medical assistance if the resource transferred was a home and the home was transferred to the individual's:

(a) Spouse; or

(b) Child who is:

(i) Blind or permanently and totally disabled; or

(ii) Twenty years of age or under.

(c) Sibling who has:

(i) Equity in the home; and

(ii) Lived in the home for one year immediately before the individual became institutionalized.

(d) Child, other than described under subsection (7)(b) of this section, who:

(i) Lived in the home for two years or more immediately before the individual became institutionalized; and

(ii) Provided care to the individual to permit the individual to remain at home.

(8) The department shall not find the individual ineligible for medical assistance if the nonexempt resource other than the home was transferred to:

(a) The community spouse; or

(b) Another person for the sole benefit of the community spouse; or

(c) The individual's blind or permanently and totally disabled child; or

(d) The individual's spouse unless such spouse transfers the resource to another person for less than fair market value at any time during the thirty-month period defined under subsection (5) of this section.

(9) The department shall not find the individual ineligible if the individual can satisfactorily show the department that:

(a) He or she intended to transfer the home or nonexempt resource at fair market value or other valuable consideration; or

(b) He or she transferred the home or nonexempt resource exclusively for a purpose other than to qualify for medical assistance; or

(c) The denial of eligibility would cause an undue hardship.

(10) A person or the spouse of such a person, the department determines ineligible under this section, has the right to request a hearing to appeal the determination. The procedure for the hearing is under chapter 388-08 WAC.

WSR 89-12-038

ADOPTED RULES

UTILITIES AND TRANSPORTATION COMMISSION

[Order R-301, Docket No. U-88-1704-R—Filed June 1, 1989]

In the matter of amending WAC 480-08-330 and 480-120-027 relating to telecommunications contracts and price lists.

This action is taken pursuant to Notice No. WSR 89-08-110 filed with the code reviser on April 5, 1989. The rule change hereinafter adopted shall take effect pursuant to RCW 34.04.040(2).

This rule-making proceeding is brought on pursuant to RCW 80.01.040 and is intended administratively to implement these statutes.

This rule-making proceeding is in compliance with the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), the State Register Act (chapter 34.08 RCW), the State Environmental Policy Act of 1971 (chapter 43.21C RCW), and the Regulatory Fairness Act (chapter 19.85 RCW).

Pursuant to Notice No. WSR 89-08-110 the above matter was scheduled for consideration at 9:00 a.m., Wednesday, May 17, 1989, in the Commission's Hearing Room, Second Floor, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA, before Chairman Sharon L. Nelson and Commissioners Richard D. Casad and A. J. Pardini.

Under the terms of said notice, interested persons were afforded the opportunity to submit data, views, or arguments to the commission in writing prior to May 12, 1989, and orally at 9:00 a.m., Wednesday, May 17, 1989, in the Commission's Hearing Room above noted. At the May 17, 1989, meeting the commission considered the rule change proposal. Written and oral comments were received from US West; Contel of the Northwest, Inc.; and the Department of Defense; and the other federal executive agencies. Written comments were received from TRACER, MCI Telecommunications Corporation, US Sprint Communications, Kalama Telephone Company and GTE Northwest Incorporated.

The commission continued the May 17 meeting to 9:00 a.m., Monday, May 22, 1989, in the Commission's Hearing Room to consider additional comment on proposed changes necessitated by the enactment of ESSB 5098. At the May 22 meeting additional comment was

received from the commission's staff, which reported its contact with various commenters regarding the proposed changes.

The rule change affects no economic values.

In reviewing the entire record herein, it has been determined that WAC 480-80-330 and 480-120-027 should be amended to read as set forth in Appendix A shown below and by this reference made a part hereof. WAC 480-80-330 and 480-120-027 as amended will direct that the commission has authority to implement the provisions of chapter 80.36 RCW. The rule sets forth the filing requirements relating to telecommunications contracts and price lists.

ORDER

WHEREFORE, IT IS ORDERED That WAC 480-80-330 and 480-120-027 as set forth in Appendix A, be amended as rules of the Washington Utilities and Transportation Commission to take effect pursuant to RCW 34.04.040(2).

IT IS FURTHER ORDERED That the order and the annexed rule, after first being recorded in the order register of the Washington Utilities and Transportation Commission, shall be forwarded to the code reviser for filing pursuant to chapter 34.04 RCW and chapter 1-12 WAC.

DATED at Olympia, Washington, this 30th day of May, 1989.

Washington Utilities and Transportation Commission
Sharon L. Nelson, Chairman
Richard D. Casad, Commissioner
A. J. Pardini, Commissioner

APPENDIX "A"

AMENDATORY SECTION (Amending Order 291, Docket No. U-88-2337-R, filed 10/28/88)

WAC 480-80-330 (~~(SPECIAL CONTRACTS)~~) TELECOMMUNICATIONS CONTRACTS. (~~(Every utility shall submit to the commission a true copy of any special contract entered into governing the sale or purchase by it of telephone service[,] or other public utility service or commodity when the rate for such service is not specifically covered in the regular tariff and referred to in the contract as controlling and the commission shall be kept current in that regard. PROVIDED, That this section shall not apply to contracts entered into by electric, gas, and water utilities, which utilities shall be subject to WAC 480-80-335.)~~) (1) Contracts to be filed. All contracts with end use customers for the retail sale of regulated intrastate telecommunications services which contain or state rates or conditions not in conformance with any applicable tariff or which provide for telecommunications services which are not specifically addressed in the telecommunications company's published tariffs shall be filed with the commission in accordance with this section. For purposes of this section the modification of a previously executed contract will be treated as a new contract. This section shall not apply to contracts which offer services subject to a price list filed pursuant to WAC 480-120-027.

(2) Application. This section shall apply prospectively to all contracts as defined in subsection (1) of this section executed after the effective date of this section.

(3) Time for filing and effectiveness. With the exception of firm bid contracts allowed under subsection (4) of this section, each contract shall be filed with the commission in accordance with this subsection. A contract which does not qualify for treatment under subsection (4) of this section shall be filed with the commission not less than thirty days prior to the proposed effective date of the contract, and shall become effective according to its terms unless earlier approved or rejected by the commission: PROVIDED, That upon application and for good cause shown, the commission may approve the contract as of an effective date prior to the date that the contract would have become effective in accordance with this section.

(4) Federal contracts. Where a federal agency asserts its authority to solicit a firm offer of services and a contract subject to this section is submitted in response to that solicitation, the provisions of subsection (3) of this section will not apply. Upon the acceptance of such a contract offer by the federal agency, the telecommunications company shall immediately file the contract with the commission and must include the same documentation required for approval by subsection (5) of this section.

(5) Documentation. Each contract and substantial contract modification filed pursuant to this section shall be accompanied by documentation to show that the contract does not result in undue or unreasonable discrimination between customers receiving like and contemporaneous service under substantially similar circumstances; and provides for the recovery of all costs associated with the provision of the services. In addition, the telecommunications company shall file the following information in conjunction with each contract submitted:

(a) A statement summarizing the basis of the rate or charge proposed in the contract and an explanation of the derivation of the proposed rate or charge;

(b) An explanation of all cost computations involved in arriving at the derivation of the level of the rate or charge in the contract; and

(c) A statement indicating the basis for the use of a contract rather than a filed tariff for the specific service involved.

(6) Duration of contract. All contracts shall be for a stated time period.

(7) Confidentiality. Filings under this section may be submitted with portions designated "confidential" pursuant to WAC 480-08-015. However, any filing which designates as "confidential" the essential terms and conditions will be rejected by the commission.

AMENDATORY SECTION (Amending Order R-282, Cause No. U-86-125, filed 11/30/87)

WAC 480-120-027 PRICE LISTS. (1) Pursuant to RCW 80.36.310 telecommunications services classified by the commission as competitive will be offered under price lists. All services of competitive telecommunications companies as classified by the commission under RCW 80.36.310 will be offered under price lists.

(2) All price lists filed with the commission must describe the service being offered and all prices, charges, terms, and conditions pertaining thereto. Each page of every price list shall contain, in general, the company name, the page number, and the effective date. All subsequent revisions of a price list shall bear consecutive revision numbers. Price lists must provide sufficient detail for customers and potential customers reasonably to determine what is being offered and what charges the customer incurs in obtaining the service.

(3) Contracts (including modifications to previously executed contracts) for services which are governed by this section may be offered subject to the requirements of this subsection.

(a) Contracts of companies classified "competitive" under RCW 80.36.310 shall be filed with the commission not later than five business days after execution. A contract filed pursuant to this subdivision will not be rejected by the commission in the absence of competent evidence that the contract is unlawful.

(b) Contracts which offer services classified as "competitive" under RCW 80.36.330 shall be filed with the commission at least ten days prior to the effective date. Such contracts may not include both "price listed" and "tariffed" services unless the tariffed services are set forth separately and offered under an approved tariff or contract (see WAC 480-80-330). A contract filed pursuant to this subdivision may be rejected if the telecommunications company is unable to document that the price charged covered its relevant costs under either a long run incremental cost analysis or a fully distributed cost analysis whichever is lower, or any other commission-approved cost method. A contract filed pursuant to this subdivision may also be rejected upon a showing that it is otherwise unlawful. To meet its burden of proving that the contract is cost-based, the company shall, at a minimum, provide the following information at the time of filing:

(i) A statement summarizing the basis of the rate or charge proposed in the contract and an explanation of the derivation of the proposed rate or charge; and

(ii) An explanation of all cost computations involved in arriving at the derivation of the level of the rate or charge in the contract.

(c) All contracts filed pursuant to this subsection shall be for a stated time period.

(d) Filings under this subsection may be submitted with portions designated "confidential" pursuant to WAC 480-08-015. However, any filing which designates as "confidential" the essential terms and conditions will be rejected by the commission.

(4) Federal contracts. Where a federal agency asserts its authority to solicit a firm offer of services and a contract subject to this section is submitted in response to that solicitation, the provisions of subsection (3) of this section will not apply. Upon the acceptance of such a contract offer by the federal agency, the telecommunications company shall immediately file the contract with the commission and must include the same documentation otherwise required by this section.

WSR 89-12-039
PROPOSED RULES
SUPERINTENDENT OF PUBLIC INSTRUCTION
 [Filed June 1, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Superintendent of Public Instruction intends to adopt, amend, or repeal rules concerning Finance—General apportionment—Basic education allocation—Deductible revenues, WAC 392-121-415;

that the agency will at 9:00 a.m., Friday, July 14, 1989, in the Old Capitol Building, Wanamaker Conference Room, 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 28A.41.170.

The specific statute these rules are intended to implement is RCW 28A.41.130.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 12, 1989, at 5:00 p.m.

Dated: June 1, 1989

By: Judith A. Billings
 Superintendent of
 Public Instruction

STATEMENT OF PURPOSE

Rule: Chapter 392-121 WAC, Finance—General apportionment.

Rule Section(s): WAC 392-121-415.

Statutory Authority: RCW 28A.41.130 and 28A.41.170.

Purpose of the Rule(s): To update the list of locally available revenues deducted from state basic education payments to school districts.

Summary of the New Rule(s) and/or Amendments: Proceeds from the sale of tax title property are dropped from the list of deductible revenues. Definitions of federal payments are refined. Legal reference are added.

Reasons Which Support the Proposed Action(s): Changes are needed to keep the list of deductible revenues up-to-date and to improve clarity of definitions.

Section Analysis: WAC 392-121-415, the reference to locally available revenues in RCW 28A.41.130 is clarified; proceeds from sale of tax title property are removed from the list of deductible revenues; statutory references are provided for each type of deductible revenue; proceeds from sales of wood products from certain federal lands are added to the list of deductible revenues; and the term "county in lieu of tax payments" is changed to "local in lieu of tax payments" to clarify the scope of such payments.

Person or Organization Proposing the Rule(s): SPI, government.

Agency Personnel Responsible for Drafting: Richard M. Wilson, SPI, 753-2298; Implementation and Enforcement: Doyle Winter, SPI, 753-1880.

Rule(s) is (are) Necessary as the Result of Federal Law, Federal Court Action, or State Court Action: No.

Agency Comments, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matter Pertaining to the Rule(s): No agency comments.

AMENDATORY SECTION (Amending Order 88-8, filed 1/11/88)

WAC 392-121-415 BASIC EDUCATION ALLOCATION—DEDUCTIBLE REVENUES. In addition to those funds appropriated by the legislature for basic education allocation purposes, ~~((the deductible revenues expressly identified in RCW 28A.41.130 and))~~ the following ~~((deductible))~~ locally available general fund revenues shall be included in the computation of the total annual basic education allocation of each school district pursuant to RCW 28A.41.130 and 28A.41.140 and shall be deducted from payments made pursuant to WAC 392-121-400:

(1) ~~((Proceeds from the sale of tax title real property managed by a county or of property rights appurtenant thereto;~~

(2)) Proceeds from the sale, rental or lease of stone, minerals, timber, forest products, other crops and matter, and improvements from or on tax title real property managed by a county pursuant to RCW 36.35.040;

~~((3))~~ (2) Proceeds from state forests pursuant to RCW 76.12.030 and 76.12.120;

~~((4))~~ (3) Federal in lieu of tax payments made pursuant to RCW 84.72.020; and

(4) Proceeds from the sale of lumber, timber, and timber products on military reservations or facilities in accordance with U.S.C. § 2665, Title 10, and P.L. 97-99.

(5) ~~((County))~~ Local in lieu of tax payments including but not limited to payments made pursuant to RCW 35.82.210, 35.83.040, and 79.66.100.

Otherwise deductible revenues from any of the foregoing sources received by a school district due solely to the district's levy of a capital projects fund or debt service fund excess tax levy shall constitute non-general fund revenues and shall not be deducted in the computation of the district's annual basic education allocation for that school year.

WSR 89-12-040

EMERGENCY RULES

SUPERINTENDENT OF PUBLIC INSTRUCTION

[Order 89-1—Filed June 1, 1989]

I, Judith A. Billings, Superintendent of Public Instruction, do promulgate and adopt at the Old Capitol Building, Olympia, Washington, the annexed rules relating to chapter 392-140 WAC, Finance—Special allocations, instructions and requirements, WAC 392-140-160, 392-140-164 and 392-140-165. 1987-89 local education program enhancement allocations to school districts.

I, Judith A. Billings, 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 passage of this rule is required to permit apportionment of local education program enhancement moneys consistent with 1987-89 Appropriations Act.

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

This rule is promulgated pursuant to RCW 28A.41.170 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 June 1, 1989.

By Judith A. Billings
Superintendent of
Public Instruction

AMENDATORY SECTION (Amending Order 88-12, filed 4/18/88)

WAC 392-140-160 LOCAL EDUCATION PROGRAM ENHANCEMENT—APPLICABLE PROVISIONS. The provisions of WAC 392-140-160 through 392-140-174 shall be applicable to the distribution of moneys to school districts for the local education program enhancement program for the 1987-88 and 1988-89 school years pursuant to section 506, chapter 7, Laws of 1987 1st ex. sess., as amended by section 505, chapter 289, Laws of 1988.

AMENDATORY SECTION (Amending Order 88-12, filed 4/18/88)

WAC 392-140-165 LOCAL EDUCATION PROGRAM ENHANCEMENT—DEFINITION—SUPPORT LEVEL. As used in WAC 392-140-160 through 392-140-174, "support level" means:

(1) ~~((For those school districts that apply for local education program enhancement moneys during only school year 1988-89, no less than \$67.50 multiplied by the biennial full-time equivalent students determined pursuant to WAC 392-140-164.~~

~~(2) For those school districts which apply for local education program enhancement moneys in school year 1987-88 and school year 1988-89.~~

~~(a)) For school year 1987-88: A maximum of \$33.75 multiplied by the annual average full-time equivalent students for school year 1987-88 for those school districts satisfying the conditions for receiving moneys pursuant to WAC 392-140-169; and~~

~~((b)) (2) For school year 1988-89: ((No less than)) A maximum of \$33.75 multiplied by the annual average full-time equivalent students for school year 1988-89 for those school districts satisfying the conditions for receiving moneys pursuant to WAC 392-140-169.~~

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 392-140-164 LOCAL EDUCATION PROGRAM ENHANCEMENT—DEFINITION—BIENNIAL FULL-TIME EQUIVALENT STUDENTS.

WSR 89-12-041
ADOPTED RULES
DEPARTMENT OF WILDLIFE
(Wildlife Commission)
[Order 398—Filed June 1, 1989]

Be it resolved by the Washington State Wildlife Commission, acting at Pullman, Washington, that it does adopt the annexed rules relating to 1989 Mountain goat, sheep, moose, cougar and lynx hunting seasons, adopting WAC 232-28-811.

This action is taken pursuant to Notice No. WSR 89-06-083 filed with the code reviser on March 1, 1989. 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 April 7, 1989.

By Ray Ryan
for Dr. James M. Walton
Chairman, Wildlife Commission

NEW SECTION

WAC 232-28-811 1989 MOUNTAIN GOAT, SHEEP, MOOSE, COUGAR AND LYNX HUNTING SEASONS.

Reviser's note: The text and accompanying pamphlet comprising the 1989 Mountain goat, sheep, moose, cougar and lynx hunting seasons adopted by the Department of Wildlife 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 Wildlife, 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.

WSR 89-12-042
ADOPTED RULES
LOTTERY COMMISSION
[Order 116—Filed June 1, 1989]

Be it resolved by the Washington State Lottery Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to:

Amd	WAC 315-06-020	Authorization to sell tickets.
Amd	WAC 315-06-120	Payment of prizes—General provisions.
Amd	WAC 315-12-030	Description of central and field organization of the commission and the director.
Amd	WAC 315-30-040	Drawings and end of sales prior to drawings.
Amd	WAC 315-30-050	Validation requirements.
Amd	WAC 315-30-070	Retailer settlement.
Amd	WAC 315-31-020	Price of daily game tickets.
Amd	WAC 315-31-030	Types of play for daily game.

Amd	WAC 315-31-040	Prizes for daily game.
Amd	WAC 315-31-050	Ticket purchases.
Amd	WAC 315-31-060	Drawings.
Amd	WAC 315-32-050	Ticket purchases.
New	WAC 315-11-440	Definitions for Instant Game Number 44 ("Money Tree").
New	WAC 315-11-441	Criteria for Instant Game Number 44 ("Money Tree").
New	WAC 315-11-442	Ticket validation requirements for Instant Game Number 44 ("Money Tree").
New	WAC 315-11-450	Definitions for Instant Game Number 45 ("Pot O' Gold").
New	WAC 315-11-451	Criteria for Instant Game Number 45 ("Pot O' Gold").
New	WAC 315-11-452	Ticket validation requirements for Instant Game Number 45 ("Pot O' Gold").

This action is taken pursuant to Notice No. WSR 89-09-079 filed with the code reviser on April 19, 1989. 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 67.70.040 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 June 1, 1989.

By Evelyn Y. Sun
Director

AMENDATORY SECTION (Amending Order 103, filed 8/10/87)

WAC 315-06-020 AUTHORIZATION TO SELL TICKETS. Lottery retailers are authorized, as limited by WAC 315-04-140, to sell tickets directly to the public. ~~((Retail outlets))~~ Liquor stores of the state liquor control board and the lottery are not required to be licensed as lottery retailers. Liquor agencies of the state liquor control board are required to be licensed as lottery retailers.

AMENDATORY SECTION (Amending Order 103, filed 8/10/87)

WAC 315-06-120 PAYMENT OF PRIZES—GENERAL PROVISIONS. (1) The director may designate claim centers for the filing of prize claims, and the location of such centers shall be publicized from time to time by the director.

(2) A claim shall be entered in the name of a single legal entity as claimant, either one individual or one organization. A claim which includes one or more tickets with an address label or stamp on the back of the ticket shall be deemed to have been entered in the name of one individual; PROVIDED, That if the address label or stamp contains the name of more than one individual, the ticket and/or claim form must be signed by one of the persons listed on the address label or stamp. The claimant must submit his or her Social Security number

(SSN) or the federal employer's identification number (FEIN) when claiming any prize exceeding six hundred dollars. A claim may be entered in the name of an organization only if the organization is a legal entity and possesses a federal employer's identification number (FEIN) as issued by the internal revenue service and such number is shown on the claim form. Groups, family units, organizations, clubs, or other organizations which are not a legal entity, or do not possess a federal employer's identification number, shall designate one individual in whose name the claim is to be entered.

(3) Unless otherwise provided in the rules for a specific type of game, a claimant shall sign the back of the ticket and/or complete and sign a claim form approved by the director. The claimant shall submit the claim form and/or claimant's ticket to the lottery in accordance with the director's instructions as stated in the players' manual and/or on the back of the ticket or submit a request for reconstruction of an alleged winning ticket and sufficient evidence to enable reconstruction and that the claimant had submitted a claim for the prize, if any, for that ticket. The claimant, by submitting the claim or request for reconstruction, agrees to the following provisions:

(a) The discharge of the state, its officials, officers, and employees of all further liability upon payment of the prize; and

(b) The authorization to use the claimant's name and, upon written permission, photograph for publicity purposes ~~((upon award of the prize))~~ by the lottery.

(4) A prize must be claimed within the time limits prescribed by the director in the instructions for the conduct of a specific game, but in no case shall a prize be claimed later than one hundred eighty days after the official end of that instant game or the on-line game drawing for which that on-line ticket was purchased.

(5) The director may deny awarding a prize to a claimant if:

(a) The ticket was not legally issued initially;

(b) The ticket was stolen from the commission, director, its employees or retailers, or from a lottery retailer; or

(c) The ticket has been altered or forged, or has otherwise been mutilated such that the authenticity of the ticket cannot be reasonably assured by the director.

(6) The director may delay payment of any prize that exceeds six hundred dollars and debts are owed by the claimant to a state agency or political subdivision, or that the state is authorized to enforce or collect as provided in WAC 315-06-125.

(7) No person entitled to a prize may assign his or her right to claim it except:

(a) That payment of a prize may be made to any court appointed legal representative, including, but not limited to, guardians, executors, administrators, receivers, or other court appointed assignees; or

(b) For the purposes of paying federal, state or local tax.

(8) In the event that there is a dispute or it appears that a dispute may occur relative to any prize, the director may refrain from making payment of the prize

pending a final determination by the director or by a court of competent jurisdiction relative to the same.

(9) A ticket that has been legally issued by a lottery retailer is a bearer instrument until signed. The person who signs the ticket or has possession of an unsigned ticket is considered the bearer of the ticket. Payment of any prize may be made to the bearer, and all liability of the state, its officials, officers, and employees and of the commission, director and employees of the commission terminates upon payment.

(10) All prizes shall be paid within a reasonable time after the claims are validated by the director and a winner is determined. Provided, prizes paid for claims validated pursuant to WAC 315-10-070(2) shall not be paid prior to one hundred eighty-one days after the official end of that instant game. The date of the first installment payment of each prize to be paid in installment payments shall be the date the claim is validated. Subsequent installment payments shall be made as follows:

(a) If the prize was awarded as the result of a drawing conducted by the lottery, installment payments shall be made weekly, monthly, or annually from the date of the drawing in accordance with the type of prize awarded; or

(b) If the prize was awarded in a manner other than a drawing conducted by the lottery, installment payments shall be made weekly, monthly, or annually from the date the claim is validated in accordance with the type of prize awarded.

(11) The director may, at any time, delay any payment in order to review a change of circumstances relative to the prize awarded, the payee, the claim or any other matter that may have come to his or her attention. All delayed payments shall be brought up to date immediately upon the director's confirmation and continue to be paid on each originally scheduled payment date thereafter.

(12) If any prize is payable for the life of the claimant, only a natural person may claim such a prize and, if claiming on behalf of a group, corporation or the like, the life of such natural person claiming the prize shall be the measuring life.

(13) The director's decisions and judgments in respect to the determination of a winning ticket or of any other dispute arising from the payment or awarding of prizes shall be final and binding upon all participants in the lottery.

(14) Each lottery retailer shall pay all prizes authorized to be paid by the lottery retailer by these rules during its normal business hours at the location designated on its license.

(15) In the event a dispute between the director and the claimant occurs as to whether the ticket is a winning ticket, and if the ticket prize is not paid, the director may, solely at his or her option, replace the disputed ticket with an unplayed ticket (or tickets of equivalent sales price from any game). This shall be the sole and exclusive remedy of the claimant.

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 96, filed 12/16/86)

WAC 315-12-030 DESCRIPTION OF CENTRAL AND FIELD ORGANIZATION OF THE COMMISSION AND THE DIRECTOR. The administrative office of the commission and director is located at (~~600 Park Village Plaza, 1200 Cooper Point Road SW~~) 814 - 4th Avenue, Olympia, WA ((~~98502~~)) 98506. Regional offices of the director located in other cities are as follows:

<u>CITY</u>	<u>SERVICES</u>
EVERETT REGION <u>Casino Square Shopping Plaza</u> 205 E. Casino Road Everett, WA 98204	(a) Sales Representative (b) Ticket Warehousing
OLYMPIA REGION ((600 Park Village Plaza 1200 Cooper Point Road SW)) 814 - 4th Avenue Olympia, WA ((98502)) 98506	(a) Sales Representative (b) Ticket Warehousing
((TUKWILA REGION 814 Industry Drive Tukwila, WA 98188))	(a) Sales Representative (b) Ticket Warehousing
<u>SEATTLE REGION</u> <u>Georgetown Center</u> 5963 Corson Ave. S., Suite 106 Seattle, WA 98108-2611	
SPOKANE REGION Montgomery Commerce Center Suite #1 East 10807 Montgomery Avenue Spokane, WA 99207	(a) Sales Representative (b) Ticket Warehousing
VANCOUVER REGION ((Yearout Industrial Park Suite 800 12004 Northeast 95th Street Vancouver, WA 98662)) <u>El Camino Fountain Shopping Mall</u> Suite 4 1503 NE 78th Street Vancouver, WA 98665	(a) Sales Representative (b) Ticket Warehousing
YAKIMA REGION ((421 East Chestnut Avenue)) 9 South 5th Yakima, WA 98901	(a) Sales Representative (b) Ticket Warehousing

All records of the commission and director are maintained in the administrative office in Olympia.

AMENDATORY SECTION (Amending Order 64, filed 9/17/84)

WAC 315-30-040 DRAWINGS AND END OF SALES PRIOR TO DRAWINGS. (1) Drawings shall be conducted in a location and at days and times designated by the director. Each on-line drawing script shall contain the statement, "Digits/Numbers/Symbols drawn are not official until validated."

(2) The director shall announce for each type of on-line game the time for the end of sales prior to the drawings. TDMs will not process orders for on-line tickets for that drawing after the time established by the director.

(3) The director shall designate the type of equipment to be used and shall establish procedures to randomly

select the winning combination for each type of on-line game.

(4) The equipment used to determine the winning combination shall not be electronically or otherwise connected to the central computer or to any tapes, discs, files, etc., generated or produced by the central computer. The equipment shall be tested prior to and after each drawing to assure proper operation and lack of tampering or fraud. Drawings shall not be certified until all checks are completed. No prizes shall be paid until after the drawing is certified.

(5) All drawings shall be broadcast live on television provided the facilities for such broadcasts are available and operational and broadcast time is available.

(6) The director shall establish procedures governing the conduct of drawings for each type of on-line game. The procedures shall include provisions for deviations which include but are not limited to: (a) Drawing equipment malfunction before validation of the winning combination; (b) video and/or audio malfunction during the drawing; (c) fouled drawing; (d) delayed drawing; and (e) other equipment, facility and/or personnel difficulties.

(7) In the event a deviation occurs, the drawing will be completed under lottery supervision. The drawing shall be video taped for later broadcast, if broadcast time is available. The drawing shall be certified and the deviation documented on the certification form. The winning combination will be provided to the television network for dissemination to the public.

(8) If during any live-broadcasted drawing for a game, a mechanical failure or operator error causes an interruption in the selection of all digits, numbers, or symbols, a "foul" shall be called by the lottery drawing official. Any digit/number/symbol drawn prior to a "foul" being called will stand and be deemed official after passing lottery validation tests.

(9) The director shall delay payment of all prizes if any evidence exists or there are grounds for suspicion that tampering or fraud has occurred. Payment shall be made after an investigation is completed and the drawing certified. If the drawing is not certified, another drawing will be conducted to determine the actual winner.

AMENDATORY SECTION (Amending Order 81, filed 11/5/85)

WAC 315-30-050 VALIDATION REQUIREMENTS. (1) To be a valid winning on-line ticket, all of the following conditions must be met:

(a) All printing on the ticket shall be present in its entirety, be legible, and correspond, using the computer validation file, to the combination and date printed on the ticket.

(b) The ticket shall be intact.

(c) The ticket shall not be mutilated, altered, or tampered with in any manner.

(d) The ticket shall not be counterfeit or an exact duplicate of another winning ticket.

(e) The ticket must have been issued by an authorized on-line retailer in an authorized manner.

(f) The ticket must not have been stolen.

(g) The ticket must not have been cancelled or previously paid.

(h) The ticket shall pass all other confidential security checks of the lottery.

(2) Any ticket failing any validation requirement listed in WAC 315-30-050(1) is invalid and ineligible for a prize. Provided, if a court of competent jurisdiction determines that a claim based on a ticket which has failed to validate solely because of subsection (1)(g) of this section is valid, the claim shall be paid as a prize pursuant to WAC 315-06-120, 315-30-030, and the rules for that specific type of game. The agent that cancelled or paid such ticket shall indemnify the lottery for payment of the prize and from any other claim, suit, or action based on that ticket.

(3) The director may replace an invalid on-line ticket with an on-line ticket for a future drawing of the same game. The director may pay the prize for a ticket that is partially mutilated or is not intact if the on-line ticket can still be validated by the other validation requirements.

(4) In the event a ticket is issued in error or a defective on-line ticket is purchased, the only responsibility or liability of the lottery, its vendors or the on-line retailer shall be the replacement of the erroneous or defective on-line ticket with another on-line ticket for a future drawing of the same game.

AMENDATORY SECTION (Amending Order 83, filed 12/16/85)

WAC 315-30-070 RETAILER SETTLEMENT.

(1) Each on-line retailer shall establish an account for deposit of monies derived from on-line games with a financial institution that has the capability of electronic funds transfer (EFT). Funds generated from the sale of on-line tickets shall be held in trust by the retailer for the lottery.

(2) Each on-line retailer shall make a deposit to that account at least once each week. The amount deposited shall be sufficient to cover monies due the lottery for that weekly accounting period. The lottery will withdraw by EFT the amount due the lottery on the day specified by the director. In the event the day specified for withdrawal falls on a legal holiday, withdrawal will be accomplished on the following business day.

Chapter 315-31 WAC
~~((TRIPLE CHOICE))~~ DAILY GAME RULES

WAC	
315-31-020	Price of ((Triple Choice)) <u>Daily Game</u> on-line ticket.
315-31-030	Types of play for ((Triple Choice)) <u>Daily Game</u> .
315-31-040	Prizes for ((Triple Choice)) <u>Daily Game</u> .
315-31-050	Ticket purchases.
315-31-060	Drawings.

AMENDATORY SECTION (Amending Order 64, filed 9/17/84)

WAC 315-31-020 PRICE OF ((TRIPLE CHOICE)) DAILY GAME ON-LINE TICKET. The base price of a ((Triple Choice)) Daily Game on-line ticket shall be \$.50 or \$1.00, except six-way straight box and three-way straight box tickets, which cost \$1.00 each.

AMENDATORY SECTION (Amending Order 44, filed 12/8/83)

WAC 315-31-030 TYPES OF PLAY FOR ((TRIPLE CHOICE)) DAILY GAME. (1) The following play options may be selected by the player for ((Triple Choice)) Daily Game:

((+)) (a) Straight. A play in which winning is achieved only when the three digits selected by the player match in exact order the winning digits drawn for the day selected. For example, if the winning digits are "123," only straight plays of "123" in that exact order will be winners.

((2)) (b) Six-way box. A play in which winning is achieved only when the three digits selected by the player contains three unique digits and those three digits are contained in any combination of the winning digits drawn for the day selected. For example, if the winning digits are "123," only box plays of "123," "132," "213," "231," "312," and "321" will be winners.

((3)) (c) Three-way box. A play in which winning is achieved only when the three digits selected by the player contains two identical digits and one unique digit and those three digits are contained in the winning digits drawn for the day selected. For example, if the winning digits are "122," only box plays of "122," "212," and "221" will be winners.

((4)) (d) Front-pair. A play in which winning is achieved only when the player selects two digits and those two digits match in exact order the first two winning digits drawn for the day selected. For example, if the player selects a front-pair play of "12*," the player will win only if the winning digits are "120," "121," "122," "123," "124," "125," "126," "127," "128," or "129."

((5)) (e) Back-pair. A play in which winning is achieved only when the player selects two digits and those two digits match in exact order the last two winning digits drawn for the day selected. For example, if the player selects a back-pair play of "*12," the player will win only if the winning digits are "012," "112," "212," "312," "412," "512," "612," "712," "812," or "912."

((6)) (f) Six-way straight box. A play in which the player selects three digits with three unique digits and plays \$.50 on a straight play and \$.50 on a box play for a particular day. For example, if the player selects a "123" six-way straight/box play:

((7)) (i) The player will win both the straight and box plays if the winning digits are "123" for the day selected.

((8)) (ii) The player will win the box play only if the winning digits are "132," "213," "231," "312," or "321" for the day selected.

((9)) (g) Three-way straight/box. A play in which the player selects three digits with two identical digits and one unique digit and plays \$.50 on a straight play and \$.50 on a box play for a particular day. For example, if the player selects a "122" three-way straight/box play:

((10)) (i) The player will win both the straight and box plays if the winning digits are "122" for the day selected.

((11)) (ii) The player will win the box play only if the winning digits are "212" or "221" for the day selected.

((12)) (h) Super six-way box. A play in which winning is achieved only when the three digits selected by the player contain three unique digits and those three digits are contained in the winning digits drawn for the day selected. This play is the equivalent of six straight plays on a single on-line ticket. The cost of this type of play is 6 times the base price. For example, if the player selects a "123" super six-way box play, the player will win one straight play if the winning digits are "123," "132," "213," "231," "312," or "321."

((13)) (i) Super three-way box. A play in which winning is achieved only when the three digits selected by the player contain two identical digits and one unique digit and those three digits are contained in the winning digits drawn for the day selected. This play is the equivalent of three straight plays on a single on-line ticket. The cost of this type of play is three times the base price. For example, if the player selects a "122" super three-way box play, the player will win one straight play if the winning digits are "122," "212," or "221."

(2) Method of play: The player may use play slips to make number selections. The TDM will read the play slip and issue ticket(s) with corresponding plays. If a play slip is not available, the on-line retailer may enter the selected numbers via the keyboard. A player may leave all play selections to a random number generator operated by the computer, commonly referred to as "quick play."

AMENDATORY SECTION (Amending Order 44, filed 12/8/83)

WAC 315-31-040 PRIZES FOR ((TRIPLE CHOICE)) DAILY GAME. (1) The prize amounts for winning \$.50 plays are:

- | | |
|-----------------------------|----------|
| (a) Straight | \$250.00 |
| (b) Six-way box | \$ 40.00 |
| (c) Three-way box | \$ 80.00 |
| (d) Front-pair or back-pair | \$ 25.00 |

(2) The prize amounts for winning \$1.00 plays are:

- | | |
|-----------------------------|----------|
| (a) Straight | \$500.00 |
| (b) Six-way box | \$ 80.00 |
| (c) Three-way box | \$160.00 |
| (d) Front-pair or back-pair | \$ 50.00 |
| (e) Six-way straight/box | |
| Straight play win | \$290.00 |
| Box play only win | \$ 40.00 |

- (f) Three-way straight/box
 - Straight play win \$330.00
 - Box play only win \$ 80.00
- (3) The prize amounts for winning super six-way plays are:
 - (a) Base price \$.50, cost \$3.00 \$250.00
 - (b) Base price \$1.00, cost \$6.00 \$500.00
- (4) The prize amounts for winning super three-way plays are:
 - (a) Base price \$.50, cost \$1.50 \$250.00
 - (b) Base price \$1.00, cost \$3.00 \$500.00

AMENDATORY SECTION (Amending Order 44, filed 12/8/83)

WAC 315-31-060 DRAWINGS. (1) Drawings for ~~((triple-choice))~~ Daily Game shall be held on a daily basis, Monday through Saturday, except that the director may exclude certain holidays from the drawing schedule.

(2) The drawing shall determine, at random, three winning digits or symbols with the aid of mechanical drawing equipment which shall be tested before and after each drawing. Any drawn digits are not declared winning digits until the drawing is certified by the lottery. The winning digits shall be used in determining all ~~((triple-choice))~~ Daily Game winners for the day of the drawing. If a drawing is not certified, another drawing will be conducted to determine actual winners.

(3) The winning digits shall not be invalidated based on the liability of the lottery.

AMENDATORY SECTION (Amending Order 83, filed 12/16/85)

WAC 315-31-050 TICKET PURCHASES. (1) ~~((Triple-Choice))~~ Daily Game tickets may be purchased or redeemed ~~((between 6:00 a.m. and 11:00 p.m. seven days a week;))~~ no less than seventeen (17) hours each day in accordance with a schedule to be determined by the director, provided on-line retailers shall only sell and redeem tickets during their normal business hours.

(2) ~~((Triple-Choice))~~ Daily Game tickets may be purchased only from a lottery retailer authorized by the director to sell on-line tickets.

(3) Each ~~((Triple-Choice))~~ Daily Game ticket shall contain the player's selection of digits, amount, type of play, and drawing date.

AMENDATORY SECTION Amending Order 107, filed 2/12/88)

WAC 315-32-050 TICKET PURCHASES. (1) Lotto tickets may be purchased or redeemed ~~((between 6:00 a.m. and 11:00 p.m., Sunday, Monday, Tuesday, Thursday, Friday and from 6:00 a.m. to the time established under WAC 315-30-040(2) and immediately following the drawing on Wednesdays and Saturdays;))~~ no less than seventeen (17) hours each day in accordance with a schedule to be determined by the director, provided that on-line retailers shall sell and redeem tickets only during their normal business hours.

- (2) Lotto tickets may be purchased only from a lottery retailer authorized by the director to sell on-line tickets.
- (3) Lotto tickets shall on the front of the ticket contain the player's selection of numbers, amount, game grids played, drawing date, and validation and reference numbers. The back of the ticket shall contain overall odds of winning, player instructions, player information and signature area, and the ticket serial number.

NEW SECTION

WAC 315-11-440 DEFINITIONS FOR INSTANT GAME NUMBER 44 ("MONEY TREE").

(1) Play symbols: The following are the "play symbols": \$1.00; \$2.00; \$5.00; 10.00; 20.00; 50.00; \$100\$; 5,000. One of these symbols appears in each of the six blocks under the scratch-off material covering the game play data.

(2) Validation number: The unique nine-digit number on the front of the ticket. The number is covered by latex covering.

(3) Pack-ticket number: The ten-digit number of the form 4400001-000 printed on the front of the ticket. The first seven digits of the pack-ticket number for Instant Game Number 44 constitute the "pack number" which starts at 4400001; the last three digits constitute the "ticket number" which starts at 000 and continues through 399 within each pack of tickets.

(4) Captions: The small printed characters appearing below each play symbol which verifies and corresponds with that play symbol. The caption is a spelling out, in full or abbreviated form of the play symbol. One and only one of these captions appears under each play symbol. For Instant Game Number 44, the captions which correspond with and verify the play symbols are:

<u>PLAY SYMBOL</u>	<u>CAPTION</u>
\$1.00	ONE DOL
\$2.00	TWO DOL
\$5.00	FIV DOL
10.00	TEN DOL
20.00	TTY DOL
50.00	\$FIFTY\$
\$100\$	ONE HUN
5,000	FIVTHOU

(5) Retailer verification codes: Codes consisting of small letters found under the removable covering on the front of the ticket which the lottery retailer uses to verify instant winners below \$25. For Instant Game Number 44, the retailer verification code is a three-letter code, with each letter appearing in a varying three of six locations beneath the removable covering and among the play symbols on the front of the ticket. The agent verification codes are:

<u>VERIFICATION CODE</u>	<u>PRIZE</u>
ONE	\$ 1.00
TWO	\$ 2.00
FIV	\$ 5.00
TEN	\$10.00
TTY	\$20.00

(6) Pack: A set of four hundred fanfolded instant game tickets separated by perforations and packaged in plastic shrinkwrapping.

NEW SECTION

WAC 315-11-441 CRITERIA FOR INSTANT GAME NUMBER 44. (1) The price of each instant game ticket shall be \$1.00.

(2) Determination of prize winning tickets: An instant prize winner is determined in the following manner:

(a) The bearer of a ticket having the following play symbol in any three of the six spots beneath the removable covering on the front of the ticket shall win the following prize:

- Three \$2.00 play symbols – Win \$ 2.00
- Three \$5.00 play symbols – Win \$ 5.00
- Three 10.00 play symbols – Win \$ 10.00
- Three 20.00 play symbols – Win \$ 20.00
- Three 50.00 play symbols – Win \$ 50.00
- Three \$100\$ play symbols – Win \$100.00
- Three 5,000 play symbols – Win \$ 5,000

(b) In any event, only the highest instant prize amount meeting the standards of (a) of this subsection will be paid on a given ticket.

(3) No portion of the display printing nor any extraneous matter whatever shall be usable or playable as a part of the instant game.

(4) The determination of prize winners shall be subject to the general ticket validation requirements of the lottery as set forth in WAC 315-10-070, to the particular ticket validation requirements for Instant Game Number 44 set forth in WAC 315-11-442, to the confidential validation requirements established by the director, and to the requirements stated on the back of each ticket.

(5) Notwithstanding any other provisions of these rules, the director may:

(a) Vary the length of Instant Game Number 44 and/or

(b) Vary the number of tickets sold in Instant Game Number 44 in a manner that will maintain the estimated average odds of purchasing a winning ticket.

NEW SECTION

WAC 315-11-442 TICKET VALIDATION REQUIREMENTS FOR INSTANT GAME NUMBER 44. (1) In addition to meeting all other requirements in these rules and regulations, to be a valid instant game ticket for Instant Game Number 44 all of the following validation requirements apply:

(a) Exactly one play symbol must appear under each of the six rub-off spots on the front of the ticket.

(b) Each of the six play symbols must have a caption below and each must agree with its caption.

(c) The display printing and the printed numbers, letters, and symbols on the ticket must be regular in every respect and correspond precisely with the artwork on file with the director. The numbers, letters, and symbols shall be printed as follows:

Play Symbols	Positive Archer Font
Captions	Positive 5 x 9 Font
Pack-Ticket Number	Positive 5 x 9 Font
Validation Number	Positive 9 x 12 Font
Retail Verification Code	Positive Archer Font

(d) Each of the play symbols and their captions, the validation number, pack-ticket number and retailer verification code must be printed in black ink.

(e) Each of the play symbols must be exactly one of those described in WAC 315-11-440(1) and each of the captions must be exactly one of those described in WAC 315-11-440(4).

(2) Any ticket not passing all the validation requirements in WAC 315-10-070 and subsection (1) of this section is invalid and ineligible for any prize.

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

NEW SECTION

WAC 315-11-450 DEFINITIONS FOR INSTANT GAME NUMBER 45 ("POT O' GOLD"). (1)

Play symbols: The following are the "play symbols": a graphic representation of a pot containing gold coins; \$2.00; \$5.00; 10.00; 20.00; 50.00; \$500\$. One of these symbols appears in each of the six blocks under the scratch-off material covering the game play data.

(2) Validation number: The unique nine-digit number on the front of the ticket. The number is covered by latex covering.

(3) Pack-ticket number: The ten-digit number of the form 4500001-000 printed on the front of the ticket. The first seven digits of the pack-ticket number for Instant Game Number 45 constitute the "pack number" which starts at 4500001; the last three digits constitute the "ticket number" which starts at 000 and continues through 399 within each pack of tickets.

(4) Captions: The small printed characters appearing below each play symbol which verifies and corresponds with that play symbol. The caption is a spelling out, in full or abbreviated form of the play symbol. One and only one of these captions appears under each play symbol. For Instant Game Number 45, the captions which correspond with and verify the play symbols are:

<u>PLAY SYMBOL</u>	<u>CAPTION</u>
a graphic representation of a pot containing gold coins	\$ENTRY\$
\$2.00	TWO DOL
\$5.00	FIV DOL
10.00	TEN DOL
20.00	TTY DOL
50.00	\$FIFTY\$
\$500\$	FIV HUN

(5) Retailer verification codes: Codes consisting of small letters found under the removable covering on the front of the ticket which the lottery retailer uses to verify instant winners below \$25. For Instant Game Number 45, the retailer verification code is a three-letter code, with each letter appearing in a varying three of six locations beneath the removable covering and among the

play symbols on the front of the ticket. The agent verification codes are:

<u>VERIFICATION CODE</u>	<u>PRIZE</u>
TWO	\$ 2.00
FIV	\$ 5.00
TEN	\$10.00
TTY	\$20.00

(6) Pack: A set of four hundred fanfolded instant game tickets separated by perforations and packaged in plastic shrinkwrapping.

NEW SECTION

WAC 315-11-451 CRITERIA FOR INSTANT GAME NUMBER 45. (1) The price of each instant game ticket shall be \$1.00.

(2) Determination of prize winning tickets: An instant prize winner is determined in the following manner:

(a) The bearer of a ticket having the following play symbol in any three of the six spots beneath the removable covering on the front of the ticket shall win the following prize:

Three \$2.00	play symbols - Win	\$ 2.00
Three \$5.00	play symbols - Win	\$ 5.00
Three 10.00	play symbols - Win	\$ 10.00
Three 20.00	play symbols - Win	\$ 20.00
Three 50.00	play symbols - Win	\$ 50.00
Three \$500\$	play symbols - Win	\$500.00

(b) In any event, only the highest instant prize amount meeting the standards of (a) of this subsection will be paid on a given ticket.

(3) No portion of the display printing nor any extraneous matter whatever shall be usable or playable as a part of the instant game.

(4) The determination of prize winners shall be subject to the general ticket validation requirements of the lottery as set forth in WAC 315-10-070, to the particular ticket validation requirements for Instant Game Number 45 set forth in WAC 315-11-452, to the confidential validation requirements established by the director, and to the requirements stated on the back of each ticket.

(5) There will be a grand prize drawing held in conjunction with this instant game. It will be conducted at a time and place and pursuant to procedures to be established and announced by the director. The prizes awarded at the grand prize drawing will be as follows:

- One \$ 10,000 prize
- One \$ 20,000 prize
- One \$ 30,000 prize
- One \$ 40,000 prize
- One \$ 60,000 prize
- One \$ 70,000 prize
- One \$ 80,000 prize
- One \$ 90,000 prize
- One \$ 100,000 prize

Qualifying entries from Instant Game Number 45 will be entered into the grand prize drawing.

(a) To be eligible for entry into the grand prize drawings, an entrant must:

(i) Be eligible to win a prize pursuant to chapter 67-.70 RCW and Title 315 WAC.

(ii) Collect three tickets with one play symbol which is a graphic representation of a pot containing gold coins on each ticket.

(iii) Write or print legibly, the entrant's name, address, and telephone number on the tickets. An entry containing more than one name shall be disqualified.

(iv) Place the tickets in an envelope. An envelope which contains extraneous material or which has had the exterior altered for the apparent sole purpose of making the envelope more prominent shall be disqualified.

(v) Mail the envelope with proper postage and a legible return address of the entrant to the address specified in the player's brochure, or deliver it in person during normal business hours to lottery headquarters or any of the regional offices at the address listed in the player's brochure.

(b) There is no limit to the number of entries a person may submit, but each entry must be submitted in a separate envelope and both the entry and the entrant of each must meet the qualifications set forth above.

(c) An entry which contains one or more stolen tickets may be disqualified by the director.

(d) A nonconforming entry, at the sole discretion of the director, may be disqualified.

(e) The lottery shall not be responsible for any other material, including winning tickets, mailed or delivered to the "GRAND PRIZE DRAWING." All mail not drawn will be shredded unopened.

(f) The lottery shall not be responsible for, nor place in the grand prize drawing, any entries mailed or delivered to the wrong address.

(6) A preliminary drawing will be held to select one hundred grand prize entries that will be retained and will be eligible for the grand prize drawing. Each of the entries selected at the preliminary drawing will be awarded a \$1,000 prize. Entries received by the lottery at lottery headquarters by 10:00 a.m. local time on the day of the preliminary drawing shall be entitled to participation in the preliminary drawing. The preliminary drawing will be conducted at a time and place and pursuant to procedures established and announced by the director. Entries selected during the preliminary drawing will be retained and be eligible for the grand prize drawing provided they have not been disqualified pursuant to these rules.

(7) Notwithstanding any other provisions of these rules, the director may:

(a) Vary the length of Instant Game Number 45 and/or

(b) Vary the number of tickets sold in Instant Game Number 45 in a manner that will maintain the estimated average odds of purchasing a winning ticket.

NEW SECTION

WAC 315-11-452 TICKET VALIDATION REQUIREMENTS FOR INSTANT GAME NUMBER 45. (1) In addition to meeting all other requirements in these rules and regulations, to be a valid instant game

ticket for Instant Game Number 45 all of the following validation requirements apply:

(a) Exactly one play symbol must appear under each of the six rub-off spots on the front of the ticket.

(b) Each of the six play symbols must have a caption below and each must agree with its caption.

(c) The display printing and the printed numbers, letters, and symbols on the ticket must be regular in every respect and correspond precisely with the artwork on file with the director. The numbers, letters, and symbols shall be printed as follows:

Play Symbols	Positive Archer Font
Captions	Positive 5 x 9 Font
Pack-Ticket Number	Positive 5 x 9 Font
Validation Number	Positive 9 x 12 Font
Retail Verification Code	Positive Archer Font

(d) Each of the play symbols and their captions, the validation number, pack-ticket number and retailer verification code must be printed in black ink.

(e) Each of the play symbols must be exactly one of those described in WAC 315-11-450(1) and each of the captions must be exactly one of those described in WAC 315-11-450(4).

(2) Any ticket not passing all the validation requirements in WAC 315-10-070 and subsection (1) of this section is invalid and ineligible for any prize.

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

WSR 89-12-043
WITHDRAWAL OF PROPOSED RULES
DEPARTMENT OF WILDLIFE
(Wildlife Commission)
[Filed June 2, 1989]

By action of the Washington State Wildlife Commission on May 13, 1989, proposed WAC 232-12-285 filed on April 5, 1989, WSR 89-08-105 is withdrawn.

Lee S. Smith
Administrative Regulations Officer

WSR 89-12-044
ADOPTED RULES
DEPARTMENT OF WILDLIFE
(Wildlife Commission)
[Order 397—Filed June 2, 1989]

Be it resolved by the Washington State Wildlife Commission, acting at Spokane, Washington, that it does adopt the annexed rules relating to conditions for issuance of permits for aquatic plants or releasing of wildlife, amending WAC 232-12-271.

This action is taken pursuant to Notice No. WSR 89-08-104 filed with the code reviser on April 5, 1989. 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 77.12.020, 77.12.040 and 77.16.150 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 May 12, 1989.

By Ray Ryan
for Dr. James M. Walton
Chairman, Wildlife Commission

AMENDATORY SECTION (Amending Order 177, filed 1/28/82)

WAC 232-12-271 (~~CONDITIONS~~) CRITERIA FOR ((ISSUANCE OF PERMITS FOR)) PLANTING AQUATIC PLANTS ((OR)) AND RELEASING ((OF)) WILDLIFE. (1) Release by persons other than the director. It is unlawful for persons other than the director to plant ((or release wildlife or)) aquatic plants ((in the state without a permit from the director:)) or release any species, subspecies, or hybrids of animals which do not already exist in the wild in Washington. If such species, subspecies, or hybrid does already exist in the wild in Washington, it may be released within its established range by persons other than the director, but only after obtaining a permit from the director.

((+)) (a) Application for a permit must be made on a form provided by the department. It must be submitted at least thirty days prior to acquisition of the wildlife or aquatic plants intended for release or planting, and must provide all information indicated.

((+)) (b) Permits will only be issued if the ((department)) director determines there will be no adverse impact on the wildlife or wildlife habitat of the state.

((+)) (c) Each permit shall require that at least thirty days prior to planting or release of wildlife or aquatic plants they must be made available for ((department)) inspection by the director. It shall be the responsibility of the applicant to show that the wildlife will not pose a disease threat. If the ((department)) director is not satisfied(;) that the wildlife or aquatic plants do not pose a ((are)) disease threat ((free)), they shall not be released or planted in the state. Director approval for release or planting may be withdrawn for cause.

((+)) (d) ((A person)) Each permit shall require that an applicant intending to release wildlife in the state shall report immediately to the ((department)) director the outbreak of any disease among the wildlife intended to be released. If the director determines that such outbreak presents a threat to the wildlife of the state, the director may immediately order such action as necessary including quarantine or destruction of stock, sterilization of enclosures and facilities, cessation of activities, and disposal of wildlife in a manner satisfactory to the ((department:)) director.

((+)) (e) ((Wildlife covered by a permit issued under this regulation)) Each permit shall require that wildlife to be released shall not be branded, tattooed,

tagged, fin clipped or otherwise marked for identification without approval of the director.

(2) Release by the director. The director may plant aquatic plants or release animal species, subspecies, of hybrids which have been planted or released previously in Washington if they do not pose a disease threat and if planting or release will not cause adverse impact on the wildlife or wildlife habitat of the state. Before releasing any species, subspecies, or hybrid of animal not already existing in the wild in Washington, the director shall report to the commission on the planned release, stating the basis for determining that the planned release fulfills the criteria set forth herein. The director may release nonnative species, subspecies, or hybrids not previously released in Washington only if the director in his or her sole discretion has determined that:

(a) There is no reasonable expectation of adverse impact on the wildlife or wildlife habitat of the state and there is an adequate plan for evaluating such impact following the release;

(b) The commission has classified the species, subspecies, or hybrids to be released pursuant to RCW 77.12.020;

(c) Suitable habitat is available;

(d) The nonnative species, subspecies, or hybrids to be released are free of exotic pathogens;

(e) The release serves the public interest.

WSR 89-12-045

ADOPTED RULES

STATE EMPLOYEES BENEFITS BOARD

[Resolution No. 89-2—Filed June 2, 1989]

Be it resolved by the State Employees Benefits Board, acting at the Sea-Tac Auditorium, Sea-Tac International Airport, Seattle, Washington, that it does adopt the annexed rules relating to the amending of WAC 182-12-115, 182-12-127 and 182-12-210.

This action is taken pursuant to Notice No. WSR 89-09-054 filed with the code reviser on April 18, 1989. 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 Benefits Board as authorized in RCW 41.05.065.

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 May 25, 1989.

By C. H. Shay
Assistant Benefits Manager

AMENDATORY SECTION (Amending Resolution No. 88-6, filed 12/15/88)

WAC 182-12-115 ELIGIBLE EMPLOYEES, RETIREES, AND DEPENDENTS. The following definitions of eligible employees, retirees, and dependents of an eligible entity, as defined in WAC 182-12-111, shall apply for all ((SEEB)) SEBB approved plans except as otherwise stated in this chapter:

(1) "Permanent employees." Those who are scheduled to work at least half-time per month and are expected to be employed for more than six months. Such employees shall be eligible effective with their first day of employment.

(2) "Nonpermanent employees." Those who are scheduled to work at least half-time and are expected to be employed for no more than six months. Such employees shall be eligible effective the first day of the seventh calendar month of employment.

(3) "Seasonal employees." Those who work at least half-time per month during a designated season for a minimum of three months but less than nine months per year and who have an understanding of continued employment with their agency season after season. These employees become eligible on the first day of such employment, however, they are not eligible for the employer contribution during the break between seasons of employment.

(4) "Part-time faculty." Faculty who are employed on a quarter/semester to quarter/semester basis become eligible beginning with the second consecutive quarter/semester of half-time or more employment at one or more state institutions of higher education, provided that:

(a) For determining eligibility, spring and fall may be considered consecutive quarters/semesters; and

(b) "Half-time or more employment" will be determined based on each institution's definition of "full-time"; and

(c) At the beginning of each quarter/semester, the employers of part-time faculty shall notify, in writing, all current and newly hired part-time faculty of their potential right to benefits under this section. The employee shall have the responsibility, each quarter, to notify the employers, in writing, of the employee's multiple employment. In no case will there be a requirement for retroactive coverage or employer contribution if a part-time faculty member fails to inform all of his/her employing institutions about employment at all institutions within the current quarter; and

(d) Where concurrent employment at more than one state higher education institution is used to determine total part-time faculty employment of half-time or more, the employing institutions will arrange to prorate the cost of the employer insurance contribution based on the employment at each institution. However, if the part-time faculty member would be eligible by virtue of employment at one institution, that institution will pay the entire cost of the employer contribution regardless of other higher education employment. In cases where the cost of the contribution is prorated between institutions,

one institution will forward the entire contribution monthly to ~~((SEIB))~~ SEBB; and

(e) Once enrolled, if a part-time faculty member does not work at least a total of half-time in one or more state institutions of higher education, eligibility for the employer contribution ceases.

(5) "Appointed and elected officials." Legislators are eligible on the date their term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their term begins or they take the oath of office, whichever occurs first.

(6) "Judges." Justices of the supreme court and judges of the court of appeals and the superior courts become eligible on the date they take the oath of office.

(7) "Retirees and disabled employees." Eligible employees who terminate state service after becoming vested in a Washington state sponsored retirement system are eligible for retiree medical, dental and life coverages provided the person:

(a) Immediately begins receiving a monthly retirement income benefit from such retirement system; or

(b) If not retiring under the public employees retirement system (PERS), would have been eligible for a monthly retirement income benefit because of age and years of service had the person been employed under the provisions of PERS I or PERS II for the same period of employment; or

(c) Must take a lump sum benefit because their monthly benefit would have been under fifty dollars.

Employees who are permanently and totally disabled and eligible for a deferred monthly retirement income benefit are likewise eligible, provided they apply for retiree coverage before their ~~((SEIB))~~ SEBB active employee coverage ends. Persons retiring who do not have waiver of premium coverage from any ~~((SEIB))~~ SEBB life insurance plan are eligible for retiree life insurance, subject to the same qualifications as for retiree medical coverage. Retirees and disabled employees are not eligible for an employer premium contribution. The Federal Civil Service Retirement System shall be considered a Washington state sponsored retirement system for Washington State University cooperative extension service employees who hold a federal civil service appointment and who are covered under the ~~((SEIB))~~ SEBB program at the time of retirement or disability.

(8) "Eligible dependents." The following are eligible as dependents under the medical and dental plans:

(a) Lawful spouse.

(b) Dependent children through age twenty.

(c) Dependent children age twenty-one ~~((and over))~~ through age twenty-four who are dependent upon the employee/retiree for maintenance and support, and who are registered students in full-time attendance at an accredited secondary school, college, university, vocational school, or school of nursing. Dependent student eligibility continues year-round for those who attend three of the four school quarters and for the quarter following graduation provided the employee/retiree is covered at the same time, provided that the dependent limiting age has not been exceeded.

(d) Dependent children of any age who are incapable of self-support due to developmental disability or physical handicap are also eligible, provided such condition occurs prior to age twenty-one or during the time the dependent was covered under an ~~((SEIB))~~ SEBB plan as a full-time student. Proof of such disability and dependency must be furnished prior to the dependent's attainment of age twenty-one or loss of eligibility for student coverage, and as periodically requested thereafter.

(e) "Children" includes natural children, stepchildren, adopted children, and approved foster children. A foster child must be under age twenty-one at the time of approval. "Children" also includes married children if dependent upon the employee/retiree within the meaning of the Internal Revenue Code.

(f) "Dependent parents." ~~((Under the uniform medical plan and the SEIB dental plans;))~~ Parents of the employee/retiree or their spouse are eligible subject to Internal Revenue Code dependency status and qualification. Eligibility is subject to making application to the health care authority and verification. ~~((Parents are not eligible under the SEIB HMO medical plans.))~~

(9) Notwithstanding any of the foregoing, employees who are not mandatorily, by election, or otherwise covered by industrial insurance under Title 51 RCW shall not be considered "eligible employees" within the meaning of this section.

AMENDATORY SECTION (Amending Resolution No. 88-4, filed 9/19/88)

WAC 182-12-127 EXTENSION OF RETIREE DEPENDENTS' ELIGIBILITY. In accordance with federal law, the Consolidated Omnibus Budget Reconciliation Act (COBRA), covered dependents of retirees not otherwise enrolled in ~~((SEIB))~~ SEBB employer-funded coverage may continue their ~~((SEIB))~~ SEBB retiree medical and dental coverage by self-payment of premium according to the following guidelines:

(1) In addition to coverage extended to surviving dependents under WAC 182-12-122, enrolled dependents of retirees may continue their coverage for up to thirty-six months following the month in which one of the following qualifying events occur: (a) The retiree becomes divorced, or (b) a child ceases to be a dependent child under the requirements of the plan.

(2) Continuation of coverage may be for medical only or for medical and dental, but not dental only, and each enrolled family member is entitled to make a separate election of these options.

(3) ~~((Coverage continued under this section shall be secondary to any other employer group coverage the person may have.~~

~~((4)))~~ Continued coverage will be terminated when (a) the plan terminates, (b) premium is not paid within the grace period stated in subsection ~~((7))~~ (6) of this section, or (c) the person becomes covered in ~~((SEIB))~~ SEBB employer-funded coverage.

~~((5))~~ (4) NOTICE REQUIREMENTS:

(a) At the time their coverage commences under the retiree plan, the employer shall provide to each new retiree written notice of the option to continue coverage as stated in this section.

(b) It is the retiree's or dependent's responsibility to notify the employer of the retiree's death, divorce or of a child ceasing to be an eligible dependent within sixty days of the qualifying event.

(c) When the employer learns of any qualifying event the employer must notify the retiree (or surviving dependent) of the rights of this section within fourteen days of the receipt of this information.

((6)) (5) ELECTION TO CONTINUE COVERAGE: Enrolled persons must make their election to continue coverage within a period of sixty days following a qualifying event or following the date notice is received from the employer, whichever is later.

((7)) (6) PREMIUM REQUIREMENTS: Payment of premium for continued coverage must be made within forty-five days of the date of election. Premium must be paid retroactive to the first of the month following the qualifying event. Thereafter, premiums are due on the first of each month, subject to a thirty-day grace period.

AMENDATORY SECTION (Amending Resolution No. 88-4, filed 9/19/88)

WAC 182-12-210 EXTENDED SELF-PAY MEDICAL AND DENTAL COVERAGE. In accordance with federal law, the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and dependents not otherwise enrolled in ((SEIB)) SEBB employer-funded coverage may continue their ((SEIB)) SEBB medical and dental coverage by self-payment of premium according to the following guidelines:

(1) Employees and/or their enrolled dependents may continue coverage for up to eighteen months following the month in which either of the following qualifying events occur: (a) The employee is terminated (other than by reason of gross misconduct - see WAC 182-12-220 for appeal of dismissal) or (b) the employee would otherwise lose coverage due to reduction in hours of employment.

(2) Enrolled dependents of employees may continue their coverage for up to thirty-six months following the month in which the first of any of the following qualifying events occur: (a) The employee dies (except as provided under WAC 182-12-122), (b) the employee becomes divorced, or (c) a child ceases to be a dependent child under the requirements of the plan. Should more than one qualifying event occur, the maximum period a dependent may continue coverage under this section shall be thirty-six months.

(3) Continuation of coverage may be for medical only or for medical and dental, but not dental only, and each enrolled family member is entitled to make a separate selection of these options.

(4) ~~Coverage continued under this section shall be secondary to any other employer group coverage the person may have.~~

(5)) Continued coverage will be terminated when (a) the plan terminates, (b) premium is not paid within the grace period stated in subsection ((8)) (7) of this section, or (c) the person becomes covered in ((SEIB)) SEBB employer-funded coverage.

((6)) (5) NOTICE REQUIREMENTS:

(a) At the time their coverage commences under the plan, the employer shall provide to each new employee written notice of the option to continue coverage as stated in this section.

(b) It is the employee's or dependent's responsibility to notify the employer of the employee's divorce or of a child ceasing to be an eligible dependent within sixty days of the qualifying event.

(c) When the employer learns of any qualifying event the employer must notify the employee (or surviving dependent) of the rights of this section within fourteen days of the receipt of this information.

((7)) (6) ELECTION TO CONTINUE COVERAGE: Enrolled persons must make their election to continue coverage within a period of sixty days following a qualifying event or following the date notice is received from the employer, whichever is later.

((8)) (7) PREMIUM REQUIREMENTS: Payment of premium for continued coverage must be made within forty-five days of the date of election. Premium must be paid retroactive to the first of the month following the qualifying event. Thereafter, premiums are due on the first of each month, subject to a thirty-day grace period.

WSR 89-12-046
EMERGENCY RULES
DEPARTMENT OF AGRICULTURE
 [Order 2009—Filed June 2, 1989]

I, C. Alan Pettibone, director of the Washington State Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to the use of the herbicide harmony in Eastern Washington in chapter 16-228 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 due to apparent off-target movement of harmony and effects observed by the department in several areas of Eastern Washington, the department finds it is necessary to restrict the application of harmony.

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

This rule is promulgated pursuant to chapters 17.21 and 15.58 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 June 2, 1989.

By C. Alan Pettibone
 Director

NEW SECTION

WAC 16-228-650 APPLICATION OF HARMONY IN EASTERN WASHINGTON—RESTRICTED USE HERBICIDES. For the purposes of WAC 16-228-660 and WAC 16-228-670, all formulations of Methyl 3-[[[(4-methoxy-6-methyl-1,3,5-triazin-2-yl)-amino] carbonyl] amino] sulfonyl]-2-thiophine carboxylate (Harmony) are hereby declared to be restricted use pesticides.

Reviser's note: The brackets and enclosed material in the text of 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 16-228-660 APPLICATION OF HARMONY IN EASTERN WASHINGTON—AREA UNDER ORDER. The area under order shall include all lands lying east of the crest of the Cascade Mountains.

NEW SECTION

WAC 16-228-670 APPLICATION OF HARMONY IN EASTERN WASHINGTON—RESTRICTIONS. (1) All aerial applications of restricted use herbicides as listed in WAC 16-228-650 shall be prohibited in the entire area under order as defined in WAC 16-228-660.

(2) All ground applications of restricted use herbicides as listed in WAC 16-228-650 shall be made using a minimum orifice diameter of 0.052 inches and a maximum nozzle pressure of thirty pounds per square inch in the area under order as defined in WAC 16-228-660.

WSR 89-12-047
EMERGENCY RULES
DEPARTMENT OF FISHERIES
 [Order 89-41—Filed June 2, 1989]

I, Joseph R. Blum, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, Joseph R. Blum, 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 by allowing the two-day license to be affixed to the punchcard, the recreational license form is eliminated for the two-day consecutive fisher. This will simplify the license procedure for the occasional salmon and sturgeon fisherman. There is inadequate time to promulgate permanent regulations.

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 June 2, 1989.

By Joseph R. Blum
 Director

NEW SECTION

WAC 220-55-08600B TWO-CONSECUTIVE DAY COMBINED LICENSE AND CATCH RECORD CARD. Notwithstanding the provisions of WAC 220-55-086, effective immediately until further notice, a two-consecutive-day combined license and catch record card (also referred to as a punchcard in chapter 75.25 RCW) shall consist of a two-consecutive-day license stamp affixed to a recreational license form and the appropriate catch record card or a two-consecutive-day license stamp affixed to the appropriate catch record card.

WSR 89-12-048
NOTICE OF PUBLIC MEETINGS
CONVENTION AND TRADE CENTER
 [Memorandum—May 31, 1989]

The board of directors of the Washington State Convention and Trade [Center] will meet on Wednesday, June 7, 1989, at 3:00 p.m. in Room 601 of the Convention Center, 800 Convention Place, Seattle.

The Design Committee of the Washington State Convention and Trade Center will meet on Wednesday, June 7, 1989, at 11:30 a.m. in Room 601 of the Convention Center, 800 Convention Place, Seattle.

If you have questions about these meetings, please call Peggy Flynn at 447-5000.

WSR 89-12-049
NOTICE OF PUBLIC MEETINGS
CONVENTION AND TRADE CENTER
 [Memorandum—May 31, 1989]

The Art Committee of the Washington State Convention and Trade Center will meet on Friday, June 9, 1989, at 12 noon. The location for the brown bag lunch meeting will be the 5th Floor Administrative Offices of the Convention Center, 800 Convention Place, in downtown Seattle.

The committee will discuss plans for the proposed arts dedication and festival.

WSR 89-12-050
NOTICE OF PUBLIC MEETINGS
BOARD FOR VOCATIONAL EDUCATION
 [Memorandum—June 1, 1989]

Thursday, June 8, 1989
 2:00 p.m.
 Executive Office
 State Board for Vocational Education
 Building 17, Airdustrial Park
 Olympia, Washington

A special meeting of the Washington State Board for Vocational Education (SBVE) will be held via conference call, on Thursday, June 8, 1989, beginning at 2:00 p.m. A speaker telephone will be available in the SBVE executive office for those people interested in participating. There will be only two agenda items: The consideration of job skills program grant applications; and the consideration of Job Training Partnership Act eight percent education, coordination and grant proposals.

People needing special accommodations, please call Patsi Justice at (206) 753-5660 or 234-5660 scan.

WSR 89-12-051
PROPOSED RULES
DEPARTMENT OF LABOR AND INDUSTRIES
 [Filed June 5, 1989]

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 chapter 296-127 WAC, Prevailing wages. WAC 296-127-010 provides additional definitions of terms including contractor, public work and residential construction; WAC 296-127-011 establishes dates for determining and publishing prevailing wage rates, provides for revision of an established rate in certain circumstances, clarifies awarding agencies responsibility about including prevailing rates in contract documents and fixes the prevailing rates which are in effect on the date when a contract is awarded; WAC 296-127-013 authorizes the industrial statistician to promulgate scope of work descriptions; WAC 296-127-014 limits usual benefits to health and welfare, pension, vacation, apprentice training fund and paid holidays; WAC 296-127-015 defines the circumstances under which supervisors are entitled to receive prevailing rates of pay; WAC 296-127-019 describes the methods used by the industrial statistician to establish prevailing wages; WAC 296-127-020 amends the interpretations of phrases used in chapter 39.12 RCW; WAC 296-127-023 defines building service maintenance and requires that public service maintenance contracts contain a clause requiring the contractor to pay the most recent annual increases in the prevailing wage rates after the first year of the contract; WAC 296-127-025 stipulates that projects where both Washington state and federal public works law apply, the Washington state prevailing wage rates, if higher than the federal rates, must be paid; WAC 296-

127-026 lists exemptions from the prevailing wage requirements for sole owners and their spouses, partnerships, some corporate officers and employees of public agencies; WAC 296-127-040 reestablishes \$12.50 as the fee for approval of statement of intent to pay prevailing wage forms; WAC 296-127-045 reestablishes \$12.50 as the fee for the approval of affidavits of prevailing wages paid forms; repealing WAC 296-127-016 defining the circumstances under which workers employed in the production and delivery of sand, gravel, crushed rock, concrete mix, asphalt or other similar material are entitled to receive prevailing wages; and adopting WAC 296-127-018, defining the circumstances under which workers employed in the production and delivery of sand, gravel, crushed rock, concrete mix, asphalt or other similar material are entitled to receive prevailing wages;

that the agency will at 9:00 a.m., Tuesday, July 18, 1989, in the General Administration Building Auditorium, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on August 18, 1989.

The authority under which these rules are proposed is RCW 43.22.270.

The specific statute these rules are intended to implement is chapter 39.12 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before the date of hearing, July 18, 1989.

Dated: June 5, 1989

By: Joseph A. Dear
 Director

STATEMENT OF PURPOSE

Title and Number of Rule Chapter: WAC 296-127-010 Definitions; 296-127-011 Time for determining prevailing wage; 296-127-013 Scope of work definitions; 296-127-014 Usual benefits; 296-127-015 Applicability of prevailing wages for supervisors; 296-127-016 Workers employed in the production and delivery of specified materials; 296-127-018 Workers employed in the production and delivery of specified materials; 296-127-019 Survey methodology; 296-127-020 Interpretation of phrases used in chapter 39.12 RCW; 296-127-023 Building service maintenance; 296-127-025 Applicability of joint federal-state standards; 296-127-026 Exemptions from the prevailing wage requirements; 296-127-040 Approval fee for statements of intent to pay prevailing wages; and 296-127-045 Approval fee for affidavits of prevailing wages paid.

Statutory Authority: Chapters 39.04 and 39.12 RCW and RCW 43.22.270.

Specific Statutes that Rules are Intended to Implement: Chapters 39.04 and 39.12 RCW, Laws of 1988.

Summary of Rules: WAC 296-127-010, readopting and amending definitions of terms used in this chapter, including the terms contractor, public work and residential construction; WAC 296-127-011, readopting and amending establishment of the first business day of February and the first business day of August of each year as the only dates for publishing prevailing wage rates. Allows the department to revise established prevailing

wage rate in certain circumstances. Makes it mandatory for public agencies to include a schedule of the applicable republished prevailing wage rates in their contract documents and for contractors to do the same in their contracts with each one of their subcontractors. Fixes the prevailing wage rates for construction contracts which are in effect on the date when a contract is awarded as the prevailing wage rates for the duration of those contracts; WAC 296-127-013, readopting authorization for the industrial statistician to promulgate scope of work descriptions. The descriptions may be revised only on the first business day of February and the first business day of August of each year; WAC 296-127-014, readopting a definition of usual benefits; WAC 296-127-015, readopting definition of the circumstances under which supervisors are entitled to receive the prevailing journeyman rate of pay for the type or work they perform; WAC 296-127-016, repealing a definition of circumstances under which workers employed in the production and delivery of sand, gravel, crushed rock, concrete mix, asphalt and other similar materials are entitled to receive prevailing wages; WAC 296-127-018, adopting a definition of circumstances under which workers employed in the production and delivery of sand, gravel, crushed rock, concrete mix, asphalt and other similar materials are entitled to receive prevailing wages; WAC 296-127-019, readopting and amending the procedure for the industrial statistician to use to establish prevailing wages; WAC 296-127-020, amending interpretations of phrases used in chapter 39.12 RCW; WAC 296-127-023, readopting the definition of building service maintenance and the requirement that public service maintenance contracts contain a clause requiring contractors to pay the most recent annual increases in the prevailing wage rates after the first year of the contract; WAC 296-127-025, readopting the standard that on projects where the Washington state and the federal public works laws apply, the Washington state prevailing wages must be paid when they are higher than the federal prevailing wages; WAC 296-127-026, readopting exemptions from the prevailing wage requirements for sole owners and their spouses, partnerships, some corporate officers and employees of public agencies; WAC 296-127-040, readopting and amending the fee for the approval of statement of intent to pay prevailing wages forms for contracts in excess of \$2,500.00 from \$25.00 to \$12.50; and WAC 296-127-045, readopting and amending the fee for the approval of affidavit of prevailing wages paid forms for contracts in excess of \$2,500.00 from \$25.00 to \$12.50.

Reasons Supporting the Proposed Rule: The legislature has given the Department of Labor and Industries the responsibility to enforce Washington state public work law (chapters 39.04 and 39.12 RCW). The proposed rules are intended to help continue implementing those laws and to clarify certain aspects of the current rules.

Agency Person Responsible for Drafting, Implementation and Enforcement of the Rules: Mark M. McDermott, Assistant Director, Employment Standards, Apprenticeship, and Crime Victims Division, 925 Plum Street, Olympia, WA 98504, (206) 753-3487.

Name of the Person or Organization, Whether Private, Public or Governmental that is Proposing the Rules: Department of Labor and Industries.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation and Fiscal Matters Pertaining to the Rules: None.

Except for the repeal of WAC 296-127-016, the rules are not necessary to comply with a federal law or federal or state court decision.

Any Other Information that may be of Assistance in Identifying the Rules or Their Purpose: None.

Small Business Economic Impact Statement: The Washington Regulatory Fairness Act, chapter 19.58 RCW, requires that proposed rules which have an economic impact on more than 20 percent of all industries or more than 10 percent of the businesses in any one industry shall be reviewed to determine if the cost of coming into compliance with the proposed agency rules will create a disproportionately higher economic burden on small businesses in comparison with the cost of compliance for large businesses. The act defines a small business as an employer with fifty or fewer employees. With respect to WAC 296-127-010 through 296-127-045 the findings of the agency are as follows: The legislature has given the department the responsibility to enforce Washington state public work law (chapters 39.04 and 39.12 RCW) and has made known that it is expectant of the department to adopt both new and clarifying rules; the rules are primarily of a procedural nature which will allow all affected parties to have better knowledge of statutory obligations; and WAC 296-127-040 and 296-127-045 both reduce filing fees for forms from \$25.00 to \$12.50 which are charged on contracts over \$2,500.00. The fees are charged to awarding agencies; therefore, there is not significant adverse impact on small business.

AMENDATORY SECTION (Readopting and Amending Order 88-22, filed 10/31/88)

WAC 296-127-010 DEFINITIONS FOR CHAPTER 296-127 WAC. (1) "Department" means the department of labor and industries.

(2) "Director" means the director of the department or his or her duly authorized deputy or representative.

(3) "Industrial statistician" means the industrial statistician of the department's employment standards, apprenticeship, and crime victims division.

(4) "Assistant director" means the assistant director of the employment standards, apprenticeship, and crime victims (ESAC) division or his or her duly authorized deputy or representative.

(5) "Contractor" (~~includes subcontractor~~) means the prime contractor and every subcontractor who performs any work on a public works project site, building service maintenance contractors, and any supplier of items specifically designed and made for a public works project.

(6) The term "public work" shall include all construction, alteration, enlargement, improvement, repair, and demolition to which any agency of the state of Washington or any agency of a county, city, town, or any other political subdivision, or a public district, is a party, whether such work is executed by contract, purchase order, or any other legal agreement, provided the contracting agency owns the asset which is constructed, altered, enlarged, improved, repaired, or demolished. The public entity which is the source of the funding shall have no bearing on the term public work.

Public work shall also include facilities of new construction which are caused by state agencies to be built by a private party through a contract to rent, lease, or purchase at least eighty percent of such facility for occupation by a state agency as required by chapter 43.82 RCW.

Public work shall also include maintenance, except ordinary maintenance, when performed by contract. For the purpose of this section, maintenance is defined as keeping existing facilities in good usable condition, without repairing damages or breaks. The term contract shall mean a contract in writing for the execution of public work for a fixed or determinable amount duly awarded after advertisement and competitive bid. However, a contract which is awarded from a small works roster need not be advertised.

(7) "Residential construction" means construction, alteration, repair, improvement, or maintenance of single family dwellings, duplexes, apartments, condominiums, and other residential structures not to exceed four stories in height, including basement, when used solely as permanent residences. It does not include the utilities construction (water and sewer lines), or work on streets, or work on other structures (e.g., for recreation and business.)

AMENDATORY SECTION (Readopting and Amending Order 88-22, filed 10/31/88)

WAC 296-127-011 TIME FOR DETERMINING PREVAILING WAGE. ((The department will use the date bids are due as the effective date for determining prevailing wages provided the contract is awarded within 60 days after bids are due. If the contract is not awarded within 60 days after bids are due, the department will determine the prevailing wage on the date the contract is awarded. If the contract is not awarded pursuant to bids, the department will determine the prevailing wage on the date the contract is awarded:)) (1) Prevailing wage rates for all contracts will be determined by the department and published only on the first business day of February and the first business day of August of each year. The department may revise an established prevailing wage rate in response to an administrative or judicial finding overturning the established rate or at any time necessary to correct a substantial error. All prevailing wage rates become effective thirty days after they are published. Awarding agencies must include a schedule of the applicable published prevailing wage rates in the contract documents for each contract. Contractors must include a schedule of the applicable published prevailing wage rates in their contracts with each one of their subcontractors.

(2) For all contracts, except building service maintenance contracts, the prevailing wage rates which are in effect on the date when the bids by the prime contractors are required to be submitted to the contract awarding public agency are the prevailing wage rates which must be paid for the duration of the contract. If the contract is not awarded within six months of this date, the prevailing wage rates which are in effect on the date when the contract is awarded are the prevailing wage rates which must be paid for the duration of the contract.

(3) If an agreement for public works is not awarded pursuant to bids, the prevailing wages which are in effect on the date when the agreement is executed are the prevailing wages which must be paid for the duration of the agreement.

READOPTED SECTION (Readopting Order 88-22, filed 10/31/88)

WAC 296-127-013 SCOPE OF WORK DEFINITIONS. In order for the industrial statistician to determine applicable prevailing wage rates, scope of work definitions are needed for each trade and occupation.

(1) The industrial statistician may promulgate scope of work descriptions, using authoritative sources available to the department, such as, but not limited to:

- (a) Washington state apprenticeship and training council approved apprenticeship standards;
- (b) Collective bargaining agreements;
- (c) Dictionary of occupational titles;
- (d) Experts from organized labor, licensed contractors, and contractors' associations.

(2) Scope of work definitions may be revised only on the first business day of February and the first business day of August each year. Scope of work definitions may be obtained from the department on request.

READOPTED SECTION (Readopting Order 88-22, filed 10/31/88)

WAC 296-127-014 USUAL BENEFITS. "Usual benefits" are limited to the following:

(1)(a) Health and welfare payments. This is group medical insurance, which may include dental, vision, and life insurance. (State or federal statutorily mandated insurance programs providing protection

against industrial accidents, occupational illnesses, and all related mandatory forms of protection, shall not qualify as health and welfare insurance.)

(b) Pension contributions made into pension plans for which the Internal Revenue Service has issued a letter of acceptance or approval.

(c) Vacation payments made either directly to the employees or into a vacation fund, provided these benefits are paid to the employees.

(d) Apprentice training fund. Payments made to training programs approved or recognized by the Washington state apprenticeship and training council.

(e) Paid holidays. Payments made to employees for specified holidays.

(2) Any fringe benefits required by other local, state, or federal laws do not qualify as "usual benefits."

READOPTED SECTION (Readopting Order 88-22, filed 10/31/88)

WAC 296-127-015 APPLICABILITY OF PREVAILING WAGES FOR SUPERVISORS. Determinations as to whether individuals are workers, laborers, or mechanics are based on the duties actually performed by the individuals, rather than the title of the occupations.

(1) Supervisors (e.g., foremen, general foremen, superintendents, etc.) are entitled to the prevailing rate of wage if they perform manual or physical labor for more than twenty percent of their hours worked on a public works project during any given week. Supervisors who qualify, are entitled to the journeyman rate of pay for the type of work they performed, for all hours spent performing that manual labor.

(2) If supervisors subject to the journeyman prevailing wage rate are paid a salary, the compensation (salary divided by number of hours worked) must be equal to or greater than the prevailing wage rate for the type of work performed.

NEW SECTION

WAC 296-127-018 COVERAGE AND EXEMPTIONS OF WORKERS INVOLVED IN THE PRODUCTION AND DELIVERY OF MATERIALS PREDOMINANTLY USED IN ROAD CONSTRUCTION. The materials covered under this section are sand, gravel, crushed rock, concrete mix, asphalt, or other similar materials.

(1) For the purpose of this section, a contractor or subcontractor is defined as an employer who has contracted to perform work on a public works project site. Employers who produce and stockpile these materials for public agencies are not considered contractors for the purpose of this section. Workers who are employed by public works contractors or subcontractors are subject to the provisions of chapter 39.12 RCW when:

(a) They are engaged in the production of the above listed materials for a public works project in a sand or gravel pit, rock quarry, concrete mixing plant, or other similar facility; or

(b) They are engaged in the transportation of the above listed materials for use on the public works project, whether or not they perform any work on the project site.

(2) Workers are subject to the provisions of chapter 39.12 RCW, regardless of who their employer is, when:

(a) They deliver any of the above materials to public works construction sites and perform any spreading, leveling, rolling, or otherwise participate in any incorporation of the materials into the project; or

(b) They wait at or near the public works project site to participate in the incorporation of the materials into the project; or

(c) They remove any materials from a public works construction site pursuant to contract requirements or specifications (e.g., excavated materials, materials from demolished structures, cleanup materials, etc.); or

(d) They work in a material production facility (e.g., batch plant, borrow pit, rock quarry, etc.) which is established for a public works project near a public works construction site for the specific, but not exclusive, purpose of supplying materials for the project.

(3) Workers are not subject to the prevailing wage requirements of chapter 39.12 RCW when they are employed:

(a) By a common or contract carrier trucking company principally or exclusively engaged in the hauling or delivery of such products, and the employee's duties do not include spreading, leveling, rolling, or otherwise participating in the incorporation of the delivered materials into the project;

(b) By an established materials supplier either in the production or delivery of such products, and the employees duties do not include spreading, leveling, rolling, or otherwise participating in the incorporation of the delivered materials into the project.

AMENDATORY SECTION (Readopting and Amending Order 88-22, filed 10/31/88)

WAC 296-127-019 SURVEY METHODOLOGY. (1) The industrial statistician will use two methods to establish or update prevailing wage rates. They will be:

- (a) Data collected by wage surveys; and/or
- (b) Wage increases stipulated in collective bargaining agreements for those trades or occupations where a recent wage survey has established that those wage rates prevail.

When wage surveys are conducted, the method will be as follows:

(2) The department will determine the identity of employers to be surveyed for a specific trade or occupation by:

(a) Mailing classification questionnaires to all active licensed or Washington state department of transportation and United States Department of Labor prequalified contractors; and

(b) Compiling a mailing list of companies that do not have to be licensed under chapter 18.27 or 19.28 RCW, but that employ workers in the trades or occupations being surveyed.

(3) Wage survey forms will then be mailed to:

(a) Those licensed contractors who have indicated on the questionnaire that they employ one or more of the trades being surveyed; ~~(and)~~

(b) Companies that are not required to be licensed under chapter 18.27 or 19.28 RCW, but that employ workers who are subject to the prevailing wage requirements of chapter 39.12 RCW; and

(c) To union locals representing the trades being surveyed.

(4) The data from the survey forms will only be used by the department if submitted on behalf of individual contractors identified by contractor registration number, or by companies that do not have to be licensed under chapter 18.27 or 19.28 RCW, but that employ workers in the trades being surveyed.

(5)(a) If the majority of hours worked by any trade or occupation in the largest city in a county is paid at one specific wage rate, that rate is established as the prevailing wage rate.

(b) If no single wage rate is paid to the majority of workers in the same trade or occupation, the average wage rate is established as the prevailing wage rate, based on a weighted average.

(6) Any of the above parties who submit false information under this section, shall, after a determination to that effect has been issued by the director after a hearing under chapter ~~(34.04)~~ 34.05 RCW, forfeit as a civil penalty the sum of five hundred dollars.

AMENDATORY SECTION (Amending Order 85-28, filed 1/17/86)

WAC 296-127-020 INTERPRETATION OF PHRASES USED IN CHAPTER 39.12 RCW. (1) The "acceptance date of the public works project" referred to in RCW 39.12.065 is the date the awarding agency formally accepts the completed public works project.

(2) RCW 39.12.065 and 39.12.050 refer to "inadvertent filing or reporting error." An error is "inadvertent" if it is made notwithstanding the use of due care by the party making the error. The burden of proving that an error is inadvertent is on the person charged with the error.

(3) The definition of "locality" in RCW 39.12.010(2) contains the phrase "wherein the physical work is being performed." The department interprets this phrase to mean the actual work site. For example, if materials are prefabricated in a county other than the county wherein the public works project is to be completed, the wage for the prefabrication shall be the prevailing wage for the county where the physical work of prefabrication is actually performed. Standard items for sale on the general market are not subject to the requirements of chapter 39.12 RCW.

READOPTED SECTION (Readopting Order 88-22, filed 10/31/88)

WAC 296-127-023 BUILDING SERVICE MAINTENANCE. The "public building service maintenance contracts" referred to in RCW 39.12.020 shall mean janitorial service contracts and cover only work performed by janitors, waxers, shampooers, and window cleaners.

For all building service maintenance contracts, the prevailing wage rates which are in effect on the date when the bids are required to be

submitted to the contract awarding public agency are the minimum prevailing wage rates which must be paid for the first year of such contracts and thereafter. However, any building service maintenance contract of more than one year duration, must include wage increase language recognizing the potential for future variance in applicable prevailing wage(s) and specifying that the wages which a contractor shall pay its employees must be altered annually to recognize and follow the most recently promulgated increases in prevailing wages each year after the first year of the contract period. The cost of the increases in the wages due employees shall be borne by the contract awarding agency.

READOPTED SECTION (Readopting Order 88-22, filed 10/31/88)

WAC 296-127-025 APPLICABILITY OF JOINT FEDERAL-STATE STANDARDS. When a public works project is subject to the provisions of the Washington state public works law, chapter 39.12 RCW, and the Federal Davis-Bacon and related acts, the contractor and every subcontractor on that project must pay at least the Washington state prevailing wage rates, if they are higher than the federal prevailing wage rates for the project.

READOPTED SECTION (Readopting Order 88-22, filed 10/31/88)

WAC 296-127-026 EXEMPTIONS FOR SOLE OWNERS AND THEIR SPOUSES, PARTNERSHIPS, CORPORATIONS, AND EMPLOYEES OF PUBLIC AGENCIES. The prevailing wage requirements of chapter 39.12 RCW do not apply to:

- (1) Sole owners and their spouses.
- (2) Any partner who owns at least thirty percent of a partnership.
- (3) The president, vice-president and treasurer of a corporation if each one owns at least thirty percent of the corporation.
- (4) Workers regularly employed on monthly or per diem salary by the state or any political subdivision created by its laws.

AMENDATORY SECTION (Readopting and Amending Order 88-22, filed 10/31/88)

WAC 296-127-040 STATEMENT OF INTENT TO PAY PREVAILING WAGES. (1) All statements of intent to pay prevailing wages (~~(for contracts in excess of two thousand five hundred dollars)~~) submitted to the industrial statistician of the department shall be accompanied by a fee of ~~((twenty-five dollars))~~ twelve dollars and fifty cents for each statement. ~~((All statements of intent to pay prevailing wages for contracts of two thousand five hundred dollars or less submitted to the department shall be accompanied by a fee of twelve dollars fifty cents for each statement.))~~ Fees shall be made payable to the department of labor and industries.

(2) Any agency, division, or department of the state of Washington which through agreement with the department certifies statements of intent for its own contracts shall provide to the industrial statistician each month the number of statements of intent certified and quarterly shall send a fee of ~~(((\$10.00))~~ ten dollars for each statement of intent to pay prevailing wages it has certified. This fee shall be sent to the industrial statistician and be made payable to the department of labor and industries.

AMENDATORY SECTION (Readopting and Amending Order 88-22, filed 10/31/88)

WAC 296-127-045 AFFIDAVIT OF WAGES PAID. (1) All affidavits of wages paid (~~(for contracts in excess of two thousand five hundred dollars)~~) submitted to the industrial statistician of the department shall be accompanied by a fee of ~~((twenty-five dollars))~~ twelve dollars and fifty cents for each affidavit of wages paid. ~~((All affidavits of wages paid for contracts of two thousand five hundred dollars or less submitted to the industrial statistician of the department shall be accompanied by a fee of twelve dollars fifty cents for each affidavit.))~~ All fees shall be made payable to the department of labor and industries.

(2) Any agency, division, or department of the state of Washington which through agreement with the department certifies affidavits of wages paid for its own contracts shall provide to the industrial statistician each month the number of affidavits of wages paid it has certified and quarterly shall send a fee of ~~(((\$10.00))~~ ten dollars for each affidavit of wages paid it has certified. This fee shall be sent to the industrial statistician and be made payable to the department of labor and industries.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 296-127-016 COVERAGE AND EXEMPTIONS OF WORKERS INVOLVED IN THE PRODUCTION AND DELIVERY OF MATERIALS PREDOMINANTLY USED IN ROAD CONSTRUCTION.

WSR 89-12-052

ADOPTED RULES

**DEPARTMENT OF LICENSING
(Board of Registration for Architects)**

[Order PM 843—Filed June 5, 1989]

Be it resolved by the Washington State Board of Registration for Architects, acting at Spokane, Washington, that it does adopt the annexed rules relating to appeal of examinations, amending WAC 308-12-040.

This action is taken pursuant to Notice No. WSR 89-06-067 filed with the code reviser on March 1, 1989. 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 18.08.360 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 May 12, 1989.

By Vaughn L. Lein
Chairman

AMENDATORY SECTION (Amending Order PL 517, filed 2/11/85)

WAC 308-12-040 APPEAL OF EXAMINATIONS. ((Only Division C, building design is subject to appeal to the board and only if it is the remaining subject not passed in the written examination. Any candidate requesting appeal must apply within thirty days after date of release of grades.)) The board adopts the grading procedures as set forth in the current Circular of Information Number 2, of the National Council of Architectural Registration Boards. No appeal of failing scores will be accepted by the department or the board after the conclusion of the national grading session.

WSR 89-12-053

ADOPTED RULES

**DEPARTMENT OF LICENSING
(Board of Medical Examiners)
[Order PM 849—Filed June 5, 1989]**

Be it resolved by the Washington State Board of Medical Examiners, acting at Seattle, Washington, that it does adopt the annexed rules relating to:

- Amd WAC 308-52-255 Postgraduate medical training defined.
- New WAC 308-52-265 FLEX examination standards.
- Amd WAC 308-52-405 General requirements.
- Amd WAC 308-52-415 Continuing medical education requirement.

This action is taken pursuant to Notice No. WSR 89-09-067 filed with the code reviser on April 19, 1989. 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 18.71.017 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 June 2, 1989.

By Barbara S. Schneidman, M.O.
Vice-Chair

AMENDATORY SECTION (Amending Order PL 530, filed 5/16/85)

WAC 308-52-255 POSTGRADUATE MEDICAL TRAINING DEFINED. (1) For the purposes of this chapter, postgraduate medical training shall be considered to mean clinical training approved by the board in general medicine or surgery, or a recognized specialty or sub-specialty in the field of medicine or surgery. The training must be acquired after completion of a formal course of under-graduate medical instruction outlined in RCW 18.71.055. Clinical performance deemed unsatisfactory by the program performance evaluation will not be accepted. This definition shall be considered to include, but not be limited to, internships, residencies and fellowships in medical or surgical subjects.

(2) The board approves the following postgraduate clinical training courses:

(a) Programs accredited by the ((~~American Medical Association~~)) American Medical Association Accreditation Council for Graduate Medical Education which are listed in the 1984-85 directory of residency programs, or programs approved by the ((~~American Medical Association~~)) American Medical Association Accreditation Council at the time of residency.

(b) Preregistration training programs approved as of July 1, 1982 by the Canadian National Joint Committee on Accreditation of Preregistration Physician Training

Programs, or programs approved by the Canadian National Joint Committee on Accreditation of Preregistration Physician Training Programs at the time of residency.

NEW SECTION

WAC 308-52-265 FLEX EXAMINATION STANDARDS. Reciprocity applicants who were licensed by passing the FLEX examination will be eligible for examination waiver if the applicant received a FLEX weighed average score of at least 75. The score may be obtained in a single setting of the three-day examination or by averaging the individual day scores from different examinations. The individual day scores will be averaged according to the following formula:

Day 1 equals 1/6.

Day 2 equals 2/6.

Day 3 equals 3/6.

The overall average score shall be truncated to the nearest whole number (i.e., an average of 74.9 equals 74). Single subject averaging is not permitted. All FLEX scores must be submitted directly from the federation of state medical boards. FLEX scores reported by other states will not be accepted.

AMENDATORY SECTION (Amending Order PL 565, filed 11/18/85)

WAC 308-52-405 GENERAL REQUIREMENTS. (1) The Washington state board of medical examiners requires one hundred fifty credit hours of continuing education every three years.

(2) In lieu of ~~((the))~~ the one hundred fifty hours of continuing medical education the board will accept a current physician's recognition award of the American Medical Association, or a current certificate of continuing education from either the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists and will consider approval of other programs as they are developed. The board will also accept certification or recertification by a specialty board as the equivalent of one hundred fifty hours of continuing medical education. The certification or recertification must be obtained in the three years preceding application for renewal.

(3) In case licensees fail to meet the requirements because of illness or other extenuating circumstances, each case will be considered by the board on an individual basis; and when circumstances justify it, the board may grant an extension of time.

AMENDATORY SECTION (Amending Order PL 565, filed 11/18/85)

WAC 308-52-415 CONTINUING MEDICAL EDUCATION REQUIREMENT. (1) It is mandatory that credit hours be earned in at least three categories. The credits must be earned in the thirty-six month period preceding application for renewal of licensure.

(2) One clock hour shall equal one credit hour for the purpose of satisfying the one hundred fifty hour continuing medical education requirement.

(3)(a) Category I: Continuing medical education activities with accredited sponsorship. A maximum of one hundred fifty credit hours may be earned in Category I. The board has approved the ~~((standards})~~ ~~{standard}}~~ standards adopted by the accreditation council for continuing medical education or its designated intra-state accrediting agency, the Washington state medical association, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so recognized as credit towards the licensee's continuing medical education requirement for annual renewal of licensure.

(b) Category II: Continuing medical education activities with nonaccredited sponsorship. A maximum of sixty credit hours may be earned by attendance at continuing medical education programs that are not approved in accordance with the provisions of Category I.

(c) Category III: Teaching medical physicians or the allied health services. A maximum of sixty credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(d) Category IV: Books, papers, publications, exhibits.

(i) A maximum of sixty credit hours may be earned under Category IV, with specific subcategories listed below. Credit may be earned only during the thirty-six month period following presentation or publication.

(ii) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific materials presented. Credit should be claimed as of the date materials were presented or published.

Medical editing cannot be accepted in this or any other category for credit.

(e) Category V: Nonsupervised.

(i) A maximum of sixty credit hours may be earned under Category V. Credit may be earned only for the thirty-six month period following the year in which the study, preparation, care and/or review occurred.

(ii) Self-assessment: Credit hours may be earned for completion of a multimedia medical education program.

(iii) Self-instruction: Credit hours may be earned for the independent reading of scientific journals and books.

(iv) Specialty board examination preparation: Credit hours may be earned for preparation for specialty board certification or recertification examinations.

(v) Quality care and/or utilization review: Credit hours may be earned for participation on a staff committee for quality of care and/or utilization review in a hospital or institution or government agency.

WSR 89-12-054
ADOPTED RULES
DEPARTMENT OF AGRICULTURE
(Blueberry Commission)
 [Order 002—Filed June 6, 1989]

Be it resolved by the Washington Blueberry Commission, acting at the Chicon Room, Administration Building, WSU Research Center, 7612 Pioneer Way East, Puyallup, WA, that it does adopt the annexed rules relating to board compensation, amending WAC 16-550-020(9), to delete the specific rate for compensation and reference the state statutes for compensation rate, and the reimbursement for subsistence, lodging and mileage.

This action is taken pursuant to Notice No. WSR 89-09-057 filed with the code reviser on April 9, 1989. 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 15.65.380 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 June 5, 1989.

By Gustaf Anderson
 Chairman

AMENDATORY SECTION (Amending Order 1116, filed 5/14/69, effective 6/15/69)

WAC 16-550-020 BLUEBERRY 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 seven members. Six members shall be affected producers elected as provided in this article. The director shall appoint one member of the board 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 the entire state of Washington.

(3) Board membership qualifications. ((a)) The affected producer members of the board shall be practical producers of blueberries 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 blueberries within the state of Washington for a period of five years and has, during that time, derived a substantial portion of his income therefrom and who is not engaged in business, directly or indirectly, as a handler or other dealer.

(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 six and the member appointed by the director position seven.

(c) The term of office for the initial board members shall be as follows:

Positions one and two – until June 30, 1970

Positions three and four – until June 30, 1971

Positions five, six and seven – until June 30, 1972

(5) Nomination and election of board members.

(a) 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 major production 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 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 meetings. 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.

(b) 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 May 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. Each affected producer 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 major production 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 upon the list of such affected producers 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 member.

(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 ~~((but))~~ except that each member ((shall receive not to exceed fifteen dollars per day and shall be reimbursed for subsistence and traveling expenses at a rate not to exceed that allowed by law to state employees)) may be compensated in accordance with RCW 43.03.230 and shall be reimbursed for subsistence, lodging, and mileage in accordance with RCW 43.03.050 and 43.03.060, as provided for in RCW 15.65.270.

(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, including attorneys engaged in the private practice of law subject to the approval and supervision of the attorney general, as the board determines are 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 "blueberry 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 at least annually 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 of the state of Washington. 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 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, with the time and date thereof to be fixed by resolution of the board.

(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.

(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.

WSR 89-12-055
NOTICE OF PUBLIC MEETINGS
CENTRALIA COLLEGE
 [Memorandum—June 2, 1989]

COMMUNITY COLLEGE DISTRICT TWELVE
BOARD OF TRUSTEES

Meeting Schedule
1989-90

DATE	TIME	LOCATION
Thursday, July 13, 1989	4:30 p.m.	College Boardroom
Thursday, August 10, 1989	4:30 p.m.	College Boardroom
Thursday, September 14, 1989	4:30 p.m.	College Boardroom
Thursday, October 12, 1989	4:30 p.m.	College Boardroom
Thursday, November 9, 1989	4:30 p.m.	East County Center Morton, WA
Thursday, December 14, 1989	4:30 p.m.	College Boardroom
Thursday, January 11, 1990	4:30 p.m.	College Boardroom
Thursday, February 8, 1990	4:30 p.m.	College Boardroom
Thursday, March 8, 1990	4:30 p.m.	East County Center Morton, WA
Thursday, April 12, 1990	4:30 p.m.	College Boardroom
Thursday, May 10, 1990	4:30 p.m.	College Boardroom
Thursday, June 14, 1990	4:30 p.m.	College Boardroom
Thursday, July 12, 1990	4:30 p.m.	College Boardroom
Thursday, August 9, 1990	4:30 p.m.	College Boardroom
Thursday, September 13, 1990	4:30 p.m.	College Boardroom
Thursday, October 11, 1990	4:30 p.m.	College Boardroom
Thursday, November 8, 1990	4:30 p.m.	East County Center Morton, WA
Thursday, December 13, 1990	4:30 p.m.	College Boardroom

WSR 89-12-056
ADOPTED RULES
EDMONDS COMMUNITY COLLEGE
 [Resolution No. 89-5-3—Filed June 6, 1989]

Be it resolved by the board of trustees of Edmonds Community College, Washington Community College District 23, acting at Lynnwood, Washington, that it does adopt the annexed rules relating to grievance procedure for discrimination complaints based on handicap.

This action is taken pursuant to Notice No. WSR 89-08-023 filed with the code reviser on March 29, 1989. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 28B.19.050(2).

This rule is promulgated pursuant to chapter 28B.19 RCW which directs that Edmonds Community College has authority to implement the provisions of chapter 49.60 RCW and section 504 of the Rehabilitation Act of 1973.

The undersigned hereby declares that the institution has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Higher Education Administrative Procedure Act (chapter 28B.19 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED May 15, 1989.

By Barbara Patterson
 Director of Human Resources

Chapter 132Y-310 WAC
GRIEVANCE PROCEDURE FOR DISCRIMINATION
BASED ON HANDICAP

WAC

- 132Y-310-010 Preamble.
- 132Y-310-020 Informal procedure.
- 132Y-310-030 Formal procedure.
- 132Y-310-040 Other remedies.

NEW SECTION

WAC 132Y-310-010 PREAMBLE. Community College District XXIII is covered by Section 504 of the Rehabilitation Act of 1973 prohibiting discrimination on the basis of handicap in education. Any applicant for admission, enrolled student, applicant for employment or employee of Edmonds Community College who believes she/he has been discriminated against on the basis of handicap may lodge an institutional grievance by following the procedures below.

NEW SECTION

WAC 132Y-310-020 INFORMAL PROCEDURE. All employees and students should feel free to discuss perceived discrimination with the individual immediately in charge, such as the first-line supervisor or instructor, to see if the situation can be resolved informally. Employees and students may also consult directly with the college affirmative action officer or coordinator for disabled student services without making a formal written complaint, and this consultation will be considered confidential. Employees and students are not required to use the informal process and may go directly to the formal procedure.

Any college official receiving a discrimination complaint shall contact the affirmative action officer or designee as soon as reasonably convenient. The college official shall arrange for the complainant to receive a copy of the grievance procedure.

NEW SECTION

WAC 132Y-310-030 FORMAL PROCEDURE. Step one: Employees and students must make a written complaint concerning discriminatory behavior to the affirmative action officer or designee.

(1) Complaints will be held in confidence. No action against the person accused will be taken on behalf of the complainant unless the complainant consents to be identified to the one accused in connection with the investigation.

(2) The complainant may bring a person of his or her choice to the initial or subsequent complaint meetings.

(3) The affirmative action officer or designee shall give a copy of these regulations and the board policy to any person making a formal complaint and to the accused.

(4) The result of that consultation and any investigation made will be communicated to the complainant before any further action is taken.

(5) An informal hearing may be substituted for investigation if the complainant and the accused agree. The affirmative action officer or designee will be responsible for investigating the complaint and discussing the complaint with the one accused. The affirmative action officer will make a written recommendation to the president

within a reasonable time following the close of the investigation or hearing.

(6) Appropriate corrective measures will be decided by the president of the college upon consultation with the affirmative action officer and the appropriate administrators or supervisors involved. If an accused employee or student disagrees with the determination or appropriateness of the corrective measures, that individual may contest those measures through the formal faculty or classified grievance procedures, if they are covered by an agreement, or the student disciplinary code.

(7) Information will be entered in the personnel or student file only to the extent that a formal reprimand or other disciplinary action has been taken. If no disciplinary action is taken, the affirmative action officer will keep a record of the investigation accessible to the president, the complainant and the accused for a period of three years and then that record will be destroyed. If a formal complaint is filed with an outside state or federal agency, files will be maintained until the complaint is resolved. When such files are used, written notice will be placed in the file indicating the person using the file and the date used.

NEW SECTION

WAC 132Y-310-040 OTHER REMEDIES. These procedures, outlined in WAC 132Y-310-010 through 132Y-310-030, are internal college procedures and, as such, serve to resolve complaints within the college's administrative framework. These procedures do not replace an individual's timely complaint with an external agency such as the Office of Civil Rights, Equal Employment Opportunity Commission, or the Washington state human rights commission.

WSR 89-12-057

ADOPTED RULES

EDMONDS COMMUNITY COLLEGE

[Resolution No. 89-5-4—Filed June 6, 1989]

Be it resolved by the board of trustees of Edmonds Community College, Washington Community College District 23, acting at Lynnwood, Washington, that it does adopt the annexed rules relating to public records policy.

This action is taken pursuant to Notice No. WSR 89-08-022 filed with the code reviser on March 29, 1989. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 28B.19.050(2).

This rule is promulgated pursuant to chapter 28B.19 RCW which directs that Edmonds Community College has authority to implement the provisions of chapter 42.17 RCW.

The undersigned hereby declares that the institution has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Higher Education Administrative Procedure Act (chapter 28B.19 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED May 15, 1989.

By Barbara Patterson
Director of Human Resource

Chapter 132Y-320 WAC PUBLIC RECORDS POLICY

WAC

132Y-320-010	Purpose.
132Y-320-020	Definitions.
132Y-320-030	Description of central and field organization of Community College District No. 23.
132Y-320-040	Operations and procedures.
132Y-320-050	Public records available.
132Y-320-060	Public records officer.
132Y-320-070	Office hours.
132Y-320-080	Requests for public records.
132Y-320-090	Copying.
132Y-320-100	Exemptions.
132Y-320-110	Review of denials of public records requests.
132Y-320-120	Protection of public records.
132Y-320-130	Records index.
132Y-320-990	Appendix A—Request for public record to Community College District No. 23.

NEW SECTION

WAC 132Y-320-010 PURPOSE. The purpose of this chapter shall be to ensure compliance by Community College District No. 23 with the provisions of chapter 42.17 RCW, commonly called Initiative No. 276, and in particular with RCW 42.17.250 - 42.17.340 of that act dealing with public records.

NEW SECTION

WAC 132Y-320-020 DEFINITIONS. (1) "Public records" include any writing containing information relating to the 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.

(2) "Writing" means 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.

(3) "Community College District No. 23" is an agency organized by statute pursuant to RCW 28B.50.040 and shall hereinafter be referred to as the "district." Where appropriate, the term district also refers to the board of trustees and employees of the district.

NEW SECTION

WAC 132Y-320-030 DESCRIPTION OF CENTRAL AND FIELD ORGANIZATION OF COMMUNITY COLLEGE DISTRICT NO. 23. District No.

23 is a community college district organized under RCW 28B.50.040. The administrative office of the district and its staff is located at 20000 68th Avenue West, Lynnwood, Washington 98036.

NEW SECTION

WAC 132Y-320-040 OPERATIONS AND PROCEDURES. The district is established under RCW 28B.50.040 to implement the educational purposes established by RCW 28B.50.020. The college district is operated under the supervision and control of a board of trustees. The board of trustees is made up of five members, each appointed by the governor to a term of five years. The trustees exercise the powers and duties granted them under RCW 28B.50.140.

NEW SECTION

WAC 132Y-320-050 PUBLIC RECORDS AVAILABLE. All public records of the district, as defined in WAC 132Y-320-020, are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.310 and WAC 132Y-320-100, Exemptions.

NEW SECTION

WAC 132Y-320-060 PUBLIC RECORDS OFFICER. The district's public records shall be in the charge of the public records officer designated by the college president. The person so designated shall be located in the administrative offices of the district. The public records officer shall be responsible for the following: The implementation of the district's rules and regulations regarding release of public records, coordinating the staff of the district in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

NEW SECTION

WAC 132Y-320-070 OFFICE HOURS. Public records shall be available for inspection and copying during the customary office hours of the district. For the purposes of this chapter, the customary office hours shall be from 9:00 a.m. to noon, and from 1:00 p.m. to 4:00 p.m., Monday through Friday, excluding legal holidays.

NEW SECTION

WAC 132Y-320-080 REQUESTS FOR PUBLIC RECORDS. In accordance with requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the agency, public records may be inspected or copied, or copies of such records may be obtained by members of the public upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the district which shall be available at its administrative office. The form shall be presented to the public records officer, or to any member of the district's staff if the public records officer is not available, at the

administrative offices of the district during customary office hours. The request shall include the following information:

- (a) The name of the person requesting the record;
- (b) The time of day and calendar date on which the request was made;
- (c) The nature of the request;
- (d) If the matter requested is referenced within the current index maintained by the records officer, a reference to the requested record as it is described in such current index;
- (e) If the requested matter is not identifiable by reference to the district's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, it shall be the obligation of the public records officer or staff member to whom the request is made to assist the member of the public in appropriately identifying the public record requested.

NEW SECTION

WAC 132Y-320-090 COPYING. No fee shall be charged for the inspection of public records. The district shall charge a fee of ten cents per page of copy for providing copies of public records and for use of the district's copy equipment. This charge is the amount necessary to reimburse the district for its actual costs incident to such copying. If a particular request for copies requires an unusually large amount of time, or the use of any equipment not readily available, the district will provide copies at a rate sufficient to cover any additional cost. All fees must be paid by money order, cashier's check or cash in advance.

NEW SECTION

WAC 132Y-320-100 EXEMPTIONS. (1) The district reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 132Y-320-080 is exempt under the provisions of chapter 42.17 RCW.

(2) In addition, pursuant to RCW 42.17.310, the district reserves the right to delete identifying details when it makes available or publishes any public record in any cases when there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records must be accompanied by a written statement specifying the reason for the denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the record withheld.

NEW SECTION

WAC 132Y-320-110 REVIEW OF DENIALS OF PUBLIC RECORDS REQUESTS. (1) Any person who objects to the denial of a request for a public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public

records officer or other staff member which constituted or accompanied the denial.

(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the president of the college. The president or his designee shall immediately consider the matter and either affirm or reverse such denial or consult with the attorney general to review the denial. In any case, the request shall be returned with a final decision within two business days following the original denial.

(3) Administrative remedies shall not be considered exhausted until the district has returned the petition with a decision or until the close of the second business day following denial of inspection, whichever occurs first.

NEW SECTION

WAC 132Y-320-120 PROTECTION OF PUBLIC RECORDS. Requests for public records shall be made in the administration building of Edmonds Community College. Public records and a facility for their inspection will be provided by the public records officer. Such records shall not be removed from the place designated for their inspection. Copies shall be made at Edmonds Community College. If copying facilities are not available at the college, the college will arrange to have copies made commercially according to the provisions of WAC 132Y-320-090, Copying.

NEW SECTION

WAC 132Y-320-130 RECORDS INDEX. (1) Index - the district has available to all persons a current index which provides identifying information as to the following records issued, adopted or promulgated since June 30, 1972:

(a) Final opinions, including concurring and dissenting opinions, as well as orders, made in the adjudication of cases;

(b) Those statements of policy and interpretations of policy, statute and the constitution which have been adopted by the agency;

(c) Administrative staff manuals and instructions to staff that affect a member of the public;

(d) Planning policies and goals, and interim and final planning decisions;

(e) Factual staff reports and studies, factual consultant's reports and studies, scientific reports and studies, and any other factual information derived from tests, studies, reports or surveys, whether conducted by public employees or others; and

(f) Correspondence, and materials referred to therein, by and with the agency relating to any regulatory, supervisory or enforcement responsibilities of the agency, whereby the agency determines, or states an opinion of, or is asked to determine or state an opinion of, the rights of the state, the public, a subdivision of state government, or any private party.

(2) Availability - the current index promulgated by the district shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection.

NEW SECTION

WAC 132Y-320-990 APPENDIX A-REQUEST FOR PUBLIC RECORD TO COMMUNITY COLLEGE DISTRICT NO. 23.

APPENDIX A

**REQUEST FOR PUBLIC RECORD TO COMMUNITY COLLEGE DISTRICT NO. 23
EDMONDS COMMUNITY COLLEGE**

.....

Signature Name (please print)

.....

Name of Organization

.....

Mailing Address of Applicant Phone Number

.....

Date Request Made at Community Time of Day
College District No. 23 of Request

Nature of Request

.....

.....

Identification Reference on Current Index (please describe)

.....

.....

.....

Description of record or matter requested, if not identifiable by refer-
ence to current index of Community College District No. 23.

.....

.....

.....

Request Approved By

..... Date Public Records Officer

Request Denied Reasons for Denial

.....

.....

Referred to Date

**WSR 89-12-058
PROPOSED RULES
DEPARTMENT OF ECOLOGY
[Filed June 6, 1989]**

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 WAC 173-160-215(3). The current regulation permits the use of lead packers in the construction of water wells. This amendment will delete the words "or lead packers" from the regulation. The department is taking this action in response to an action by the Environmental Protection Agency under the Federal Safe Drinking Water Act. Under that law, the Environmental Protection Agency in 1988, prohibited the use of lead packers in water supply wells. Once this rule becomes effective, lead packers will not be allowed in water supply wells in

Washington state and the federal and state laws regarding this matter will be consistent.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 11, 1989.

The authority under which these rules are proposed is RCW 43.21A.080, 43.27A.090(11) and chapter 18.104 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Dated: June 5, 1989
By: Carol Jolly
Water and Shorelands
Assistant Director

STATEMENT OF PURPOSE

Title and Number of Rule Section(s) or Chapter(s): Minimum standards for construction and maintenance of water wells, WAC 173-160-215(3).

Description of Purpose: To remove the words "or lead packer" from the regulation to be consistent with the Federal Safe Drinking Water Act.

Statutory Authority: RCW 43.21A.080, 43.27A.090(11) and chapter 18.104 RCW.

Specific Statute Rule is Intended to Implement: Chapter 18.104 RCW.

Summary of Rule: Provides consistency between federal and state laws regarding the use of lead packers in the construction of water wells.

Reasons Supporting the Proposed Action: To be consistent with federal law to protect the public health, welfare and safety of the people.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rule: Hedia Adelman, Program Manager, Water Resources Program, Department of Ecology.

Name of the Person or Organization, Whether Private, Public or Governmental, Proposing the Rule: Washington Department of Ecology.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to the Rule: N/A.

Whether Rule is Necessary as a Result of Federal Law or Federal or State Court Action: The Federal Safe Drinking Water Act.

Small Business Economic Impact Statement: None.

AMENDATORY SECTION (Amending Order 88-58, filed 4/6/88)

WAC 173-160-215 DESIGN AND CONSTRUCTION—WELL COMPLETION—GENERAL. The well may be completed with screens, perforated liners or pipe, or open bottom; these shall be of sufficient strength to withstand the forces to which they are subjected during and after construction. It is the well drillers or designers responsibility to advise the owner or his representative of the most appropriate method of completion. Wells shall be completed in a manner which prevents the production of inordinate amounts of sand or turbid water.

(1) Standard open bottom completion. Open bottom completion is appropriate only where the withdrawn waters are essentially free of sand, silt and turbidity.

(2) Perforated pipe completion. Perforated pipe completion is suitable only for a coarse-grained, permeable aquifer where the withdrawn waters are free of excessive sand, silt or turbidity.

Perforations above the static water level are not permitted. Wells may be completed with perforations as follows:

(a) In-place perforations with Star, Mills knife, or similar type perforators.

(b) Perforated pipe liners, either sawcut, torch-cut, mill-slotted, or punched. Such liners may be of steel, plastic or other suitable corrosion-resistant material, but if other than steel, a full evaluation of the structural stability of the liner must be made prior to its placement. They may be used in a natural development or gravel-packed type construction. The use of perforated casing for working casing as the hole is being drilled is prohibited, except in those cases where the contractor can, through personal experience in the particular area of drilling, attest to the sufficiency of the preperforated casing in all respects for the specific well being constructed.

(3) Well screens. Well screens (and well points) shall be constructed of one type of corrosion-resistant material. A neoprene, ((or lead packer)) or grout seal shall be fitted to the top of the well screen assembly. The bottom of the well screen shall be plugged or capped.

(4) Alignment. A completed well must be so constructed that the drill hole and/or installed casing does not deviate from an alignment that would allow a twenty foot dummy section of pipe of no more than one diameter size smaller than the casing liner or drilled hole to be inserted to the bottom of the well without binding. Minimum specifications for casing sizes for various ranges in well yield or pumping rate are shown under WAC 173-160-235.

WSR 89-12-059

ADOPTED RULES

HIGHER EDUCATION PERSONNEL BOARD

[Order 177—Filed June 6, 1989]

Be it resolved by the Higher Education Personnel Board, acting at Columbia Basin Community College, Pasco, Washington, that it does adopt the annexed rules relating to:

Amd WAC 251-12-096 Declaratory rulings.

Amd WAC 251-12-097 Declaratory rulings—Form.

This action is taken pursuant to Notice No. WSR 89-09-063 filed with the code reviser on April 19, 1989. 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 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 June 1, 1989.

By John A. Spitz
Director

AMENDATORY SECTION (Amending Order 158, filed 7/29/87, effective 9/1/87)

WAC 251-12-096 DECLARATORY ((~~RULES~~)) ORDERS. As provided in RCW ((~~34.04.080~~)) 34.05.240, any ((~~interested party~~)) person may petition the board for a declaratory ((~~ruling~~)) order with respect to the applicability to ((~~any person, property, or state of facts of any~~)) specified circumstances of a rule, order, or statute enforceable by the higher education personnel

board. (~~Any such petition must comply with the following requirements and be subject to the following conditions:~~) For purposes of this section, the term person includes natural persons, employee organizations, institutions of higher education, and related boards.

(1) ~~The petition ((must)) shall be in writing ((and must allege facts which the petitioner believes are necessary for the board to consider in issuing its declaratory ruling)), in accordance with WAC 251-12-097, and filed at the higher education personnel board office in Olympia. The petition shall set forth the facts and reasons on which the petitioner relies to show:~~

~~(a) That uncertainty necessitating resolution exists;~~

~~(b) That there is actual controversy arising from the uncertainty such that a declaratory order will not be merely an advisory opinion;~~

~~(c) That the uncertainty adversely affects the petitioner;~~

~~(d) That the adverse effect of uncertainty on the petitioner outweighs any adverse effects on others or on the general public that may likely arise from the order requested.~~

~~(2) ((The petition must be filed at the higher education personnel board's office in Olympia.~~

~~(3)) Upon receipt of a petition for declaratory ruling, the director or designee will acknowledge receipt of the petition and forward the petition to the board for consideration.~~

~~(3) Within fifteen days after receipt of a petition for a declaratory order, the board shall give notice of the petition to all persons to whom notice is required by law, and may give notice to any other person it deems desirable.~~

~~(4) The board shall consider the petition without argument and within ((a reasonable time)) thirty days of receipt of the petition will:~~

~~(a) ((Notify the petitioner that no declaratory ruling will be issued)) Enter an order declaring the applicability of the statute, rule, or order in question to the specified circumstances as stated in the petition; or~~

~~(b) ((Issue a nonbinding declaratory ruling based on the information in the petition)) Set a reasonable time and place for a hearing to be held no more than ninety days after receipt of the petition, including submission of evidence by the parties if deemed necessary by the board, or submission of written argument upon the matter if the material facts are not in dispute. Reasonable notification will be given to the petitioner and other persons who have been given notice of the petition pursuant to subsection (3) of this section of the time and place for such hearing or submission and of the issues it will be considering; or~~

~~(c) ((Set a reasonable time and place for an oral hearing, including submission of evidence by the parties if deemed necessary by the board, or submission of written argument upon the matter if the material facts are not in dispute. Reasonable notification will be given to the petitioner of the time and place for such hearing or submission and of the issues it will be considering.)) Set a specified time no more than ninety days after receipt of the petition by which it will enter a declaratory order; or~~

~~(d) Decline to enter a declaratory order, stating the reasons for its action.~~

~~(5) ((If the board determines that there is another party whose interests are adverse to the petitioner with respect to the ruling requested, and if the board is considering the issuance of a binding declaratory ruling, it may invite participation by that party. If another party is invited to participate, the board shall provide that party with a copy of the notice of hearing referred to in subsection (4)(c) of this section)) The board may extend the time limits of subsection (4)(b) and (c) of this section for good cause.~~

~~(6) Normally, the board will not issue a declaratory order on any matter that is or could have been the subject of any other proceeding before the board.~~

~~(7) The board at any time before taking final action on a petition may request submission of additional facts or argument, including setting the case for oral argument.~~

~~((7)) (8) If the board proceeds in the manner provided in subsection (4)((c)) (b) of this section, it shall within a reasonable time after conclusion of the proceeding:~~

~~(a) Issue a ((binding)) declaratory ((ruling)) order; or~~

~~(b) ((Issue a nonbinding declaratory ruling; or~~

~~(c)) Notify the petitioner and any other party to the proceeding that no declaratory ((ruling)) order will be issued and stating the reason for such action.~~

~~((8)) (9) The board may not enter a declaratory order that would substantially prejudice the rights of a person who would be a necessary party and who does not consent in writing to the determination of the matter by a declaratory order proceeding.~~

~~(10) A declaratory ((ruling, if issued after a proceeding as set forth in subsection (4)(c) of this section, and stated to be binding, is binding between the board and the petitioner and any other party to the proceeding on the state of facts alleged, unless it is altered or set aside by a court. Such a ruling is subject to review in the superior court of Thurston County in accordance with RCW 34.04.130)) order has the same status as any other order entered in a higher education personnel board proceeding adjudicated under WAC 251-12-080. Each declaratory order shall contain the names of all parties to the proceeding on which it is based, the particular facts on which it is based, and the reasons for its conclusions.~~

AMENDATORY SECTION (Amending Order 158, filed 7/29/87, effective 9/1/87)

WAC 251-12-097 DECLARATORY ((RULINGS)) ORDERS—FORM. Any interested person petitioning the higher education personnel board for a declaratory ((ruling)) order pursuant to WAC 251-12-096 shall generally adhere to the following form for such purpose.

At the top of the page shall appear the wording "BEFORE THE HIGHER EDUCATION PERSONNEL BOARD." On the left side of the page below the foregoing, the following caption shall be set out: "In the Matter of the Petition of (Name of Petitioning Party) for a Declaratory ((Ruling)) Order." Opposite the foregoing caption shall

appear the phrase: "Petition for Declaratory ((~~ruling~~)) Order."

The body of the petition shall be set out in numbered paragraphs. The first paragraph shall state the name and address of the petitioning party and the name and address, if any, of the representative appearing on behalf of the petitioning party. The second paragraph shall state all rules or statutes that may be brought into issue by the petition. Succeeding paragraphs shall set forth all of the facts which the petitioner wishes the board to consider in issuing a declaratory ((~~ruling~~)) order. The concluding paragraph(s) shall clearly set forth the issues ((~~upon~~)) which the petitioner wishes the board to ((~~rule~~)) address in its order and the requested ((~~ruling(s)~~)) order.

The original and two copies shall be filed with the petition. Petitions shall be on 8-1/2 x 11 inch paper.

Examples of a form petition for declaratory ruling shall be available for reference to any interested person in the office of the higher education personnel board in Olympia.

WSR 89-12-060
EMERGENCY RULES
HIGHER EDUCATION PERSONNEL BOARD
[Order 178—Filed June 6, 1989]

Be it resolved by the Higher Education Personnel Board, acting at Columbia Basin Community College, Pasco, Washington, that it does adopt the annexed rules relating to:

- New WAC 251-22-250 Shared leave.
- New WAC 251-22-260 Shared leave receipt.
- New WAC 251-22-270 Shared leave use.
- New WAC 251-22-280 Annual leave donation.
- New WAC 251-22-290 Shared leave administration.
- New WAC 251-22-300 Shared leave records.

We, the Higher Education 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 ESSB 5933 (signed by the governor) contains an emergency clause which establishes an immediate effective date. It requires that the state personnel board, the higher education personnel board, and other personnel authorities shall each adopt rules applicable to employees under their respective jurisdictions.

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

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 June 1, 1989.

By John A. Spitz
Director

NEW SECTION

WAC 251-22-250 SHARED LEAVE. The purpose of the Washington state leave sharing program is to permit state employees, at no significantly increased cost to the state of providing annual leave, to come to the aid of a fellow state employee who is suffering from or has a relative or household member suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which has caused or is likely to cause the employee to take leave without pay or terminate his or her employment. For purposes of the Washington state leave sharing program, the following definitions apply:

(1) "Employee's relative" normally shall be limited to the employee's spouse, child, stepchild, grandchild, grandparent or parent.

(2) "Household members" is defined as persons who reside in the same home who have reciprocal duties to and do provide financial support for one another. This term shall include foster children and legal wards. The term does not include persons sharing the same general house when the living style is primarily that of a dormitory or commune.

(3) "Severe" or "extraordinary" condition is defined as serious or extreme and/or life threatening. The term does not include illnesses such as the common cold or minor injuries.

NEW SECTION

WAC 251-22-260 SHARED LEAVE RECEIPT. An employee may be eligible to receive shared leave if the employee's agency head has determined the employee meets the following criteria:

(1) The employee suffers from, or has a relative or household member suffering from, an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature and which has caused or is likely to cause the employee to go on leave without pay status or terminate state employment; and

(2) The employee has depleted or will shortly deplete his or her annual and sick leave reserves; and

(3) The employee's absence and the use of shared leave are justified; and

(4) The employee is not eligible for time loss compensation under RCW 51.32. If a time loss claim is approved at a later time, all leave received shall be returned to the donors, and the employee will return any and all overpayments to the agency. The employee is required to file a workers' compensation claim only in the event he or she is requesting shared leave due to a condition caused by an industrial injury or occupational disease; and

(5) The employee has abided by agency policy regarding the use of sick leave.

NEW SECTION

WAC 251-22-270 SHARED LEAVE USE. (1) The agency head shall determine the amount of leave, if any, which an employee may receive under these rules. However, an employee shall not receive more than two hundred sixty-one days of shared leave.

(2) The agency head shall require the employee to submit, prior to approval or disapproval, a medical certificate from a licensed physician or health care practitioner verifying the employee's required absence, the description of the medical problem, and expected date of return-to-work status.

(3) The agency head should consider other methods of accommodating the employee's needs such as modified duty, modified hours, flex-time or special assignments in lieu of shared leave usage per WAC 251-10-070, 251-10-080, 251-10-090, 251-17-090, 251-18-180, and 251-24-030.

(4) Leave transferred under these rules may be transferred from employees of one agency to an employee of the same agency or, with the approval of the heads of both agencies, to an employee of another state agency.

(5) Annual leave transferred under these rules shall be used solely for the purpose stated in WAC 251-22-250.

(6) The receiving employee shall be paid his/her regular rate of pay; therefore, the value of one hour of shared leave may cover more or less than one hour of the recipient's salary.

NEW SECTION

WAC 251-22-280 ANNUAL LEAVE DONATION. An employee may donate annual leave to another employee for purposes of the Washington state leave sharing program under the following conditions:

(1) The employee's agency head approves the employee's request to donate a specified amount of annual leave to an employee authorized to receive shared leave; and

(2) The employee's request to donate leave will not cause his/her annual leave balance to fall below ten days; and

(3) Employees may not donate excess vacation leave that they would not be able to take due to an approaching anniversary date; and

(4) No employee may be intimidated, threatened, or coerced into donating leave for purposes of this program.

NEW SECTION

WAC 2541-22-290 SHARED LEAVE ADMINISTRATION. (1) The calculation of the recipient's leave value shall be in accordance with applicable office of financial management policies, regulations, and procedures. The leave received will be coded as shared leave and be maintained separately from all other leave balances. All compensatory time, sick leave, and annual leave accrued must be used prior to using shared leave.

(2) An employee on leave transferred under these rules shall continue to be classified as a state employee and shall receive the same treatment in respect to salary,

wages, and employee benefits as the employee would normally receive if using accrued annual leave or sick leave.

(3) All salary and wage payments made to employees while on leave transferred under these rules shall be made by the agency employing the person receiving the leave.

(4) Where agency heads have approved the transfer of leave by an employee of one agency to an employee of another agency, the agencies involved shall arrange for the transfer of funds and credit for the appropriate value of leave in accordance with office of financial management policies, regulations, and procedures.

(5) Leave transferred under this section shall not be used in any calculation to determine an agency's allocation of full-time equivalent staff positions.

(6) Any shared leave not used by the recipient shall be returned to the donor(s). The shared leave remaining will be divided among the donor(s) and returned at its original donor value and reinstated to each donor's annual leave balance on a pro rata basis.

(7) Unused shared leave may not be cashed out under WAC 251-22-090 but shall be returned to the donors per subsection (6) of this section.

NEW SECTION

WAC 251-22-300 SHARED LEAVE RECORDS. Agency heads shall maintain the following records pertaining to the Washington state shared leave program:

(1) Number of requests received.

(2) Number of requests granted.

(3) Nature of request.

(4) Additional cost to the agency of allowing participation in the shared leave program.

WSR 89-12-061**ADOPTED RULES****STATE BOARD OF EDUCATION**

[Order 10-89—Filed June 6, 1989]

Be it resolved by the State Board of Education, acting at the Board Room of the Bellingham School District, 1306 Dupont Street, Bellingham, WA, that it does adopt the annexed rules relating to local application of state requirements, WAC 180-51-025.

This action is taken pursuant to Notice No. WSR 89-08-080 filed with the code reviser on April 5, 1989. 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.05-.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 May 19, 1989.
By Monica Schmidt
Secretary

Dated: June 7, 1989
By: William E. Brookerson
Assistant Director

AMENDATORY SECTION (Amending Order 7-84,
filed 5/17/84)

WAC 180-51-025 LOCAL APPLICATION OF STATE REQUIREMENTS. The content of courses and the determination of which courses satisfy particular subject area requirements and whether a particular course may satisfy more than one subject area requirement for different students shall be determined locally in accordance with rules adopted by boards of directors of districts: PROVIDED, That if a foreign language graduation requirement is established, credits earned in sign language shall count toward the completion of the requirement.

WSR 89-12-062
NOTICE OF PUBLIC MEETINGS
HUMAN RIGHTS COMMISSION
[Memorandum—June 6, 1989]

There has been a revision in the plans for the June 21 and 22, 1989, regular commission meeting. The Washington State Human Rights Commission will hold its next regular commission meeting in Tacoma (Fife). The meeting on June 21 will be held at the Executive Inn, Marine Room, 5700 Pacific Highway East, Tacoma, beginning at 7:00 p.m. and will be a training and work session. The regular business meeting will be held at the Fife High School, Cafeteria, 5616 20th Street East, Tacoma (Fife), beginning at 9:00 a.m. on June 22.

WSR 89-12-063
PROPOSED RULES
DEPARTMENT OF AGRICULTURE
[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Department of Agriculture intends to adopt, amend, or repeal rules concerning caneberry stock certification in chapter 16-333 WAC;

that the agency will at 1:15 p.m., Tuesday, July 11, 1989, in the Department of Agriculture, 1313 West Meeker Street, Suite 111, Kent, WA 98032, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 28, 1989.

The authority under which these rules are proposed is chapter 15.14 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before or on July 11, 1989.

STATEMENT OF PURPOSE

Title: Chapter 16-333 WAC.

Description of Purpose: Requirements on the certification of caneberry stock.

Statutory Authority: Chapter 15.14 RCW.

Summary of Rules: The amendments are proposed to improve and maintain the varietal purity of certified caneberry planting stock by requiring department supervised fumigation and preplanting inspection of fields, and by revising the spacing distances in the field in which growers shall remove all off-type plants and roots to prevent varietal mixtures of certified caneberry plants.

Reasons for Supporting Proposed Action: To improve and maintain the varietal purity of certified caneberry planting stock.

Agency Personnel Responsible for Drafting, Implementing and Enforcing These Rules: Max G. Long, Seed Branch Supervisor, Department of Agriculture, 2015 South 1st Street, Yakima, WA 98903, phone (509) 575-2750.

Persons Proposing Rules: Washington State Department of Agriculture.

Agency Comments: None.

Rules Necessary to Comply with Federal Law: No.

Small Business Economic Impact Statement: None.

AMENDATORY SECTION (Amending Order 1932, filed 6/9/87)

WAC 16-333-050 REQUIREMENTS FOR PRODUCTION OF CANEBERRY FOUNDATION AND REGISTERED STOCK.
(1) Land requirements:

(a) A field to be eligible for the production of foundation or registered planting stock shall not have grown or have been planted to caneberry plants or solanaceous crops during the previous five years, unless planted with plants of same cultivar and classification. This requirement may be modified upon approval of the certification agency when tarp fumigated with chloropicrin and methyl bromide fumigant. An inspection and approval of the land by the certification agency is required after treatment prior to planting to ensure adequate varietal purity of the caneberry planting:

(b) Acceptable records shall be presented to the department of nematode sampling of the land in question which show that plant parasitic nematodes are not present in harmful quantities; and

(c) Fumigate the land in accordance with approved commercial practices compatible with current recommendations of the Washington State University extension service; and

(d) An insect-proof screenhouse or greenhouse may be used for production of foundation or registered planting stock: **PROVIDED**, That all other land requirements are met.

(2) Isolation requirements:

(a) Plantings entered for certification shall be grown in areas sufficiently isolated from sources of caneberry viruses by distance or natural barriers to minimize current infection.

(b) Cultivars within the plantings entered for certification shall be separated by not less than fourteen feet. The space between cultivars shall be kept deeply cultivated to prevent intermingling roots.

(3) Plant requirements:

(a) Only nuclear planting stock which has been indexed and regularly reindexed for virus diseases by qualified Washington State University or United States Department of Agriculture personnel or personnel acceptable to the director may be entered for the production of foundation stock.

(b) Only foundation or nuclear planting stock may be entered for the production of registered stock.

(i) One percent, not to exceed twelve plants, of each foundation lot shall be maintained by the grower to allow some fruiting in order to permit evaluation for trueness to name and fruit character; or

(ii) Ten percent, not to exceed three plants, of each nuclear lot shall be maintained by Washington State University, or the United States Department of Agriculture, or department personnel to allow some fruiting to permit evaluation for trueness to name and fruit character; and

(iii) Plant harvest from a foundation or registered lot shall be limited to two growing seasons.

(c) Foundation stock shall not be maintained longer than three years.

(4) Miscellaneous requirements:

(a) At the time of the first field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(b) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector within one week from the date of the first field inspection.

(c) At the time of the second field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(d) Growers shall dig or otherwise destroy all off-type plants and their roots which are marked by a department inspector, as well as all off-type plants and their roots (~~in a rectangular area that is not less than ten feet in each direction in the row from the off-type plant~~) observed by the grower and not less than forty inches in each direction across the row from the off-type plant within two weeks from the date of the second field inspection.

(e) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector as being crown and cane-gall infected, virus-infected or showing virus-like symptoms.

(f) Insect pests, diseases and vectors of diseases shall be effectively controlled by dusting, spraying, or any other approved method.

(g) All plant beds shall be relatively free from weeds.

AMENDATORY SECTION (Amending Order 1876, filed 11/5/85)

WAC 16-333-060 REQUIREMENTS FOR PRODUCTION OF CANEBERRY CERTIFIED PLANTING STOCK. (1) Land requirements:

(a) Land proposed for the establishment of foundation, registered, and certified stock shall be inspected prior to planting in order to determine the absence of volunteer or holdover caneberry plants. Growers shall notify the department prior to planting the land; and

(b) A field to be eligible for the production of certified planting stock shall not have grown or shall not have been planted to caneberry plants or solanaceous crops during the previous five years, unless planted with plants of the same cultivar and classification; and

~~((b))~~ (c) Acceptable records shall be presented to the department of nematode sampling of the land in question which show that plant parasitic nematodes are not present in harmful quantities; and

~~((c))~~ (d) Fumigate the land in accordance with approved commercial practices compatible with current recommendations of the Washington State University extension service. Fumigation shall be supervised by a representative of the department.

(2) Isolation requirements:

(a) Plantings entered for certification shall be grown in areas sufficiently isolated from sources of caneberry viruses by distance or natural barriers to minimize current infection.

(b) Cultivars within the plantings entered for certification shall be separated by not less than fourteen feet. The space between cultivars shall be kept deeply cultivated to prevent intermingling roots.

(3) Plant requirements:

(a) Fields shall be planted with nuclear planting stock, foundation planting stock, or registered planting stock.

(b) Root cuttings and/or soft succulent plants from like plants may be accepted.

(c) Root or shoot cuttings may be used for sale to plant propagating beds.

(d) Plant harvest from a certified field shall be limited to two growing seasons.

(4) Miscellaneous requirements:

(a) At the time of the first field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(b) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector within one week from the date of the first field inspection.

(c) At the time of the second field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(d) Growers shall dig or otherwise destroy all off-type plants and their roots which are marked by a department inspector, as well as all plants and their roots in a rectangular area that is not less than ten feet in each direction in the row from the off-type plant and not less than forty inches in each direction across the row from the off-type plant within two weeks from the date of the second field inspection.

(e) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector as being crown and cane-gall infected, virus-infected or showing virus-like symptoms.

(f) Insect pests, diseases and vectors of diseases are to be effectively controlled by dusting, spraying or any other approved method.

(g) All plant beds shall be relatively free from weeds.

WSR 89-12-064

PROPOSED RULES

DEPARTMENT OF LABOR AND INDUSTRIES

[Filed June 7, 1989]

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 updating the medical aid rules and maximum fee schedules to conform with 1989 Physician's Current Procedural Terminology (CPT) and American Dental Association's 1987 Codes which will allow the department to bill health services providers more accurately and reimburse them more equitably;

that the agency will at 9:00 a.m., Tuesday, July 11, 1989, in the First Floor Conference Room, General Administration Building, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on August 10, 1989.

The authority under which these rules are proposed is RCW 51.04.020(4) and 51.04.030.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Dated: June 7, 1989

By: Joseph A. Dear
Director

STATEMENT OF PURPOSE

The proposal for rule changes, which follow, amend portions of chapters 296-21, 296-22, 296-23 and 296-23A WAC. This title pertains to rules and fees for medical services.

Purpose of These Proposed Rules: To make the following substantive changes in Title 296 WAC as previously enacted: To update the medical aid rules and maximum fee schedules to conform with 1989 Physician's Current Procedural Terminology (CPT) and includes updated modifiers, procedure code descriptions and relative value units (RVUs); and to update chapter 296-23 WAC to conform with the American Dental Association's 1987 Codes.

Statutory Authority: RCW 51.04.020(4), 51.04.030 and 51.36.080.

In Summary: The following change is accomplished by the proposed rules: Updates the medical aid rules and

maximum fee schedules to conform with 1989 Physician's Current Procedural Terminology (CPT) and American Dental Association's 1987 Codes.

Agency Personnel Responsible for Drafting: Bill Stoner; Implementation and Enforcement: Joseph A. Dear and other Industrial Insurance Division personnel.

These rule changes are proposed by the Department of Labor and Industries, an agency of the state of Washington.

The proposing agency has no comments regarding statutory language, implementation, enforcement of fiscal matters beyond those appearing above in this statement.

These rules are not necessitated by any federal or state court action.

The department has considered whether these rules are subject to the Regulatory Fairness Act, (chapter 6, Laws of 1982) and has determined that they are not for the following reason: There is no significant unfavorable economic impact for small businesses.

The agency reserves the right to modify the text of these proposed rules prior to the public hearings thereon or in response to written or oral comments thereon received prior to or during the public hearing. Written and/or oral submissions may also contain data, views, and arguments concerning the effect of the proposed rules on economic values pursuant to chapter 43.21H RCW. Correspondence relating to this notice and proposed rules shown below should be addresses to: Bill Stoner, Supervisor of Provider Education, Department of Labor and Industries, HC-251-2, General Administration Building, Olympia, Washington 98504.

AMENDATORY SECTION (Amending Order 87-23, filed 11/30/87, effective 1/1/88)

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.

	Unit Value
99000 Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	6.0
99001 Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)	8.0
99002 Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician	12.0
(For routine collection of venous blood, use 36415)	
(((99012 Telephone calls has been deleted. To report, use 99013-99015)))	
99013 Telephone call for consultation or medical management; simple or brief, under 15 minutes	5.0
	Unit Value
(e.g., to report on tests and/or laboratory results; to clarify or alter previous instructions; to adjust therapy)	
99014 intermediate, 15 - 30 minutes	10.0
(e.g., to provide advice to an established patient on a new problem; to initiate therapy that can be handled by telephone; to discuss results of tests in detail)	
99015 lengthy or complex	15.0
(e.g., lengthy counseling session with anxious or distraught patient; detailed or prolonged discussion with family member regarding seriously ill patient)	
99024 Postoperative follow-up visit, included in global service	BR
(See WAC 296-22-010)	
99025 Initial (new patient) visit when asterisk (*) surgical procedure constitutes major service at that visit	20.0
99030 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile	2.0
99040 Completion of certificate of disability card	2.0
99044 Doctor's estimate of physical capacities	10.0
99050 Services requested after office hours in addition to basic service	10.0
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
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 non-hospital-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 non-hospital-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
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)	
99075 Medical testimony approved in advance by office of attorney general. First hour	240.0
99076 Each additional 30 minutes	80.0
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

	Unit Value
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 or their representative(s), not required to support billing for services rendered, per page	0.2
99084 Maximum allowed per claim	4.6
99085 Physician called on to convey instructions by telephone to hospital emergency room or nurse practitioner clinic—to be paid only to initial attending physician upon completion of report of accident form	12.0
99095 Deposition approved in advance by office of attorney general. First hour	200.0
99096 Each additional 30 minutes	67.0
99150 Detention, prolonged, with patient requiring physician attendance beyond usual service (e.g., critically ill patient, 30 minutes to one hour)	25.0
99151 more than 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~~) included when this descriptor is used on a per hour basis. (The physician may list his services separately if he desires.)

99154 <u>Daily hospital management of epidural or subarachnoid drug administration</u>	<u>BR</u>
99160 Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each hour	100.0
99162 additional 30 minutes	50.0

~~((99165, 99166 have been deleted. To report, use 99199))~~
(For monitoring cardiac output, see 78470, 93561, (~~93962~~) 93562)

(For monitoring intra-aortic balloon counterpulsation, see 33972)

(For subsequent visits, see appropriate critical care visit, 99171-99174 or hospital visits, 90200-90280)

99170 Gastric intubation, and aspiration or lavage for treatment (e.g., for ingested 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, evaluation and/or treatment, same or new illness	SV
99174 extended reexamination, reevaluation and/or treatment, same or new illness	SV

OTHER SERVICES

99175 Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	SV
---	----

	Unit Value
(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 pressure monitoring); each hour	60.0
99191 3/4 hour	45.0
99192 1/2 hour	30.0
99195 Phlebotomy, therapeutic (separate procedure)	20.0
99199 Unlisted special service or report	BR

~~((For monitoring cardiac output, see 78470, 93561, 93962))~~

~~(For monitoring intra-aortic balloon counterpulsation, see 33972)~~

~~(For subsequent visits, see appropriate 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 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. 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 complex consultation (~~(of complexity)~~). See WAC 296-21-030 for description.

(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) Postoperative 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 effort or judgment 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) Reexamination 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 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-21-014 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 296-21-01401 below. The "unlisted procedures" and accompanying codes for MEDICINE are as follows:

90699	Unlisted medical service, general
90749	Unlisted immunization procedure
90799	Unlisted therapeutic injection
90899	Unlisted psychiatric service or procedure
90999	Unlisted dialysis procedure
91299	<u>Unlisted diagnostic gastroenterology procedure</u>
92499	Unlisted ophthalmological service
92599	Unlisted otorhinolaryngological service or procedure
93799	Unlisted cardiovascular service or procedure
94799	Unlisted pulmonary service or procedure
(94899)	Unlisted neurological service or procedure
95199	Unlisted allergy/clinical immunological service or procedure
95999	Unlisted (miscellaneous diagnostic service or) <u>neurological or neuromuscular procedure</u>
96549	<u>Unlisted chemotherapy procedure</u>
96999	Unlisted special dermatological service or procedure
97799	Unlisted physical medicine service or procedure

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

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~~) assessment 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
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, 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.	120.0

FOLLOW-UP CONSULTATION

90640 Follow-up consultation; brief	16.0
90641 limited	20.0
90642 intermediate	30.0
90643 complex	40.0

Unit
Value

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 87-18, filed 7/23/87)

WAC 296-21-046 IMMUNIZATION INJECTIONS.

(For allergy testing, see 95000 et seq.)

(For skin testing of bacterial, viral, fungal extracts, see ((86450) 86455-86585)

(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)	8.0
90702 diphtheria and tetanus toxoids (DT)	5.0
90703 tetanus toxoid	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	13.0
90709 rubella and mumps virus vaccine, live	BR
90712 polio virus 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)	5.0
90719 diphtheria toxoid	BR
90724 influenza virus vaccine	6.0
90725 cholera vaccine	BR
90726 rabies vaccine	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
90737 Hemophilus influenza B	6.0
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 83-23, filed 8/2/83)

WAC 296-21-047 THERAPEUTIC INJECTIONS.

(For cost of drugs supplied by physician, see 99070)

(For injections performed as an independent procedure, see 90030)

(For allergy testing, see WAC 296-21-075)

(For skin testing, see 86450-86585)

	Unit Value
90782 Therapeutic injection of medication (specify); subcutaneous or intramuscular	6.0
90783 <u>intra-arterial</u>	<u>10.0</u>
90784 intravenous	8.0
<u>(90782-90784 do not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)</u>	
90788 Intramuscular injection of antibiotic (specify)	6.0
((Chemotherapy procedures 90790-90796 have been deleted. To report, use 96500-96549))	
90798 Intravenous therapy for severe or intractable allergic disease in physician's office or institution with theophyllines, corticosteroids, antihistamines	11.0
90799 Unlisted therapeutic injection	BR
(For allergy immunizations, see 9500 et seq.)	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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.

When services include not only a visit to the patient, but also activity in leadership or direction of a treatment team as related to that patient, a code may be selected based upon the services provided that day.

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)))~~ These consultation services (90600-90643) are limited to initial or follow-up evaluation and do not involve psychiatric treatment. For treatment, see 90200 et seq. or 90841 et seq.

GENERAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE INTERVIEW PROCEDURES

	Unit Value	Basic 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 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	42.4
90844 approximately 45 OR 50 minutes with report	70.0
90847 Family medical psychotherapy (conjoint psychotherapy)	50.0
((90848 has been deleted. To report use 90847))	
90849 Multiple-family group medical psychotherapy Report required.....	50.0
90850 Inpatient care including psychotherapy and supervision of milieu team (e.g., occupational therapy, psychiatric nursing, etc.) or conference with family, 50 minutes, with report	70.0
90851 25 minutes, with report.....	45.0
90852 15 minutes, with report.....	20.0
90853 Group medical psychotherapy (other than of a multiple-family group) Report required.....	50.0

PSYCHIATRIC SOMATOTHERAPY

90862 Chemotherapy management, including prescription, use, and review of medication with no more than minimal medical psychotherapy, per hour	60.0
90870 Electroconvulsive therapy (includes necessary monitoring); single seizure	50.0
90871 Multiple seizures, per day	75.0

~~((90872 Subconvulsive shock treatment has been deleted. To report use 90899))~~

Unit Basic
Value Anes@

Unit
Value

OTHER PSYCHIATRIC THERAPY

90880	Medical hypnotherapy	35.0
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	30.0
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
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, including contact with the patient, files a useful report including recommendations, he is entitled to a full hour's fee	70.0
-------	---	------

OTHER PROCEDURES

90899	Unlisted psychiatric service or procedure	BR
-------	---	----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-21-057 MONITORING SERVICES. The following values are for physician's services only and do not include charges for use of equipment or supplies.

Unit
Value

Dialysis

HEMODIALYSIS

(For cannula declotting, see 36860, 36861)

(90941)	Hemodialysis, acute renal failure or intoxication, per dialysis	BR+
90942	patient 21-40 kg	BR
90943	patient 11-20 kg	BR
90944	patient under 10 kg	BR
90951	Hemodialysis, for chronic irreversible renal insufficiency, initial stabilizing therapy via shunt or fistula, up to 4-6 weeks, patient over 40 kg	BR
90952	patient 21-40 kg	BR
90953	patient 11-20 kg	BR
90954	patient under 10 kg	BR
90955	Hemodialysis, for chronic irreversible renal insufficiency, maintenance for stabilized condition, more than 4-6 weeks, hospital, patient over 40 kg	BR
90956	patient 21-40 kg	BR
90957	patient 11-20 kg	BR
90958	patient under 10 kg	BR
90935	Hemodialysis procedure with single physician evaluation	BR
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	BR

PERITONEAL DIALYSIS

(For insertion of cannula or catheter, see 49420, 49421)

(90966)	Peritoneal dialysis for acute renal failure and/or intoxication, excluding catheter/cannula insertion; patient more than 40 kg	BR
90967	patient 21-40 kg	BR

90968	patient 11-20 kg	BR
90969	patient under 10 kg	BR
90976	Peritoneal dialysis for chronic renal failure; patient more than 40 kg	BR
90977	patient 21-40 kg	BR
90978	patient 11-20 kg	BR
90979	patient under 10 kg	BR

(For dentition visits, see 99150, 99151)

90945	Dialysis procedure other than hemodialysis (e.g., peritoneal hemofiltration) with single physician evaluation	BR
90947	Dialysis procedure other than hemodialysis (e.g., peritoneal hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription	BR

MISCELLANEOUS DIALYSIS PROCEDURES

90990	Hemodialysis training and/or counseling	BR
90991	Home hemodialysis care, outpatient, for those services either provided by the physician primarily responsible for total hemolysis care or under his direct supervision, and excludes care for complicating illnesses unrelated to hemodialysis	BR
90997	Hemoperfusion (e.g., with activated charcoal or resin)	BR
90999	Unlisted dialysis procedure	BR

(For cannula insertion by other than treating physician, see 49420)

GASTROENTEROLOGY

(For duodenal intubation and aspiration, see 89100-89105)

(For gastrointestinal radiologic procedures, see 74210-((74340)) 74361)

(For esophagoscopy procedures, see 43200-43228; upper GI endoscopy 43235-43258; endoscopy, small bowel and stomal 44360-44393; proctosigmoidoscopy 45300-45321; sigmoidoscopy 45330-45337; colonoscopy 45355-45385; anoscopy 46600-46641)

91000	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)	36.0
91010	Esophageal motility study;	106.0
91011	with mecholy/ or similar stimulant	130.0
91012	with acid perfusion studies	72.0
91020	Esophagogastric manometric studies	BR
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	36.0
91032	Esophagus, acid reflux test, with intraluminal pH electrode for detection of gastroesophageal reflux	72.0
91033	prolonged recording	BR
91052	Gastric analysis test with injection of stimulant of gastric secretion (e.g., histamine, insulin, pentagastrin, calcium, and secretin)	BR

(For gastric biopsy by capsule, peroral, via tube, one or more specimens, see 43600)

(For gastric laboratory procedures, see also 89130-89141)

91055	Gastric intubation, washings, and preparing slides for cytology (separate procedure)	36.0
	(For gastric lavage, therapeutic, see 99170)	
91060	Gastric saline load test	30.0
91065	Breath hydrogen test (e.g., for detection of lactase deficiency)	BR

	Unit Value
(For biopsy by capsule, small intestine, per oral, via tube (one or more specimens), see 44100)	
((91090) Gastrointestinal string test for upper gastrointestinal bleeding with or without fluorescein 30.0))	
91100 Intestinal bleeding tube, passage, positioning and monitoring BR	
(For injection procedure for percutaneous transhepatic cholangiography, see 47500)	
(For cholangiography, see 74320, 74321)	
(For abdominal paracentesis, see 49080, 49081; with instillation of medication, see ((90793)) 96535)	
(For peritoneoscopy, see 49300; with biopsy, see 49301)	
(For peritoneoscopy and guided transhepatic cholangiography, see 49302; with biopsy, see 49303)	
(For injection procedure for splenoportography, see 38200)	
91122 Anorectal manometry BR	
91299 Unlisted diagnostic gastroenterology procedure BR	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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)) 90100 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.

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: 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 code(~~(s, -X and -Y, are)~~) AP is an administrative code(~~(s)~~) 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~~)
- AP 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

- 92018 Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete 20.0 3.0
- 92019 limited 15.0

- 92020 Gonioscopy with medical diagnostic evaluation (separate procedure) 15.0
(For gonioscopy under general anesthesia, see 92018)
- 92060 Sensorimotor examination with medical diagnostic evaluation (separate procedure) 25.0
- 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation 15.0
- 92070 Fitting of contact lens for treatment of disease, including supply of lens 150.0
- 92081 Visual field examination with medical diagnostic evaluation; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) 20.0
- 92082 intermediate examination (e.g., multistimulus level, full field, quantitative perimetry, several isopters on Goldmann perimeter or multilevel, full field automated test such as Octopus program 33 or 34 equivalent) ((20.0)) 25.0
- 92083 extended examination, quantitative perimetry (e.g., manual static and kinetic perimetry on Goldmann or Tübingen perimeter or equivalent, or automated static perimetry, complex, such as Octopus program 31+41 or 32+41) ((20.0)) 26.5

(Gross visual field testing (e.g., confrontation testing) is a part of general ophthalmological services and is not reported separately)

- 92100 Serial tonometry with medical diagnostic evaluation (separate procedure), one or more sessions, same day 15.0
- 92120 Tonography with medical diagnostic evaluation, recording indentation tonometer method or perilimbal suction method 30.0
- 92130 Tonography with water provocation 20.0
- 92140 Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography 30.0

OPHTHALMOSCOPY

Routine ophthalmoscopy is part of general and special ophthalmological services whenever indicated. It is not reported separately.

- 92225 Ophthalmoscopy, extended as for retinal detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy), with medical diagnostic evaluation; initial 30.0
- 92226 subsequent 20.0
- 92230 Ophthalmoscopy, with medical diagnostic evaluation; with fluorescein angiography (observation only) 50.0
- 92235 with fluorescein angiography (includes multiframe photography) 114.4
- 92250 with fundus photography BR
- 92260 with ophthalmodynamometry 40.0

(For ophthalmoscopy under general anesthesia, see 92018)

OTHER SPECIALIZED SERVICES

- 92265 Oculoelectromyography, one or more extraocular muscles, one or both eyes, with medical diagnostic evaluation 40.0
- 92270 Electro-oculography, with medical diagnostic evaluation 40.0
- 92275 Electroretinography, with medical diagnostic evaluation 40.0
- 92280 Visually evoked potential (response) study, with medical diagnostic evaluation 40.0

	Unit Value	Basic Anes@
(For electronystagmography for vestibular function studies, see 92541 et seq.)		
(For ophthalmic echography (diagnostic ultrasound), see 76511-76529)		
92283 Color vision examination, extended, e.g., anomaloscope or equivalent	BR	
(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 Dark adaptation examination, with medical diagnostic evaluation	BR	
92285 External ocular photography with medical diagnostic evaluation for documentation of medical progress (e.g., close-up photography, slit lamp photography, gonioscopy, stereo-photography)	BR	
92286 Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count	BR	
92287 with fluorescein angiography	BR	
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 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	SV	
(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 scleral 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 scleral 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		

	Unit Value	Basic Anes@
independent technician, with medical supervision of adaptation	SV	
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.		
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	
SUPPLY OF MATERIALS		
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	
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)		
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 Basic
Value Anes@

	Unit Value	Basic Anes@
THERAPEUTIC SERVICES		
92950 Cardiopulmonary resuscitation (e.g., in cardiac arrest) (See also critical care services, 99160)	SV	
92953 Temporary transcutaneous pacing (For physician direction of ambulance or rescue personnel outside of the hospital, see 90590)	BR	
92960 Cardioversion, elective, electrical conversion of arrhythmia, external	100.0	4.0
92970 Cardioassist—method of circulatory assist; internal	BR	
92971 external (For balloon atrial-septostomy, see 33738) (For placement of catheters for use in circulatory assist devices such as intra-aortic balloon pumping, see 33970)	BR	
92975 Thrombolysis, coronary; by intracoronary infusion, including selective, coronary angiography	BR	
92977 by intravenous infusion	BR	
92982 Percutaneous transluminal coronary angioplasty; single vessel	BR	
92984 each additional vessel	BR	
CARDIOGRAPHY		
(For echocardiography, see ((7660+ 76628)) 93300-93320)		
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 (For ECG monitoring, see 99150, 99151)	15.0	
93012 Telephonic or telemetric transmission of electrocardiogram, rhythm strip;	BR	
93014 physician review with interpretation and report	BR	
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 Ergonovine provocation test	BR	
93040 Rhythm ECG, one to three leads; with interpretation	30.0	
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 (For additional mileage, see 99030)))	10.0	
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
93209 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
93255 Apexcardiography	BR
93258 Electrocardiographic monitoring for up to 12 hours of continuous analog recording, with physician review, interpretation and report with or without full disclosure printout; with superimposition scanning	BR
93259 without superimposition scanning	BR
93262 Electrocardiographic monitoring 12 through 24 hours of continuous analog recording, with physician review, interpretation and report with or without full disclosure printout; with superimposition scanning	200.0
93263 without superimposition scanning	BR
93266 Electrographic monitoring, 24 hours noncontinuous computerized monitoring and intermittent cardiac event recording (Real Time Data Analysis)	BR
93268 Patient demand single event ECG recording; presymptom memory loop and transmission	BR
93269 post-symptom recording and transmission (For unlisted cardiographic procedure, see 93799)	BR

CARDIAC FLUOROSCOPY

93280 Cardiac fluoroscopy (For chest fluoroscopy, see 71034, 76000)	BR
--	----

ECHOCARDIOGRAPHY

93300 Echocardiography, M-Mode; complete	90.7
93305 limited (e.g., follow-up or limited study)	BR
93307 Echocardiography, real-time scan; complete	80.5
93308 limited	BR
93309 Echocardiography, M-mode and real time with image documentation (2D)	190.7
93312 Echocardiography, real time with image documentation (2D) (with or without M Mode recording), transesophageal	BR
93320 Doppler echocardiography (Procedure 93320 is often performed in combination with M-Mode or 2-dimensional echocardiography) (For echocardiography as a radiologic procedure, see 76620-((76628)) 76632)	BR

Cardiac catheterization

Cardiac catheterization procedure includes ((placement)) introduction, positioning, and repositioning of catheter(s), when necessary, recording of intracardiac and intravascular pressure, obtaining blood samples for measurement of blood gases and/or dye (or other) dilution curves and cardiac output measurement((s)) (dye dilution, Fick or other method, with or without rest and exercises and/or other studies) with or without electrode catheter placement, final evaluation and report.

(For radiological procedures, see 75500-((75755)) 75767)

	Unit Value	Basic Anes@
(For intracardiac phonocardiogram, see 93210)		
93630 Left ventricular endocardial resection, with or without cryoablation, with intra-operative mapping	BR	
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)		
(For chemotherapy for malignant disease, see ((90790-90796)) 96500-96549)		
(For penile plethysmography, see 54240)		
((93700 Peripheral vascular disease studies has been deleted. To report, see 93850-93960))		
(93710 carotid-phonoangiography has been deleted. To report, use 93860))		
93720 Plethysmography, total body with interpretation and report	30.0	
93721 tracing only, without interpretation and report	10.0	
93722 interpretation and report only	25.0	
(For regional plethysmography, see 93850-93910)		
((93725-93730, 93750 have been deleted. To report, see 93850-93960))		
93731 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); without reprogramming	BR	
93732 with reprogramming	75.0	
93733 telephonic analysis	15.00	
93734 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); without reprogramming	BR	
93735 with reprogramming	50.0	
93736 telephonic analysis	15.00	
93740 Temperature gradient studies	BR	
93760 Thermogram; cephalic	noncovered procedure	
93762 peripheral	noncovered procedure	
93770 Venous pressure determination	10.0	
(For central venous cannulization and pressure measurements, see ((36480-36500)) 36488-36491, 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	
93788 scanning analysis with report	BR	
93790 physician review with interpretation and report	BR	
((93791-93796 have been deleted. To report, see 93731-93736))		

OTHER PROCEDURES

93799 Unlisted cardiovascular service or procedure. BR

NONINVASIVE PERIPHERAL VASCULAR DIAGNOSTIC STUDIES

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.

CEREBROVASCULAR ARTERIAL STUDIES

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 noninvasive studies of carotid ((artery)) arteries, nonimaging (e.g., ((photoangiography)) phonoangiography with or without spectrum analysis, flow velocity pattern evaluation, analog velocity wave form analysis, diastolic flow evaluation, vertebral arteries flow direction measurement)

93870 Noninvasive studies of carotid ((artery)) arteries, 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)

LIMB ARTERIAL STUDIES (INCLUDING DIGITS)

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) ...

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) ...

VENOUS STUDIES

93950 Noninvasive studies of extremity veins (e.g., Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phleborheography, impedance plethysmography)

93960 Quantitative venous flow studies (e.g., capacitance and outflow measurement of calf, measurement of calf venous reflux, quantitative photoplethysmography)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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.

94010 Spirometry, complete, including graphic record, total and timed vital capacity expiratory flow rate

	Unit Value		Unit Value
		94710	complete, 3 or more (e.g., O ₂ administration, IPPB, exercise, etc.) 220.0
94060	30.0	94715	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen) 70.0
94070	50.0		(For values for blood gas determination, see 82800 et seq.)
94150	75.0		(For single arterial puncture, see 36600)
94160	6.0	94720	Carbon monoxide diffusing capacity, any method 21.0
94200	10.0	94725	Membrane diffusion capacity BR
94240	20.0	94750	Pulmonary compliance study any method BR
94250	25.0	94760	<u>Noninvasive ear or pulse oximetry for oxygen saturation; single determination BR</u>
94260	10.0	94761	<u>multiple determinations (e.g., during exercise) BR</u>
	20.0	94762	<u>by continuous overnight monitoring (separate procedure) BR</u>
	25.0	94770	Carbon dioxide, expired gas determination by infrared analyzer BR
	10.0		(For bronchoscopy, see 31620-31659)
	20.0		(For placement of flow directed catheter, see 93503)
94350	BR		(For venipuncture, see 36410)
			(For central venous catheter placement, see 36480-((36485)) 36491)
			(For arterial puncture, see 36600)
94360	BR		(For arterial catheterization, see 36620)
94370	25.0		(For thoracentesis, see 32000)
94375	20.0		(For phlebotomy, therapeutic, see 99195)
94400	20.0		(For lung biopsy, needle, see 32405)
94450	20.0		(For intubation, orotracheal or nasotracheal, see 31500)
94620	40.0		
94640	14.5	94799	Unlisted pulmonary service or procedure BR
94650	40.0		
94651	20.0		
((94652	50.0))		
94656	40.0		
94657	15.0		
94660	40.0		
94662	40.0		
94664	30.0		
94665	15.0		
94667	40.0		
94668	15.0		
94680	50.0		
94681	100.0		
94690	16.0		
94700	70.0		
94705	130.0		

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-21-075 ALLERGY AND CLINICAL IMMUNOLOGY.

NOTES

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)

SPECIAL DIAGNOSTIC PROCEDURES (ALLERGY TESTING)

	Unit Value
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 (intra-dermal) 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
95021 11-20 tests, each test	2.0
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 (intra-dermal) 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)

95075 Ingestion challenge test (e.g., metabisulfite)	BR
((95077 Food allergenic extract immunotherapy	BR
95078 Provocative testing (e.g., Rinkel test)	BR
95080 Passive transfer test one to ten tests	100.0
95081 11-20 tests each test	2.0
95082 more than 20 tests each test	3.0

(For allergy laboratory tests, see 86000-86699)

(For intravenous therapy for severe or intractable allergic disease, see ((90799)) 90798)

(For preparation of antigens, materials supplied by physician, etc., see 9070)

95105 Medical conference services (e.g., use of mechanical and electronic devices, climatotherapy, breathing exercises and/or postural drainage)	50.0
--	------

(For summary conference or for therapeutic conference by physician following completion of diagnostic workup, including discussion, avoidance, elimination, symptomatic treatment, and immunotherapy, see 90040-90070)

(For prolonged conference, see 99155-99156)

ALLERGY IMMUNOTHERAPY

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	8.1
95117 multiple injections	9.7
95120 Immunotherapy, in prescribing physician's office or institution, including provision of allergenic extract; single antigen	20.0
95125 multiple antigens (specify number of injections)	30.0
95130 single stinging insect venom	20.0
95131 two stinging insect venoms	BR
95132 three stinging insect venoms	BR
95133 four stinging insect venoms	BR
95134 five stinging insect venoms	BR
95135 Professional services ((performed in)) for the supervision and provision of antigens for allergen immunotherapy (specify number of vials); single antigen, single dose vials	20.0
95140 multiple antigens, single dose vials	30.0
95145 Professional services for the supervision and provision of antigens for allergen immunotherapy (specify number of treatments or total volume); single stinging insect venom, ((single)) multiple dose vials	20.0
95146 two single stinging insect venoms, ((single)) multiple dose vials	BR
95147 three single stinging insect venoms, multiple dose vials	BR
95148 four single stinging insect venoms, multiple dose vials	BR
95149 five single stinging insect venoms, multiple dose vials	BR
95150 Professional services ((performed in)) for the supervision and provision of antigens for allergen immunotherapy (specify number of treatments or total volume); single or multiple antigens, one multiple dose vial(s)	25.0
95155 single or multiple antigens, two or more multiple dose vials	35.0
((95160 stinging insect venom, multiple dose vials	35.0

(For allergy injection(s) by other than the prescribing physician, see 90782)

95170 whole body extract of biting insect or other arthropod	BR
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)) 86455-86585)

(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)) (MCDT), 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)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-080 NEUROLOGY AND NEUROMUSCULAR.

NOTES

Neurologic services are typically consultative, and any of the five levels of consultation (90600-((90630)) 90643) may be appropriate.

In addition, services and skills outlined under medicine levels of service

appropriate to neurologic illnesses should be coded similarly (90000 series).

	Unit Value
95819	70.0
Electroencephalogram (EEG) including recording awake, drowsy and asleep, with hyperventilation and/or photic stimulation; standard or portable, same facility	
95821	80.0
portable, to an alternate facility	
95822	70.0
sleep	
95823	70.0
physical or pharmacological activation	
95824	70.0
cerebral death evaluation recording	
95826	70.0
intracerebral (depth) EEG	
95827	100.0
all night sleep recording	
<u>(For ambulatory 24-hour EEG monitoring, see 95950.)</u>	
<u>(For EEG during nonintracranial surgery, use 95955.)</u>	
<u>(For WADA activation test, use 95958.)</u>	
95828	100.0
Polysomnography (recording, analysis and interpretation of the multiple simultaneous physiological measurements of sleep)	
95829	BR
Electrocorticogram at surgery (separate procedure)	
95830	BR
Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording	
95831	16.0
Muscle testing, manual, (separate procedure); per extremity (excluding hand) or trunk, with report	
95832	10.0
hand (with or without comparison with normal side)	
95833	50.0
total evaluation of body, excluding hands	
95834	64.0
total evaluation of body including hands	
95842	24.0
muscle testing electrodiagnosis (e.g., reaction of degeneration, chronaxy, galvanic tetanus ratio), one or more extremity, one or more method.	
<u>((95845 Strength duration curve has been deleted. If necessary to report, use 95999))</u>	
95851	16.0
Range of motion measurements and report, each extremity (independent procedure), excluding hand	
95852	10.0
hand, with or without comparison with normal (<u>size</u>) side	
95857	10.0
Tensilon test for myasthenia gravis;	
95858	20.0
with electromyographic recording	
95860	80.0
Electromyography, one extremity and related paraspinal area	
95861	120.0
two extremities and related paraspinal areas	
95863	160.0
three extremities and related paraspinal areas	
95864	200.0
four extremities and related paraspinal areas	
95867	100.0
Electromyography, cranial nerve supplied muscles; unilateral	
95868	150.0
bilateral	
95869	80.0
Electromyography, limited study of specific muscles (e.g. thoracic spinal muscles)	
<u>(For eye muscles, see 92265)</u>	
95872	BR
Electromyography, single fiber, any technique	
95875	20.0
Ischemic (<u>forearm exercise test</u>) limb exercise with EMG, with lactic acid determination	
95880	50.0
Assessment of higher cerebral function with medical interpretation; aphasia testing	
95881	30.0
developmental testing	
95882	30.0
cognitive testing and others	
95900	32.0
Nerve conduction velocity and/or latency study, motor each nerve	
95904	24.0
sensory, each nerve	
95925	170.3
Somatosensory testing (e.g., cerebral evoked potentials), one or more nerves	
95933	BR
Orbicularis oculi (blink) reflex, by electrodiagnostic testing	
95935	44.1
"H" or "F" reflex study, by electrodiagnostic testing	

Unit Value

95937	BR
Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method	
95950	BR
Monitoring for localization of cerebral seizure focus, by attached electrodes or radiotelemetry; electroencephalographic (EEG) recording and interpretation, initial 24 hours	
95951	BR
combined electroencephalographic (EEG) and videorecording and interpretation, initial 24 hours	
95952	BR
each additional 24 hours, with or without videorecording	
95954	BR
Pharmacological activation during prolonged monitoring for localization of cerebral seizure focus	
95955	BR
Electroencephalogram (EEG) during nonintracranial surgery (e.g., carotid surgery)	
95958	BR
Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	
95999	BR
Unlisted neurological or neuromuscular diagnostic procedure	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-085 SPECIFIC THERAPEUTIC PROCEDURES—MISCELLANEOUS.

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 86-19, filed 2/28/86, effective 4/1/86)

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:)) Intravenous chemotherapy injections are administered by a physician or by a qualified assistant under supervision of the physician.

Regional (isolation) chemotherapy perfusion should be reported using existing codes describing complex arterial chemotherapy. Placement of the catheter should be reported using the appropriate code from the cardiovascular surgery section. Adjunctive procedures such as lymph node dissection, wide local excision and skin grafts should also be identified separately.

	Unit Value
96500	BR
Chemotherapy injection, intravenous, single premixed agent, administered by qualified assistant under supervision of physician or by physician; by push technique	
96501	BR
by infusion technique	
96504	BR
Chemotherapy injection, intravenous, multiple premixed agents, administered by qualified assistant under supervision of physician or by physician; by push technique	
96505	BR
by infusion technique	
96508	BR
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	

	Unit Value
96509 by infusion technique	BR
96510 by infusion technique, prolonged, requiring at- tendance up to one hour	BR
96511 by infusion technique, prolonged, each addi- tional 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) 36488-36491)	
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 in- fusion 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 chemo- therapy, drip or forced infusion, see 36620- 36625)	
(For implantation of infusion pump in hepatic artery system for liver chemotherapy, see 36260- 36262)	
96530 Implantable pump filling and maintenance	BR
(Use 96530 in addition to 96526)	
96535 Chemotherapy injection, complex, requiring tho- racentesis and/or paracentesis, administered by physician, intracavitary	BR
96538 Chemotherapy injection, requiring lumbar punc- ture, administered by physician	BR
96540 Chemotherapy injection, intrathecal via reservoir, single or multiple agents, administered by physi- cian	BR
(For insertion of subarachnoid catheter for infusion of drug, see 63750)	
96545 Provision of chemotherapy agent	BR
(For radioactive isotope therapy see 79000- 79999)	
96549 Unlisted chemotherapy procedure	BR

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-21-090 SPECIAL DERMATOLOGICAL PROCES-
DURES.**

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 illnesses should be coded similarly (90000 series).

(For intralesional injections, see 11900, 11901)

(For Tzanck smear, use 87207)

	Unit Value
(List in addition to office visit.)	
96900 Actinotherapy (ultraviolet light)	5.0
96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) <u>petrolatum and ultravi- olet B</u>	5.0
96912 psoralens and ultraviolet A (PUVA)	5.0

96999 Unlisted special dermatological service or proce- dure	BR
---	----

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-22-010 GENERAL INFORMATION AND IN-
STRUCTIONS.** Rules and billing procedures pertaining to all practi-
tioners rendering services to injured workers are presented in the ge-
neral 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.

(1) Doctor's services rendered for office, home, hospital, consulta-
tions and other services are listed in the medicine section. The depart-
ment may designate those diagnostic and surgical procedures which
can be performed in other than a hospital inpatient setting. Where a
worker has a medical condition which necessitates a hospital admis-
sion, prior approval of the department or self-insurer must be
obtained.

((+)) (2) Listed values for all surgical procedures include the sur-
gery, local infiltration, metacarpal/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."

((+)) (3) Follow-up care for diagnostic procedures (e.g., endo-
scopy, 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.

((+)) (4) Follow-up care for therapeutic surgical procedures in-
cludes only that care usually a part of the surgical service. Complica-
tions, exacerbations, recurrence or the presence of other diseases or in-
juries requiring additional services concurrent with the procedure(s) or
during the listed period of normal follow-up care may warrant addi-
tional 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.

((+)) (5) **PREOPERATIVE VISITS AND SERVICES:** Under most cir-
cumstances the immediate preoperative visit in the hospital or else-
where 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 un-
der the following circumstances:

(a) When the preoperative visit is the initial visit (e.g., an emergen-
cy, 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.

((+)) (6) **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 appor-
tioned in relation to the responsibility of work done. The total value
may be increased by 25% in lieu of the assistant's charge. (See modifi-
er -62.)

(c) **CO-SURGEONS:** Under certain circumstances, two surgeons (usu-
ally with similar skills) may function simultaneously as primary sur-
geons 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.)

~~((66))~~ **(7) 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 in the service as listed.

(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))~~ the service visit is usually not 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).

~~((77))~~ **(8) MULTIPLE OR BILATERAL SURGICAL PROCEDURES:**

(a) When multiple surgical procedures which add significant time or complexity to patient care are performed at the same operative session. (See modifier -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.**

~~((88))~~ **(9) 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.)

~~((99))~~ **(10) 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))~~ subsection (2) of this section.)

~~((100))~~ **(11)** In cases where the claimant does not survive, the percentage of the flat fee paid the physician shall be commensurate with the services rendered.

~~((111))~~ **(12)** 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.

~~((122))~~ **(13) 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.

~~((133) Separate or)~~ **(14) MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. (See modifier -50 below.)

~~((144))~~ **(15) SEPARATE PROCEDURES:** Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

(16) 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.

~~((155))~~ **(17) 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 | Micro-surgery: When the surgical service is performed using the techniques of micro-surgery in an operating room ((and under the)) <u>requiring the use of an 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)), whether attached to the eyeglasses, or on a headband.</u> The total value of the surgical procedure may be increased by 20%. A special report may be appropriate to document the necessity of the 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. |

	Unit Value		Unit Value
-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	
		Payment is made on the basis of up to and including forty percent of the fee maximum.	
-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 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.)	
-50		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.	
-51		MULTIPLE PROCEDURES: When multiple 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 '-51' to the usual procedure number(s) and value at 50% of the listed value(s) unless otherwise indicated.	
-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.	
-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.	
-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.	
-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.	
-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)) <u>an additional physician(s)</u> 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 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)) <u>additional physicians are</u> 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	

	Unit Value	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
-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.	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
-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.	44799	Unlisted procedure, intestine
		44899	Unlisted procedure, Meckel's diverticulum and the mesentery
		45999	Unlisted procedure, rectum
		46999	Unlisted procedure, anus
-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)	47399	Unlisted procedure, liver
		47999	Unlisted procedure, biliary tract
		48999	Unlisted procedure, pancreas
		49999	Unlisted procedure, abdomen, peritoneum and omentum
	OR	53899	Unlisted procedure, urinary system
-81	MINIMUM ASSISTANT SURGEON ALLOWANCE: Identify by adding this modifier '-81' to the usual procedure number and value at 1.7	55899	Unlisted procedure, male genital system
		58999	Unlisted procedure, female genital system - <u>nonobstetrical</u>
		59899	Unlisted procedure, maternity care and delivery
-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.	60699	Unlisted procedure, endocrine system
		64999	Unlisted procedure, nervous system
		66999	Unlisted procedure, anterior segment of eye
		67299	Unlisted procedure, posterior segment of eye
		67399	Unlisted procedure, ocular muscle
		67599	Unlisted procedure, orbit
-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	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 86-19, filed 2/28/86, effective 4/1/86)

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)) <u>skin, mucous membrane, and subcutaneous tissue</u>
19499	Unlisted procedure, breast
20999	Unlisted procedure, musculoskeletal system, general
21499	Unlisted <u>orthopedic</u> 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, humerus 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
29909	Unlisted procedure, arthroscopy
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

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-021 EXCISION-DEBRIDEMENT.

DEBRIDEMENT

(For dermabrasions, see 15780-((+5800)) 15791)

(For nail debridement, see 11700-11711)

(For burn(s), see 16000-((+6030)) 16035)

	Unit Value	Follow-up Days=	Basic Anes@
*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)), CURETTMENT, OR SHAVING			
11050*	Paring ((OR)), curettment, or shaving 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

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
EXCISION AND SIMPLE CLOSURE				11463			
(Not reconstructive surgery; for reconstructive surgery see repair-complex)				11470	BR		3.0
(For electro-surgical and other methods, see 17000 et seq.)				11471	BR BR		3.0 3.0
BIOPSY				(When skin graft or flap is used for closure, use appropriate procedure code in addition)			
11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); one lesion				(For bilateral procedure, add modifier -50)			
	0.6	7	3.0	EXCISION-MALIGNANT LESIONS			
11101	0.2	7	3.0	Excision (including simple closure) or treatment by any other method (except radiation or chemotherapy) of malignant lesion of skin, including local anesthesia, each lesion:			
(For biopsy of conjunctiva, see 68100; eyelid, see 67810)				11600			
EXCISION-BENIGN LESIONS				11601	1.2	90	3.0
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.				11602	1.6	90	3.0
(For electrosurgical and other methods see 17000 et seq.)				11603	2.0	90	3.0
*11200				11604	2.4	90	3.0
Excision (including simple closure or ligature strangulation), skin tags, multiple fibrocutaneous tags, any area; up to 15				11606	2.8	90	3.0
	*0.4	0	3.0	11620	3.2	90	3.0
11201	0.2		3.0	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less			
(For electrosurgical destruction, see 17200, 17201)				11621	2.0	90	3.0
(((For multiple lesions, see WAC 296-22-010, item 7)))				11622	3.0	90	3.0
11400				11623	4.0	90	3.0
Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.5 cm or less				11624	5.0	90	3.0
11401	0.6	15	3.0	11626	6.0	90	3.0
11402	0.8	15	3.0	11640	7.0	90	3.0
11403	1.0	15	3.0	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less			
11404	1.2	15	3.0	11641	3.0	90	3.0
11406	1.4	15	3.0	11642	4.0	90	3.0
(For unusual or complicated excision, add modifier -22)				11643	5.0	90	3.0
11420				11644	6.0	90	3.0
Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less				11646	7.0	90	3.0
11421	0.8	15	3.0	(For eyelids involving more than skin, see also 67800 et seq.)			
11422	1.0	15	3.0	NAILS			
11423	1.2	15	3.0	(For drainage of paronychia or onychia, see 10100, 10101)			
11424	1.4	15	3.0	*11700	*0.3	0	3.0
11426	1.6	15	3.0	11701	0.15		
(For unusual or complicated excision, add modifier -22)				11710			
11440				11711	*0.4	0	3.0
Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less				*11730	*0.4	0	3.0
11441	1.0	15	3.0	Avulsion of nail plate, partial or complete, simple; single			
11442	1.2	15	3.0	11731	0.2		
11443	1.4	15	3.0	11732	0.1		
11444	1.6	15	3.0	11740	0.3	0	3.0
11446	1.8	15	3.0	Evacuation of subungual hematoma			
(For unusual or complicated excision, add modifier -22)				11750			
(For eyelids involving more than skin, see also 67800 et seq.)				Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal			
11450				11752	2.0	30	3.0
Excision of skin and subcutaneous tissue for hidradenitis, axillary; with primary suture				with amputation of tuft of distal phalanx			
11451	BR		3.0		3.0	30	3.0
11462	BR		3.0	(For skin graft, if used, see 15050)			
Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with primary suture				11760	2.5	0	3.0
				11762	3.0	0	3.0
				<u>11765 Wedge excision of skin of nail fold (e.g., for ingrown toenail)</u>			
					1.2	0	3.0
MISCELLANEOUS				(For incision of pilonidal cyst, see 10080, 10081)			
				11770			
				Excision of pilonidal cyst or sinus, simple			
				11771	2.0	30	3.0
				11772	7.0	60	3.0
				extensive			
				complicated			
				(For hemangioma, see 11400-11446, 13100-15730)			

(For hidradenitis, see 10060-10061, 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 87-18, filed 7/23/87)

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; 6.0 sq cm or less	BR		3.0
11921 6.1 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); 1 cc or less	BR		3.0
11951 1.1 to 5 cc	BR		3.0
11952 5.1 to 10 cc	BR		3.0
11954 over 10 cc	BR		3.0
11960 Insertion of tissue expander(s)	BR		3.0
11970 Replacement of tissue expander with permanent prosthesis	BR		3.0
11971 Removal of tissue expander(s) without insertion of prosthesis	2.0		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

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*)) '-51'.

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 gross contamination requires prolonged cleansing when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure. (For extensive debridement of soft tissue and/or bone, see 11040-11044.)

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*)) '-51' 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@
--	------------	-----------------	-------------

REPAIR-SIMPLE

(Sum of lengths of repairs)

12001* Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.4	0	3.0
12002* 2.6 cm to 7.5 cm	0.6	0	3.0
12004* 7.6 cm to 12.5 cm	0.8	0	3.0
12005 12.6 cm to 20.0 cm	1.0	0	3.0
12006 20.1 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; 2.5 cm or less	0.6	0	3.0
12013* 2.6 cm to 5.0 cm	0.8	0	3.0
12014 5.1 cm to 7.5 cm	1.0	0	3.0
12015 7.6 cm to 12.5 cm	1.2	0	3.0
12016 12.6 cm to 20.0 cm	1.4	0	3.0
12017 20.1 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); 2.5 cm or less	0.6	0	3.0
12032* 2.6 cm to 7.5 cm	0.8	0	3.0
12034 7.6 cm to 12.5 cm	1.0	0	3.0
12035 12.6 cm to 20.0 cm	1.2	0	3.0
12036 20.1 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; 2.5 cm or less	0.8	0	3.0
12042 2.6 cm to 7.5 cm	1.0	0	3.0
12044 7.6 cm to 12.5 cm	1.2	0	3.0
12045 12.6 cm to 20.0 cm	1.4	0	3.0
12046 20.1 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; 2.5 cm or less	1.0	0	3.0
12052 2.6 cm to 5.0 cm	1.2	0	3.0
12053 5.1 cm to 7.5 cm	1.4	0	3.0
12054 7.6 cm to 12.5 cm	1.6	0	3.0
12055 12.6 cm to 20.0 cm	1.8	0	3.0
12056 20.1 cm to 30.0 cm	2.0	0	3.0
12057 over 30.0 cm	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

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)

	Unit Value	Follow-up Days=	Basic Anes@
13100 Repair, complex, trunk; 1.1 cm to 2.5 cm	1.2	30	3.0
(For 1.0 cm or less, see simple or intermediate repairs)			
13101 2.6 cm to 7.5 cm	3.0	30	3.0
13120 Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	1.8	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@	(Repair of donor site requiring skin graft or local flaps to be added as additional procedure)	Unit Value	Follow-up Days=	Basic Anes@
(For 1.0 cm or less, see simple or intermediate repairs)							
13121	2.6 cm to 7.5 cm	4.0	30	3.0			
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	2.4	30	4.0	15000		
(For 1.0 cm or less, see simple or intermediate repairs)							
13132	2.6 cm to 7.5 cm	6.0	30	4.0			
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	2.0	30	4.0			
(See also 40650-40654, ((67952)) 67961-67975)							
13151	1.1 cm to 2.5 cm	3.0	30	4.0	*15050		
13152	2.6 cm to 7.5 cm	8.0	30	4.0			
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	BR		4.0	15100		
(For packing or simple secondary wound closure, see 12020, 12021)							
13300	Repair, unusual, complicated, over 7.5 cm, any area	BR		4.0	15101		
ADJACENT TISSUE TRANSFER OR REARRANGEMENT							
(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 10 sq cm or less	4.0	60	3.0	15120		
14001	defect 10.1 sq cm to 30 sq cm	6.0	60	3.0	15121		
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect up to 10 sq cm	6.0	60	4.0	15122		
14021	defect 10 sq cm to 30 sq cm	8.0	60	4.0	15123		
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	4.0	15124		
14041	defect 10 sq cm to 30 sq cm	10.0	60	4.0	15125		
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect up to 10 sq cm	10.0	60	4.0	15126		
14061	defect 10 sq cm to 30 sq cm	14.0	60	4.0			
(For eyelid, full thickness, see ((67952)) 67961 et seq.)							
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	BR		4.0	15241		
14350	Filletted finger or toe flap, including preparation of recipient site	BR		3.0	15242		
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)							
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.							
					15243		
					15244		
					15245		
					15246		
					15247		
					15248		
					15249		
					15250		
					15251		
					15252		
					15253		
					15254		
					15255		
					15256		
					15257		
					15258		
					15259		
					15260		
					15261		
					15262		
					15263		
					15264		
					15265		
					15266		
					15267		
					15268		
					15269		
					15270		
					15271		
					15272		
					15273		
					15274		
					15275		
					15276		
					15277		
					15278		
					15279		
					15280		
					15281		
					15282		
					15283		
					15284		
					15285		
					15286		
					15287		
					15288		
					15289		
					15290		
					15291		
					15292		
					15293		
					15294		
					15295		
					15296		
					15297		
					15298		
					15299		
					15300		
					15301		
					15302		
					15303		
					15304		
					15305		
					15306		
					15307		
					15308		
					15309		
					15310		
					15311		
					15312		
					15313		
					15314		
					15315		
					15316		
					15317		
					15318		
					15319		
					15320		
					15321		
					15322		
					15323		
					15324		
					15325		
					15326		
					15327		
					15328		
					15329		
					15330		
					15331		
					15332		
					15333		
					15334		
					15335		
					15336		
					15337		
					15338		
					15339		
					15340		
					15341		
					15342		
					15343		
					15344		
					15345		
					15346		
					15347		
					15348		
					15349		
					15350		
					15351		
					15352		
					15353		
					15354		
					15355		
					15356		
					15357		
					15358		
					15359		
					15360		
					15361		
					15362		
					15363		
					15364		
					15365		
					15366		
					15367		
					15368		
					15369		
					15370		
					15371		
					15372		
					15373		
					15374		
					15375		
					15376		
					15377		
					15378		
					15379		
					15380		
					15381		
					15382		
					15383		
					15384		
					15385		
					15386		
					15387		
					15388		
					15389		
					15390		
					15391		
					15392		
					15393		
					15394		
					15395		
					15396		
					15397		
					15398		
					15399		
					15400		
					15401		
					15402		
					15403		
					15404		
					15405		
					15406		
					15407		
					15408		
					15409		
					15410		
					15411		
					15412		
					15413		
					15414		
					15415		
					15416		
					15417		
					15418		
					15419		
					15420		
					15421		
					15422		
					15423		
					15424		
					15425		
					15426		
					15427		
					15428		
					15429		</

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
Regions listed refer to donor site when tube is formed for later transfer or when "delay" of flap is prior to transfer.				keratosis)	12.0	90	3.0
Procedures 15500-15730 do not include extensive immobilization, e.g., large plaster casts and other immobilizing devices are considered additional separate procedures.				((+5785 regional (1/4 face, cheeks, chin, forehead or elsewhere)	4.0	90	3.0)
(Repair of donor site requiring skin graft or local flaps is considered an additional separate procedure)				15781 segmental, face	3.5	90	3.0
15500 Formation of tube pedicle without transfer, or major "delay" of large flap without transfer; on trunk				15782 regional, other than face	3.5	90	3.0
15505 on scalp, arms or legs				15783 superficial, any site (e.g., tattoo removal)	2.0	0	3.0
15510 on forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet				15786* Abrasion; single lesion (e.g., keratosis, scar)	0.5	0	3.0
15515 on eyelids, nose, ears or lips				15787 each additional four lesions or less	0.3		3.0
15540 Primary attachment of open or tubed pedicle flap to recipient site requiring minimal preparation; to trunk				15790 ((Superficial chemosurgery (acid peel) total face and neck)) Chemical peel (chemexfoliation); total face ((BR+))	7.0	60	3.0
15545 to scalp, arms and legs				15791 regional, face, neck, or elsewhere	BR+		3.0
15550 to forehead, cheeks, chin, mouth, neck, axillae, genitalia, or hands, feet				((+5800 Abrasion of skin, total face, with combined superficial chemosurgery (acid peel) of remaining face (eyelids, neck, shoulders)	16.0	90	3.0)
(For cross finger pedicle flap, see 15580)				15810 Salabrasion; up to 20 sq cm	BR		3.0
15555 to eyelids, nose, ears and lips				15811 over 20 sq cm	BR		3.0
15580 cross finger pedicle flap, including free graft to donor site				15819 Cervicoplasty	16.5	60	3.0
(For major debridement or excisional preparation of recipient area at the time of attachment of pedicle flap, see 15700-15730)				15820 Blepharoplasty, lower eyelids;	12.0	30	3.0
15600 Intermediate "delay" of any flap, primary "delay" of small flap, or sectioning pedicle of tubed or direct flap; at trunk				15821 with extensive herniated fat pads	14.0	30	3.0
15610 at scalp, arms and legs				((+5827 is deleted. To report use +5830))			
15620 at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet				15822 ((Rhytidectomy)) Blepharoplasty; upper eyelids	8.0	30	3.0
15625 section pedicle of cross finger flap				15823 with excessive skin weighting down lids	12.0	30	3.0
15630 at eyelids, nose, ears and lips				(For bilateral blepharoplasty, add modifier -50)			
15650 Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking" tube), any location				(See also 67916, 67917, 67923, 67924)			
15700 Excision of lesion and/or excisional preparation of recipient site and attachment of direct or tubed pedicle flap; trunk				15824 Rhytidectomy; forehead	10.0	30	3.0
15710 scalp, arms and legs				15825 neck with platysmal tightening (platysmal flap, "P-flap")	16.0	30	3.0
15720 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet				15826 glabellar frown	8.0	30	3.0
15730 eyelids, nose, ears or lips				((+5827 is deleted. To report use +5830))			
(For eyelids, nose, ears, or lips, see also anatomical area)				15828 cheeks, chin and neck	30.0	45	3.0
(For revision, defatting or rearranging of transferred pedicle flap or skin graft, see 13100-14300)				15829 subcutaneous musculoaponeurotic system (SMAS) flap	BR		3.0
OTHER GRAFTS				(For bilateral rhytidectomy, add modifier -50)			
15740 Graft, island pedicle flap				15831 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)	30.0	45	3.0
15745 myocutaneous flap				15832 thigh((s))	25.0	45	3.0
15750 neurovascular pedicle flap				15833 leg((s))	30.0	45	3.0
15755 free flap (microvascular transfer)				15834 hip((s))	30.0	45	3.0
15760 composite (full thickness of external ear or nasal ala), including primary closure, donor area				15835 buttock((s))	30.0	45	3.0
15770 derma-fat-fascia				15836 arm((s))	25.0	45	3.0
15775 Punch graft for hair transplant; 1 to 15 punch grafts				15837 forearm((s))	25.0	45	3.0
15776 more than 15 punch grafts				15838 submental fat pad	BR		3.0
(For strip transplant, 15220)				15839 other area			
MISCELLANEOUS PROCEDURES				(For bilateral procedure, add modifier -50)	BR		3.0
15780 ((Abrasion of skin for removal of scars, tattoos, actinic changes (keratoses), primary or secondary, total face)) Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general				15840 Graft for facial nerve paralysis; free fascia graft, (including obtaining fascia)	30.0	90	3.0
				(For bilateral procedure, add modifier -50)			
				15841 free muscle graft (including obtaining graft)	35.0	45	3.0
				15842 free muscle graft by microsurgical technique	35.0	45	3.0
				15845 ((reanimation;)) regional muscle transfer((s))	BR+		3.0
				(For ((intravenous)) intravenous fluorescein examination of blood flow in graft or flap, see 15860)			
				(For nerve transfers, decompression, or repair, see 64830-64876, 64905-64907, 69720-69725, 69740-69745, 69955)			

	Unit Value	Follow-up Days=	Basic Anes@
15850 Removal of sutures under anesthesia (other than local) same surgeon	1.2	0	3.0
15851 Removal of sutures ((in hospital or emergency room)) under anesthesia (other than local) other surgeon	BR		3.0
15852 Dressing change (for other than burns) under anesthesia (other than local)	1.4	0	3.0
15860 Intravenous injection of agent (e.g., fluorescein) to test blood flow in flap or graft	BR		3.0
15875 Suction assisted lipectomy, any site(s)	BR	30	3.0
((DECUBITUS)) PRESSURE ULCERS ((PRESSURE SORES)) (DECUBITUS ULCERS)			
15920 Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	BR		3.0
15922 with local or regional skin flap closure	BR		3.0
(((15930 has been deleted. To report, use 15934)))			
15931 Excision, sacral decubitus ulcer; with primary suture	13.0		3.0
(((15932 has been deleted)))			
15933 with ostectomy	BR		3.0
15934 Excision, sacral pressure ulcer, with local or regional skin flap closure (e.g., advancement, rotation, rhomboid, bipedicle);	20.0		3.0
15935 with ostectomy	BR		3.0
15936 Excision, sacral pressure ulcer, with other flap closure;	BR		3.0
15937 with ostectomy	BR		3.0
(To identify other flap closure, use also code number for specific flap)			
15940 Excision, ischial decubitus ulcer; ((direct)) with primary suture	BR		3.0
15941 with ostectomy (ischietomy)	BR		3.0
(((15942, 15943 have been deleted. To report, use 15944-15946)))			
15944 Excision, ischial pressure ulcer, with local or regional skin flap closure;	BR		3.0
15945 with ostectomy	BR		3.0
15946 Excision, ischial pressure ulcer, with ostectomy, with muscle flap or myocutaneous flap closure	BR		3.0
(To identify muscle or myocutaneous flap closure, use also code number for specific flap)			
15950 Excision, trochanteric pressure ulcer; with primary suture	BR		3.0
15951 with ostectomy	BR		3.0
15952 Excision, trochanteric pressure ulcer, with local rotation skin flap closure	BR		3.0
15953 ((skin flap closure;)) with ostectomy	BR		3.0
15954 Excision, trochanteric pressure ulcer, with bipedicle flap closure;	BR		3.0
15955 with ostectomy	BR		3.0
15956 Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure;	BR		3.0
15958 with ostectomy	BR		3.0
(To identify muscle or myocutaneous flap closure, use also code number for specific flap)			
15960 Excision, heel pressure ulcer; with primary suture	BR		3.0
15961 with ostectomy	BR		3.0
(((15962, 15963, have been deleted. To report use 15964-15967)))			
15964 Excision, heel pressure ulcer, with local skin flap closure;	BR		3.0
15965 with ostectomy	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
15966 Excision, heel pressure ulcer, with other flap closure;	BR		3.0
15967 with ostectomy	BR		3.0
(To identify other flap closure, use also code number for specific flap)			
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
(To identify muscle or myocutaneous flap closure, use also code number for specific flap)			
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
(To identify other flap closure, use also code number for specific flap)			
15999 Unlisted procedure, excision pressure ulcer	BR		3.0
(For free skin graft to close ulcer or donor site, see 15000 et seq.)			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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
(To identify muscle or myocutaneous flap closure, use also code number for specific flap)			
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
(To identify other flap closure, use also code number for specific flap)			
15999 Unlisted procedure, excision pressure ulcer	BR		3.0
(For free skin graft to close ulcer or donor site, see 15000 et seq.))			

Procedures 16000-16030 refer to local treatment of burned surface only.

List percentage of body surface involved and depth of burn.

(For skin graft, see 15100-15730)

(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@
((For skin graft, see 15100-15730))			
(For necessary related medical services (e.g., hospital visits, detention) in management of burned patients, see appropriate services in Medicine Section))			
16000	0.3	0	
16010	0.8	0	3.0
16015	*2.0	0	3.0
*16020	*0.4	0	
*16025	*0.6	0	
16030	0.8	0	
16035	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-027 DESTRUCTION.

	Unit Value	Follow-up Days=	Basic Anes@
(For electrosurgical destruction of malignant skin lesions, see 11600-11646)			
(For condylomata, see 46900-((46933)) 46924, 54050-54065, ((56500)) 56501-56515)			
*17000	*0.6	0	3.0
17001	0.3		
17002	0.15		3.0
17010	BR		
*17100	*0.4	0	3.0
17101	0.2		
17102	0.1		
17104	0.1		3.0
17105	BR		
*17110	*0.4	0	3.0
(Retreatment same as office visit)			
*17200	*0.4	0	3.0
17201	0.2		3.0
(For excision of fibrocuteaneous tags, see 11200, 11201)			
*17250	BR		3.0
(17300-17302 have been deleted. To report use 17303-17310)			
17303	BR		3.0
17304	BR		3.0
17305	BR		3.0
17306	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
17307	BR		3.0
17310	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	*0.3	0	
*17360	*0.3	0	
*17380	*0.6	0	
(For actinotherapy, see 96900)			
17999	BR		3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-030 BREAST.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
(For needle localization of breast nodules, see 76096 and 76097)			
*19000	*0.4	0	
19001	0.1	0	
19020	2.6	14	3.0
19030	0.4		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-031 BREAST.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
(All codes for bilateral procedures have been deleted. To report, add modifier -50)			
*19100	*0.6	0	
19101	3.6	30	3.0
19110	BR		
19112	BR		
19120	5.0	30	3.0
19140	8.0	60	3.0
19160	6.0	60	3.0
19162	BR		3.0
19180	8.0	45	3.0
(For immediate or delayed insertion of implant, use 19340 or 19342)			
(For gynecomastia, see 19140, 19141)			
19182	10.0	60	3.0
(When performed in conjunction with reduction mammoplasty, use also 19318)			
((19184-19187 have been deleted. To report, use 19182 with 19340 or 19342))			

	Unit Value	Follow-up Days=	Basic Anes@
(For supplemental skills of two surgeons, see WAC 296-22-010 item 5 and modifier -62)			
(For supply of prosthetic implant, see 99070)			
19200 Mastectomy, radical, including breast, pectoral muscles, axillary lymph nodes.	18.0	60	3.0
(((19211-19216 have been deleted. To report, use 19200 with 19340 or 19342)))			
19220 Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	26.0	60	11.0
(((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	16.0	60	3.0
(((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
REPAIR AND RECONSTRUCTION			
(((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)			
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	BR	30	3.0
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	BR	30	3.0
19355 Correction of inverted nipples	BR		3.0
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)

	Unit Value	Follow-up Days=	Basic Anes@
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 296-22-035 MUSCULOSKELETAL SYSTEM.

NOTES

((General: Certain procedures (e.g., incision of soft tissue abscess, drainage of infected bursa, biopsy, arthrocentesis, insertion of wires or pins, etc.) are common to all anatomic areas and are listed below under "general." Specific procedures are listed under the appropriate anatomic areas. Casts and strapping are listed at the end of the section.

Listed values include the application and removal of the first cast or traction device only. Subsequent replacement of cast and/or traction device during the listed period of follow-up care warrants additional charges:))

Casts and strapping procedures appear at the end of this section. The services listed below include the application and removal of the first cast or traction device only. Subsequent replacement of cast and/or traction device may require an additional listing.

Most bone, cartilage, and fascia graft procedures include obtaining of the graft by the operating surgeon. When a surgical associate obtains the graft for the operating surgeon, the value of the total procedure may be apportioned between the surgeons.

Rereduction of a fracture and/or dislocation, performed by the primary physician, may be identified by the addition of modifier '-76' to the usual procedure number and value as appropriate to indicate "repeat procedure by same physician" (see guidelines).

((Bone, cartilage and fascial grafts: Listed values for most graft procedures include obtaining of the graft. When a second surgeon obtains the graft, the value of the total procedure may be apportioned between the surgeons:)) All codes for suction irrigation have been deleted. To report, list only the primary surgical procedure performed (e.g., sequestrectomy, deep incision, etc.). Modifier -62 and procedures 20900-20922 are not to be used in conjunction with procedures which include a graft as part of the descriptor. Procedures 20900-20922 can be used in those unusual circumstances when a graft is used that is not included in the descriptor.

When an alloplastic implant or nonautogenous graft is used in a procedure which "includes obtaining graft," the value is to be reduced by an appropriate amount. Identify this circumstance by adding modifier -52 to the procedure number.

Plastic and metallic implant or nonautogenous graft materials are to be valued at the cost to the physician including an appropriate handling or shaping charge where applicable. See procedure 99070.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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

	Unit Value	Follow-up Days=	Basic Anes@
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
((For percutaneous needle biopsy of soft tissue of spine, see 22012))			
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
(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 87-18, filed 7/23/87)

WAC 296-22-038 INTRODUCTION OR REMOVAL.

	Unit Value	Follow-up Days=	Basic Anes@
(For injection procedure for arthrography, see anatomical area)			
20500 Injection of sinus tract; therapeutic (separate procedure)	0.4	0	
20501* diagnostic (sinogram) (separate procedure)	1.0	0	
*20520 Removal of foreign body in muscle or tendon sheath; simple	*1.2	0	3.0
20525 deep or complicated	BR+		3.0
*20550 Injection, tendon sheath, ligament ((or)), trigger points, or ganglion cyst ..	*0.4	0	
*20600 Arthrocentesis, aspiration and/or injection; small joint ((or)), bursa, or ganglion cyst (e.g., fingers, toes)	*0.3	0	
*20605 intermediate joint ((or)), bursa, or ganglion cyst (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle; olecranon bursa)	*0.4	0	
*20610 major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa) ..	*0.6	0	
20615 Aspiration and injection for treatment of bone cyst	0.6		3.0
*20650 Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	*1.2	0	3.0
20660 Application of cranial tongs ((or)), caliper, or stereotactic frame including removal (separate procedure)	3.0	0	3.0
20661 Application of halo, including removal; cranial	3.0	0	3.0
20662 pelvic	3.0	0	3.0
20663 femoral	3.0	0	3.0
*20665 Removal of tongs or halo applied by another physician	0.3	0	
*20670 Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure)	*0.6	0	3.0
20680 deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)	3.6	21	4.0
20690 Application of external fixation system (e.g., Hoffmann apparatus); ((standard configuration)), including removal	BR		3.0
((20691 other than standard configuration))	BR		3.0
(List number(s) 20690 ((or) 20691) in addition to code for treatment of closed or open fracture)			

REPAIR

(For debridement as a separate procedure (e.g., in traumatic wound) involving soft tissue and/or bone, see ((11043)) 11042, 11044)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-040 GRAFTS (OR IMPLANTS).

Codes for obtaining autogenous bone, cartilage, tendon, fascia lata grafts, or other tissues, ((the rough)) through 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
20912 nasal septum	4.2	0	3.0
(for ear cartilage, see 21235)			
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)) Bone graft with microvascular anastomosis; fibula	BR		3.0
20960 rib ((graft with microvascular anastomosis))	BR		3.0
20962 other bone graft (specify)	BR		3.0
20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, rib, metatarsal, or great toe	BR		3.0
20970 Free osteocutaneous graft ((iliac crest and inguinal groin flap)) with microvascular anastomosis; iliac crest ..	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)			
20999 Unlisted procedure, musculoskeletal system, general	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-042 HEAD.

(Skull, facial bones and temporomandibular joint)

INCISION

(For drainage of superficial abscess and hematoma, see 20000)

(For removal of embedded foreign body from dentoalveolar structure, see 41805, 41806)

	Unit Value	Follow-up Days=	Basic Anes@
21010 Arthrotomy, temporomandibular joint; unilateral	BR		3.0
21011 bilateral	BR		3.0

EXCISION

(For biopsy, see 20220, 20240)

~~(21020 Craniectomy for sequestrectomy~~ BR ~~8.0~~

~~(For craniectomy for osteomyelitis, see 61501)~~

~~(For other craniectomies, see 61304 et seq.)~~

21025 Excision of bone (e.g., for osteomyelitis or bone abscess); mandible	BR		
21026 facial bone(s)	BR		
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) Condylectomy, temporomandibular joint(unilateral) (separate procedure)	18.0	90	5.0
(21051 bilateral	20.0	90	5.0)

~~(21051 has been deleted. To report bilateral procedure, use modifier -50)~~

21060 Meniscectomy, partial or complete, temporomandibular joint(unilateral) (separate procedure)	18.0	90	5.0
(21061 bilateral	20.0	90	5.0)

~~(21061 has been deleted, to report, use modifier -50)~~

21070 Coronoidectomy (separate procedure); unilateral	18.0	90	5.0
21071 bilateral	20.0	90	5.0

INTRODUCTION OR REMOVAL

(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 than fracture or dislocation, includes removal	8.0	90	3.0

~~(For removal of interdental fixation by another physician, see 20670-20680)~~

21116 Injection procedure for temporomandibular joint arthrotomography	BR		
--	----	--	--

(For temporomandibular arthrotomography, see 70332)

REPAIR, REVISION OR RECONSTRUCTION

(For cranioplasty, see 62140 -62145)

21200 (Osteoplasty of mandible) Osteotomy (e.g., for prognathism, micrognathism, apertognathism or for reconstruction); mandible, total or horizontal	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	90	5.0)

21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	BR		
21209 reduction	BR		

21210 Graft, bone; nasal, maxillary and malar areas (includes obtaining graft)	20.0	120	5.0
--	------	-----	-----

(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	90	5.0)
---	---------------	---------------	------------------

21240 Arthroplasty, temporomandibular joint(unilateral), with or without autograft	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)

21242 Arthroplasty, temporomandibular joint, with (alloplastic material (e.g., silicone)) allograft	BR		5.0
--	----	--	-----

21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement	24.5	90	4.5
--	------	----	-----

21244 Reconstruction of mandible, extramural, with transosteal bone plate (e.g., mandibular staple bone plate)	BR		
--	----	--	--

21245 Reconstruction of mandible or maxilla, subperiosteal implant; partial	BR		
---	----	--	--

21246 complete	BR		
----------------	----	--	--

21248 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	BR		
---	----	--	--

21249 complete	BR		
----------------	----	--	--

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 (peri-orbital) osteotomies, bilateral)) Periorbital osteotomies for orbital hypertelorism, 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 (peri-orbital and zygomatic reconstruction with multiple bone grafts)) Malar augmentation, bone or alloplastic material	BR		5.0
--	----	--	-----

21275 Secondary revision for orbitocraniofacial reconstruction	BR		5.0
--	----	--	-----

(For reconstruction of skull by bone flaps, see 61555)

21280 Medial canthoplasty	BR		5.0
---------------------------	----	--	-----

21282 Lateral canthoexy	BR		5.0
-------------------------	----	--	-----

21295 Reduction of masseter muscle (e.g., treatment of benign masseteric hypertrophy); extraoral approach	BR		5.0
---	----	--	-----

21296 intraoral approach	BR		5.0
--------------------------	----	--	-----

FRACTURE AND/OR DISLOCATION

21300 Treatment of closed skull fracture without operation	Sv.&		
--	------	--	--

	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

EXCISION

21550 ((Excisional)) Biopsy, soft tissue(s) of neck or thorax	7.0	30	3.0
<i>(For needle biopsy of soft tissue, see 20206)</i>			
21555 Excision ((benign)) tumor, soft tissue of neck or thorax; 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))~~

21557 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax			
--	--	--	--

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)	BR		5.0
---	----	--	-----

21615 Excision first and/or cervical rib for outlet compression syndrome or other cause;	16.6	60	
--	------	----	--

21616 with sympathectomy	BR		
--------------------------------	----	--	--

21620 Osteotomy of sternum, partial	BR		5.0
---	----	--	-----

21627 Sternal debridement	BR		5.0
---------------------------------	----	--	-----

21630 Radical resection of sternum for tumor;	BR		5.0
---	----	--	-----

21632 with mediastinal lymphadenectomy	BR		5.0
--	----	--	-----

21633 for osteomyelitis	BR		5.0
-------------------------------	----	--	-----

REPAIR, REVISION OR RECONSTRUCTION

(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 has been deleted; use 21899))~~

FRACTURE AND/OR DISLOCATION

21800 Treatment of rib fracture; closed, uncomplicated, each	Sv.& BR		
--	---------	--	--

21805 open or complicated, each	BR		5.0
---------------------------------------	----	--	-----

21810 closed or open requiring external fixation ("flail chest")	BR		5.0
--	----	--	-----

21820 Treatment of sternum fracture; closed	Sv.& BR+		5.0
---	----------	--	-----

21825 open	BR+		5.0
------------------	-----	--	-----

(For sternoclavicular dislocation, see 23520-23532)

MISCELLANEOUS

21899 Unlisted procedure, neck or thorax	BR		5.0
--	----	--	-----

NEW SECTION

WAC 296-22-052 BACK AND FLANK.

	Unit Value	Follow-up Days=	Basic Anes@
--	------------	-----------------	-------------

EXCISION

21920 Biopsy, soft tissue of back or flank; superficial	1.3	30	0
---	-----	----	---

21925 deep	2.0	60	0
------------------	-----	----	---

21930 Excision, tumor, soft tissue of back or flank	7.0	60	0
---	-----	----	---

21935 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank	13	180	0
---	----	-----	---

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-053 SPINE (VERTEBRAL COLUMN).

(Cervical, thoracic ((dorsal)), and lumbar spine)

EXCISION

(For injection procedure for myelography, see 63510-63520)

(For injection procedure for discography, see 63530-63535)

	Unit Value	Follow-up Days=	Basic Anes@
--	------------	-----------------	-------------

((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 63020-63076)*~~

~~*(For laminectomy, Gill procedure, see 63010))*~~

22100 Partial resection of vertebral component, spinous processes ((e.g., "kissing ^d 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)) (e.g., for osteomyelitis), cervical;	BR		8.0
---	----	--	-----

22112 ((Partial excision of vertebrae (craterization, saucerization) for osteomyelitis;)) thoracic;	BR		7.0
---	----	--	-----

22114 ((Partial excision of vertebrae (craterization, saucerization) for osteomyelitis;)) lumbar;	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
-------------------------------	---------------	--	----------------

22126 Radical resection of vertebral body or component with prosthetic replacement;			
--	--	--	--

	Unit Value	Follow-up Days=	Basic Anes@
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 disko-graphy, see 62290, 62291)

(For injection procedure, chemonucleolysis, single or multiple levels, see 62292(-62293))

(For injection procedure for facet joints, see 64442, 64443, 64622, 64623)

(For needle or trocar biopsy, see 20220-20225)

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)

22250 Prophylactic treatment (plating and/or wiring) with or without methyl methacrylate, lumbar spine.....	BR		
22251 cervical or thoracic spine.....	BR		

(For radical resection of vertebral body, see vertebral corpectomy, 63081-63091)

(For prosthetic replacement of vertebrae, see 22150-22152)

22140 Reconstruction of spine with bone graft (autograft, allograft, and/or methylmethacrylate) following resection of single vertebral body; cervical.....	28.0	90	9.0
22141 thoracic.....	28.0	90	9.0
22142 lumbar.....	28.0	90	7.0

22145 Reconstruction of spine following vertebral body resection, each additional vertebral body.....	BR		
---	----	--	--

22148 Harvesting of bone autograft for vertebral reconstruction following vertebral corpectomy.....	BR		
---	----	--	--

(List separately in addition to codes 22140-22145)

22150 Reconstruction of spine with prefabricated prosthetic replacement following resection of one or more vertebral bodies; cervical.....	24.0		
22151 thoracic.....	24.0		
22152 lumbar.....	24.0		

(For osteotomy of spine, see 22210-22230)

22210 Osteotomy of spine, posterior approach, for correction of deformity, single segment; cervical.....	35.0	180	7.0
22212 thoracic.....	35.0	180	7.0
22214 lumbar.....	28.0	180	7.0

22220 Osteotomy of spine, anterior approach, for correction of deformity, single section; cervical.....	BR		
22222 thoracic.....	BR		
22224 lumbar.....	BR		
22230 Osteotomy of spine for correction of deformity, each additional segment.....	8.5	180	0

(For vertebral corpectomy, see 63081-63091.
For spinal instrumentation, see 22840-22845.
For reconstruction following vertebral corpectomy, see 22140-22152)

FRACTURE AND/OR DISLOCATION

22305 Closed treatment of vertebral process fracture(s) ((-each)).....	Sv.&		
22310 Closed treatment of vertebral body fracture(s) ((and/or dislocation)); without manipulation((-each)).....	Sv.&		
22315 Closed treatment of vertebral fracture and/or dislocation, 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

((Procedural codes 22330-22371 are for a SINGLE level procedure; for additional levels, see 22730-22735)

22330 Open treatment and fusion, cervical spine, posterior approach, with local bone graft and/or internal fixation for fracture.....	28.0	180	10.0
22335 posterior approach, with iliac or other autogenous bone graft (includes obtaining graft), for fracture.....	31.0	180	10.0
22345 anterior approach, with iliac or other autogenous bone graft (includes obtaining graft) for fracture.....	30.0	180	8.0

(For cervicocranial fusion, see 22620)

22355 Open treatment and fusion, posterior approach, with local bone graft and/or internal fixation for fracture; lumbar.....	26.0	180	8.0
22356 thoracic.....	26.0	180	10.0
22360 Open treatment and fusion, posterior approach, with iliac or other autogenous bone graft (includes obtaining graft), for fracture; lumbar.....	30.0	180	8.0
22361 thoracic.....	30.0	180	10.0
22370 Open treatment and fusion; posterolateral or anterolateral approach, with iliac or other autogenous bone graft (includes obtaining graft) for fracture, lumbar.....	BR		8.0
22371 thoracic.....	BR		13.0
22379 Harrington rod technique (list separately in addition to code for treatment of closed or open fracture and/or dislocation).....	BR		13.0)

MANIPULATION

(22500 Manipulation of spine not requiring anesthesia has been deleted. To report, use 97260)

*22505 Manipulation of spine requiring anesthesia, any region.....	*1.4	0	5.0
--	------	---	-----

((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 Arthrodesis with diskectomy, cervical, posterior approach, local bone graft

	Unit Value	Follow-up Days=	Basic Anes@
and/or internal fixation	28.0	180	10.0
22552 with iliac or other autogenous bone graft (includes obtaining graft) ..	32.0	180	10.0
22555 Arthrodesis with diskectomy, cervical, anterior interbody approach, with iliac or other autogenous bone graft (includes obtaining graft)	28.0	180	8.0

FOR THORACIC OR LUMBAR ARTHRODESIS WITH DISKECTOMY AND FUSION SEE CODES 22562 AND 22563

22560 Arthrodesis with diskectomy, lumbar or thoracic, posterior posterolateral or posterior interbody approach; local bone graft and/or internal fixation	NONCOVERED PROCEDURE		
22561 with iliac or other autogenous bone graft (includes obtaining graft) ..	NONCOVERED PROCEDURE		
22562 Arthrodesis with diskectomy, lumbar or thoracic, posterior or posterolateral, with local bone graft and/or internal fixation	26.0	180	8.0
22563 Arthrodesis with diskectomy, lumbar or thoracic, posterior or posterolateral, with iliac or other autogenous graft (includes obtaining graft)	30.0	180	8.0
22565 Arthrodesis with diskectomy, lower lumbar spine, anterior interbody approach, (includes obtaining graft)	24.0	180	8.0

ARTHRODESIS

(Arthrodesis procedures, 22548-22812, include either an allograft or an autograft. Use procedure code 22820 for the harvesting of autograft in addition to the code for arthrodesis)

ARTHRODESIS, ANTERIOR OR ANTEROLATERAL APPROACH TECHNIQUE

(Procedure codes 22554-22558 are for SINGLE interspace arthrodesis (2 adjacent vertebral segments); for additional interspaces or segments, use 22585)

22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with bone graft, with or without excision of odontoid process ...	26.0	180	9.0
--	------	-----	-----

(For intervertebral disk excision by laminotomy or laminectomy, see 63020-63042. For arthrodesis, see 22548-22650)

22554 Arthrodesis, anterior interbody technique; cervical below C2, with bone graft	23.0	180	9.0
22556 thoracic, with local bone (e.g., rib) and/or bone allograft	26.0	180	7.0
22558 lumbar, with bone graft	5.5	180	7.0
22585 Arthrodesis, anterior or anterolateral, each additional interspace (list separately in addition to single level arthrodesis)	22.0	180	9.0

(Procedure codes 22548-22585 exclude reconstruction following vertebral corpectomy)

ARTHRODESIS, POSTERIOR, POSTEROLATERAL, OR LATERAL TRANSVERSE PROCESS TECHNIQUE

(Procedure codes 22590-22630 are for SINGLE interspace arthrodesis (2 adjacent vertebral segments); for additional interspaces or segments, see 22650)

22590 Arthrodesis, posterior technique, craniocervical (occiput-C2), with bone graft and/or internal fixation	35.0	180	9.0
22595 Arthrodesis, posterior technique, atlas-axis (C1-C2) with bone graft and/or internal fixation	26.0	180	9.0

(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 ((Cervical fusion, posterior approach below C-1 level;)) Arthrodesis, posterior technique, cervical below C2 segment, local bone ((graft)) or bone allograft and/or internal fixation	24.0	180	8.0
((22605 with iliac or other autogenous bone graft (includes obtaining graft)	28.0	180	8.0
22615 Cervical fusion, anterior approach (C3-F1) with iliac or other autogenous bone graft (includes obtaining graft)	28.0	180	8.0
22617 Atlas-axis fusion (C1-C2 or C3) with iliac or other autogenous bone graft (includes obtaining graft) (posterior or anterior approach)	29.0	180	8.0
22620 Cervicocranial fusion (occiput through C2) with iliac or other autogenous bone graft (includes obtaining graft)	30.0	180	8.0
22640 Thoracic or lumbar fusion, posterior or posterolateral approach; local bone graft and/or internal fixation	24.0	180	8.0
22645 with iliac or other autogenous bone graft (includes obtaining graft) (see also 22720)	28.0	180	8.0
22655 Thoracic or lumbar fusion, posterior interbody technique, with iliac or other autogenous bone graft, (includes obtaining graft)	NONCOVERED PROCEDURE		
22670 lateral approach (transverse process to transverse process and/or sacrum) with iliac or other autogenous bone graft and/or internal fixation (includes obtaining graft)	NONCOVERED PROCEDURE		
22680 anterolateral or anterior interbody fusion, transthoracic approach (includes obtaining graft)	BR		11.0
22700 Lumbar spine fusion, anterior interbody fusion (includes obtaining graft)	24.0	180	13.0
(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	13.0
22730 Arthrodesis, primary or repair of pseudarthrosis, two levels (list separately in addition to code for single level arthrodesis, 22600-22720)	6.0		13.0
22735 more than two levels (list separately in addition to code for single level arthrodesis, 22600-22720)	BR		13.0
22610 Arthrodesis, posterior or posterolateral technique, with local bone or bone allograft and/or internal fixation; thoracic	22.0	180	7.0
22612 lumbar	22.0	180	7.0
22625 Arthrodesis, lateral transverse process technique, with local bone or bone allograft and/or internal wire fixation, lumbar	22.0	180	7.0
22630 Arthrodesis, posterior interbody technique, with local bone or bone allograft and/or internal wire fixation, lumbar ..	22.0	180	7.0
22650 Arthrodesis, posterior, posterolateral, or lateral transverse process technique, each additional interspace	5.5	180	8.0

(List separately in addition to code for single level arthrodesis, 22590-22630)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)
WAC 296-22-063 SHOULDER.

ARTHRODESIS((-PRIMARY)) FOR SPINE DEFORMITY (E.G., SCOLIOSIS, KYPHOSIS)

((For single or multiple osteotomy type of scoliosis correction, see 22206; 22207))

	Unit Value	Follow-up Days=	Basic Anes@
22800 Arthrodesis, ((primary for scoliosis (-) posterior, for spinal deformity, with or without ((postoperative) cast((-))), with bone graft; 6 or less vertebrae((-local bone graft))	29.0	180	13.0
((22801 with iliac or other autogenous bone graft	30.0	180	13.0))
22802 ((Arthrodesis, primary for scoliosis (with or without postoperative cast seven)) 7 or more vertebrae((-local bone graft))	BR		13.0
((22803 with iliac or other autogenous bone graft	BR		13.0))
22810 Arthrodesis, anterior, for spinal deformity, with or without cast, with bone graft; 4 to 7 vertebrae	BR		
22812 8 or more vertebrae	BR		

ARTHRODESIS, MISCELLANEOUS

22820 Harvesting of bone autograft (e.g., ilium, fibula, etc.) for arthrodesis	3.5	180	11.5
22830 Exploration of spinal fusion	BR		

SPINAL INSTRUMENTATION

(List separately, in addition to code for fracture, dislocation, or arthrodesis of the spine, 22305-((22803)) 22812)

22840 Posterior instrumentation; without segmental fixation (e.g., single Harrington rods technique)	50.0	180	13.0
22842 segmental fixation (e.g., ((Luque technique)) pedicle fixation, dual rods with multiple hooks and subliminal wires)	((BR)) 42	180	13.0
((For somatosensory testing, see 95925))			
22845 Anterior instrumentation ((e.g., Dwyer instrumentation))	BR		7.0
22849 Reinsertion of spinal fixation device	BR		7.0
22850 Removal of posterior nonsegmental instrumentation ((e.g., Harrington rod))	BR		8.0
22852 Removal of posterior segmental instrumentation	11.0	180	3.5
22855 Removal of anterior instrumentation ((e.g., Dwyer device))	BR		8.0
((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		7.0
---------------------------------	----	--	-----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-061 ABDOMEN.

	Unit Value	Follow-up Days=	Basic Anes@
--	------------	-----------------	-------------

EXCISION

22900 Excision, abdominal wall tumor, subfascial (e.g., desmoid)	10.0	90	4.0
((22910 has been deleted, use 22999))			

MISCELLANEOUS

22999 Unlisted procedure, abdomen, musculoskeletal system	BR		5.0
---	----	--	-----

(Clavicle, scapula, humerus head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)

INCISION

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; shoulder area deep abscess or hematoma	BR		3.0
23031 infected bursa	BR		3.0
23035 Incision, deep, with opening of cortex (e.g., shoulder area) for osteomyelitis or bone abscess	BR		3.0
23040 Arthrotomy, glenohumeral joint, for infection, with exploration, drainage, or removal of foreign body((-glenohumeral joint for infection))	11.0	60	5.0
23044 Arthrotomy, acromioclavicular, sternoclavicular joint, for infection, with exploration, drainage, or removal of foreign body((-acromioclavicular, sternoclavicular joint))	10.0	60	5.0

EXCISION

23065 Biopsy, soft tissue(s) of shoulder area; superficial	1.2	7	3.0
23066 deep	2.4	15	3.0
(For needle biopsy of soft tissue use 20206)			
23075 Excision, ((benign)) tumor; shoulder area subcutaneous	3.0	7	3.0
23076 deep, subfascial or intramuscular	4.0	15	3.0
23077 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area	BR		
23100 Arthrotomy for biopsy, glenohumeral joint	11.0	60	3.0
23101 Arthrotomy for biopsy or for excision of torn cartilage, acromioclavicular, sternoclavicular joint	11.0	60	4.0
23105 Arthrotomy for synovectomy; glenohumeral joint	BR		5.0
23106 sternoclavicular joint	BR		4.0
((23110 has been deleted, use 23929))			
23107 Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose foreign body	BR		
23120 Claviclectomy; partial	8.5	60	5.0
23125 total	16.0	60	5.0
23130 Acromiectomy, partial or total	8.5	60	5.0
23140 Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with primary autogenous graft (includes obtaining graft)	6.0	60	3.0
23145 with homogenous or other nonautogenous graft	11.0	120	3.0
23146 with homogenous or other nonautogenous graft	11.0	120	3.0
23150 Excision or curettage of bone cyst or benign tumor of proximal humerus; with primary autogenous graft (includes obtaining graft)	6.0	120	3.0
23155 with homogenous or other nonautogenous graft	11.0	120	3.0
23160 with homogenous or other nonautogenous graft	11.0	120	3.0
23170 Sequestrectomy (e.g., for osteomyelitis or bone abscess), clavicle	BR		3.0
23172 Sequestrectomy (e.g., for osteomyelitis or bone abscess), scapula	BR		3.0
23174 Sequestrectomy (e.g., for osteomyelitis or bone abscess), humeral head to surgical neck	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
*23655	requiring anesthesia	*1.2	0	3.0	24115	with primary autogenous graft (includes obtaining graft)	12.5 120 3.0
23658	Treatment of open shoulder dislocation, with uncomplicated soft tissue closure	BR		3.0	24116	with homogenous or other nonautogenous graft	13.0 120 3.0
23660	Open treatment of closed or open shoulder dislocation	12.0	90	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
23665	Treatment of closed shoulder dislocation, with fracture of greater tuberosity, with manipulation	3.0	90	3.0	24125	with primary autogenous graft (includes obtaining graft)	10.0 120 3.0
23670	Open treatment of closed or open shoulder dislocation, with fracture of greater tuberosity	12.0	90	3.0	24126	with homogenous or other nonautogenous graft	11.0 120 3.0
23675	Treatment of closed shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	4.0	90	3.0	24130	Excision, radial head	8.0 60 3.0
23680	Open treatment of closed or open shoulder dislocation, with surgical or anatomical neck fracture	14.0	90	3.0		(For replacement with implant, see 24366)	
MANIPULATION							
*23700	Manipulation under anesthesia, shoulder joint including application of fixation apparatus (dislocation excluded)	*1.2	0	4.0	24134	Sequestrectomy (e.g., for osteomyelitis or bone abscess), shaft or distal humerus	BR 3.0
ARTHRODESIS							
23800	Arthrodesis, shoulder joint, with or without local bone graft	20.0	120	5.0	24136	Sequestrectomy (e.g., for osteomyelitis or bone abscess), radial head or neck	BR 3.0
23802	with primary autogenous graft (includes obtaining graft)	24.0	120	5.0	24138	Sequestrectomy (e.g., for osteomyelitis or bone abscess), olecranon process	BR 3.0
AMPUTATION							
23900	Interthoracoscapular amputation (forequarter)	24.0	90	11.0	24140	Partial excision ((of bone)) (craterization, saucerization or diaphysectomy), of bone (e.g., for osteomyelitis), humerus	7.0 60 3.0
23920	Disarticulation of shoulder	18.0	90	5.0	24145	Partial excision ((of bone)) (craterization, saucerization or diaphysectomy), of bone (e.g., for osteomyelitis), radial head or neck	7.0 6.0 3.0
23921	secondary closure or scar revision	5.0	30	3.0	24147	Partial excision ((of bone)) (craterization, saucerization or diaphysectomy) of bone (e.g., for osteomyelitis), olecranon process	7.0 60 3.0
MISCELLANEOUS							
23929	Unlisted procedure, shoulder	BR		5.0	24150	Radical resection for tumor, shaft or distal humerus	BR 3.0
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)							
WAC 296-22-067 HUMERUS (UPPER ARM) AND ELBOW.							
(Elbow area includes head and neck of radius and olecranon process.)							
INCISION							
(For incision and drainage procedures, superficial, see 10000-10160)							
23930	Incision and drainage; deep abscess or hematoma	5.0	15	3.0	24151	with autogenous bone graft (includes obtaining graft)	BR 3.0
23931	infected bursa	5.0	15	3.0	24152	Radical resection for tumor, radial head or neck	BR 3.0
23935	Incision, deep, with opening of cortex (e.g., for osteomyelitis or bone abscess) humerus or elbow	8.0	15	3.0	24153	with autogenous bone graft (includes obtaining graft)	BR 3.0
24000	Arthrotomy, elbow, for infection, with exploration, drainage, or removal of foreign body	10.0	60	3.0	24155	Resection of elbow joint (arthrectomy)	BR 3.0
EXCISION							
(((For muscle or bone biopsy, see 20200-20245)))							
24065	Biopsy, soft tissues; superficial	2.0	7	3.0	INTRODUCTION OR REMOVAL		
24066	deep	3.0	15	3.0	(For K wire or pin insertion or removal, see 20650, 20670, 20680)		
24075	Excision, ((benign)) tumor; upper arm or elbow area, subcutaneous	4.0	15	3.0	(For arthrocentesis or needling of bursa or joint, see 20605)		
24076	deep, subfascial or intramuscular	4.5	15	3.0	24160	Implant removal; elbow joint	6.0 60 3.0
24077	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of upper arm or elbow area	BR			24164	radial head	4.8 60 3.0
24100	Arthrotomy, elbow, for synovial biopsy only	10.0	60	3.0	24200	Removal of foreign body; upper arm or elbow area subcutaneous	BR 3.0
24101	with joint exploration, with or without biopsy, with or without removal of loose or foreign body	12.0	60	3.0	24201	deep	BR 3.0
24102	for synovectomy	14.0	90	3.0	24220	Injection procedure for elbow arthrography	BR 3.0
24105	Excision, olecranon bursa	4.8	60	3.0	(For elbow arthrography, see 73085)		
24110	Excision or curettage of bone cyst or benign tumor, humerus	9.5	60	3.0	(For injection of tennis elbow, see 20550)		
REPAIR, REVISION, AND RECONSTRUCTION							
24301	Muscle or tendon transfer, any type, upper arm or elbow area single (excluding 24320-24331)	BR			24301	Muscle or tendon transfer, any type, upper arm or elbow area single (excluding 24320-24331)	BR 3.0
24305	Tendon lengthening; upper arm or elbow area single, each	7.0			24305	Tendon lengthening; upper arm or elbow area single, each	7.0 3.0
24310	Tenotomy, open, elbow to shoulder, single, each	5.0	30	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			24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	BR 3.0
24330	Flexor-plasty, elbow (e.g., Steindler type advancement)	8.0	90	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	24331	with extensor advancement	8.0 90 3.0
24340	Tenodesis for rupture of biceps tendon at elbow	14.0	90	3.0	24340	Tenodesis for rupture of biceps tendon at elbow	14.0 90 3.0
24342	Reinsertion of ruptured biceps tendon, distal, with or without tendon graft (includes obtaining graft)	14.0	90	3.0	24342	Reinsertion of ruptured biceps tendon, distal, with or without tendon graft (includes obtaining graft)	14.0 90 3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
24350	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis);	6.0	30	3.0			
24351	with extensor origin detachment	5.0	30	3.0	24579	Open treatment of closed or open condylar fracture, medial or lateral, with or without internal or external skeletal fixation	5.0 90 3.0
24352	with annular ligament resection	6.0	30	3.0			
24354	with stripping	7.0		3.0			
24356	with partial osteotomy	BR		3.0			
24360	Arthroplasty, elbow, with membrane	BR		3.0	24580	Treatment of closed comminuted elbow fracture (fracture distal humerus and/or proximal ulna and/or proximal radius), treatment with traction, (pin or skin); without manipulation	7.0 90 3.0
24361	with distal humeral prosthetic replacement	BR		3.0			
24362	with implant and fascia lata ligament reconstruction	BR		3.0	24581	with manipulation	SV 8.0 90 3.0
24363	with distal humerus and proximal ulnar prosthetic replacement ("total elbow")	BR		3.0	24583	Treatment of open comminuted elbow fracture (fracture distal humerus and/or proximal ulna and/or proximal radius), with uncomplicated soft tissue closure	9.0 90 3.0
24365	Arthroplasty, radial head;	10.0	120	3.0	24585	Open treatment of closed or open comminuted elbow fracture (fracture distal humerus and/or proximal ulna/radius), with or without internal or external skeletal fixation;	12.0 90 3.0
24366	with implant	BR		3.0	24586	with elbow resection	BR 3.0
24400	Osteotomy, humerus, with or without internal fixation	12.0	90	3.0	24587	with implant	BR 3.0
24410	Multiple osteotomies with realignment on intramedullary rod <u>humeral shaft</u> (Sofield type procedure)	14.0	90	3.0		(See also 24361)	
24420	Osteoplasty, humerus (e.g., shortening or lengthening) (excluding 64876)	BR		3.0	24588	with implants and fascia lata ligament reconstruction	BR 3.0
24430	Repair of nonunion or malunion, humerus; without graft (e.g., compression technique, etc.)	17.0	90	3.0		(See also 24362)	
24435	with iliac or other autogenous bone graft (includes obtaining graft)	20.0	120	3.0	24600	Treatment of closed elbow dislocation; without anesthesia	Sv.& *1.0 0 3.0
	(For proximal radius and/or ulna, see 25400-25420)				*24605	requiring anesthesia	
24470	Hemiepiphyseal arrest (e.g., for cubitus varus or valgus, distal humerus)	7.0	120	3.0	24610	Treatment of open elbow dislocation, with uncomplicated soft tissue closure	6.0 45 3.0
24495	Decompression fasciotomy, forearm, with brachial artery exploration	BR		3.0	24615	Open treatment of closed or open elbow dislocation	12.0 90 3.0
24498	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methyl methacrylate; humerus	BR			24620	Treatment of closed Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head)	4.0 90 3.0
FRACTURE AND/OR DISLOCATION					24625	Treatment of ((closed)) open Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of the radial head), with uncomplicated soft tissue closure	6.0 90 3.0
24500	Treatment of closed humeral shaft fracture; without manipulation	Sv.&			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
24505	with manipulation	5.0	90	3.0	*24640	Treatment of radial head subluxation in child, "nursemaid elbow," with manipulation	Sv.&
24506	percutaneous insertion of rod or pin	BR	90	3.0	24650	Treatment of closed radial head or neck fracture; without manipulation	Sv.& 3.0 90 3.0
24510	Treatment of open humeral shaft fracture, with uncomplicated soft tissue closure	7.0	90	3.0	24655	with manipulation	
24515	Open treatment of closed or open humeral shaft fracture, with or without internal or external skeletal fixation	11.0	90	3.0	24660	Treatment of open radial head or neck fracture, with uncomplicated soft tissue closure	4.0 90 3.0
24530	Treatment of closed supracondylar or transcondylar fracture, without manipulation	Sv.&			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
24531	with traction (pin or skin)	BR		3.0	24666	with implant	9.0 90 3.0
24535	Treatment of closed supracondylar or transcondylar fracture, with manipulation	5.0	90	3.0	24670	Treatment of closed ulnar fracture, proximal end (olecranon process); without manipulation	Sv.& 3.0 90 3.0
24536	with traction (pin or skin)	9.0	90	3.0	24675	with manipulation	
24538	with percutaneous skeletal fixation	10.0	90	3.0	24680	Treatment of open ulnar fracture, proximal end (olecranon process), with uncomplicated soft tissue closure	4.0 90 3.0
24540	Treatment of open supracondylar or transcondylar fracture, with uncomplicated soft tissue closure;	7.0	90	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
24542	with traction (pin or skin)	11.0	90	3.0	MANIPULATION		
24545	Open treatment of closed or open <u>humeral</u> supracondylar or transcondylar fracture, with or without internal or external skeletal fixation	10.0	90	3.0	(24700 has been deleted; use 24999)		
24560	Treatment of closed epicondylar fracture, medial or lateral; without manipulation	Sv.&			ARTHRODESIS		
24565	with manipulation	4.0	90	3.0	24800	Arthrodesis, elbow joint; with or without local or homogenous bone graft	16.0 120 3.0
24570	Treatment of open <u>humeral</u> epicondylar fracture, medial or lateral with uncomplicated soft tissue closure	6.0	90	3.0	24802	with primary autogenous bone	
24575	Open treatment of closed or open epicondylar fracture, medial or lateral, with or without internal or external skeletal fixation	9.0	90	3.0			
24576	Treatment of closed <u>humeral</u> condylar fracture, medial or lateral; without manipulation	SV					
24577	with manipulation	4.0	90	3.0			
24578	Treatment of open condylar fracture, medial or lateral, with uncomplicated						

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
graft (includes obtaining graft) . . .	16.0	120	3.0	25111	Excision of ganglion, wrist (dorsal or volar); primary	5.0	30	3.0
AMPUTATION				25112	recurrent	4.0	30	3.0
24900 Amputation, arm through humerus; with primary closure	10.0	90	3.0		(For hand or finger, see 26160)			
24920 open, circular (guillotine)	9.0	90	3.0	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
24925 secondary closure or scar revision	3.0	30	3.0					
24930 reamputation	10.0	90	3.0	25116	extensors (with or without transposition of dorsal retinaculum)	10.0	60	3.0
24931 with implant	10.0	90	3.0		(For finger synovectomies, see 26145)			
24935 Stump elongation	3.0	90	3.0	25118	Synovectomy, extensor tendon sheaths, wrist, single compartment;	10.0	60	3.0
24940 Cineplasty, upper extremity, complete procedure	BR		3.0	25119	with resection of distal ulna	11.0	60	3.0
MISCELLANEOUS				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
24999 Unlisted procedure, humerus or elbow	BR		4.0		(For head or neck of radius or olecranon process, see 24120, 24126)			
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)				25125	with primary autogenous graft (includes obtaining graft)	10.0	120	3.0
WAC 296-22-071 FOREARM AND WRIST.				25126	with homogenous or other nonautogenous graft	10.0	120	3.0
				25130	Excision or curettage of bone cyst or benign tumor of carpal bones	5.0	60	3.0
(Radius, ulna, carpal bones and joints)				25135	with primary autogenous graft (includes obtaining graft)	7.0	120	3.0
INCISION				25136	with homogenous or other nonautogenous graft	7.0	120	3.0
25000 Tendon sheath incision; at radial styloid for De Quervain's disease	4.4	30	3.0	25145	Sequestrectomy (e.g., for osteomyelitis or bone abscess); forearm and/or wrist	BR		3.0
25005 at wrist for other stenosing tenosynovitis	4.0	30	3.0	25150	Partial excision ((of bone)) (craterization, saucerization or diaphysectomy) of bone (e.g., for osteomyelitis), ulna	5.0	60	3.0
(For decompression median nerve or for carpal tunnel syndrome, see 64721)				25151	radius	5.0	60	3.0
25020 Decompression fasciotomy, wrist flexor and/or extensor compartment;	3.5	30	3.0		(For head or neck of radius or olecranon process, see 24145--((24148)) 24147)			
25023 with debridement of nonviable muscle and/or nerve	4.0	30	3.0	25170	Radical resection for tumor, radius or ulna	BR		3.0
(For decompression fasciotomy with brachial artery exploration, see 24495)				25210	Carpectomy, one bone	7.0	60	3.0
(For incision and drainage procedures, superficial, see 10000-10160)					(For carpectomy with implant, see 25441-25445)			
(For debridement, see also 11000-11044)				25215	all bones of proximal row	10.0	60	3.0
25028 Incision and drainage; forearm and/or wrist deep abscess or hematoma	1.0	30	3.0	25230	Radial styloidectomy (separate procedure)	5.0	60	3.0
25031 infected bursa	1.5	30	3.0	25240	Excision distal ulna (Darrach type procedure)	6.0	60	3.0
25035 Incision, deep, with opening of cortex (e.g., for osteomyelitis or bone abscess); forearm or wrist	2.0	30	3.0		(For implant replacement, distal ulna, see 25442)			
25040 Arthrotomy, radiocarpal, or mediocarpal joint, for infection, with exploration, drainage, or removal of ((loose or)) foreign body((for infection, radiocarpal or mediocarpal joint;))	5.0	60	3.0		(For obtaining fascia for interposition, see 20920, 20922)			
EXCISION				INTRODUCTION OR REMOVAL				
25065 Biopsy, soft tissues; superficial	2.0	7	3.0		(For K wire, pin, or rod insertion or removal, see 20650, 20670, 20680)			
25066 deep	3.0	15	3.0	25246	Injection procedure for wrist arthrography	BR		
(For needle biopsy of soft tissue, see 20206)					(For wrist arthrography, see 73115)			
25075 Excision, tumor; forearm and/or wrist area subcutaneous	4.0	15	3.0		(For foreign body removal, superficial see 20520)			
25076 deep, subfascial or intramuscular	4.0	15	3.0	25248	Exploration for removal of deep foreign body forearm or wrist	BR		
25077 Radical resection of tumor (e.g., malignant neoplasm) soft tissue of forearm and/or wrist area	BR			25250	Removal of wrist prosthesis; (separate procedure)	BR		3.0
25085 Capsulotomy, wrist (e.g., for contracture)	4.0	15	3.0	25251	complicated, including "total wrist"	BR		3.0
25100 Arthrotomy, wrist joint, for biopsy	5.0	60	3.0	REPAIR, REVISION OR RECONSTRUCTION				
25101 with joint exploration, with or without biopsy, with or without removal of loose or foreign body	7.0	60	3.0	25260	Repair, tendon or muscle, flexor; forearm and/or wrist primary, single, each tendon or muscle	7.0	90	3.0
25105 for synovectomy	8.0	90	3.0	25263	secondary, single, each tendon or muscle	1.5	90	3.0
25107 Arthrotomy, distal radioulnar joint for repair of triangular cartilage complex	9.0	60	3.0					
25110 Excision, lesion of tendon sheath forearm and/or wrist	3.0	30	3.0					

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
25635		90	3.0	26025		30	3.0
25640	4.0				5.0		
					BR		
25645	5.0	90	3.0	26030			3.0
25650	6.0	90	3.0	26034	4.0	30	3.0
25660	BR			26035	BR		
25665	1.2	0	3.0	26040	3.6	60	3.0
25670	4.0	45	3.0	26045	5.0	60	3.0
25675	8.0	90	3.0				
25676	3.2	60	3.0	26055	5.0	30	3.0
25680	6.0	90	3.0	26060	1.2	0	3.0
25685	6.0	45	3.0	26070	5.0	60	3.0
25690	12.0	90	3.0	26075	5.0	60	3.0
25695	4.0	90	3.0	26080	4.0	60	3.0
	8.0	90	3.0				
MANIPULATION				EXCISION			
(25700 has been deleted, use 25999)				(((For finger nail, see 11700-11750))			
ARTHRODESIS				(For biopsy, see 20200-20240)			
25800	12.0	120	3.0	(For neuroma, see 64200-64210))			
25805	14.0	120	3.0	26100	5.0	60	3.0
25810	16.0	120	4.0	26105	5.0	60	3.0
25820	BR	120	3.0	26110	4.0	60	3.0
25825	BR	120	3.0	26115	4.0	15	3.0
AMPUTATION				26116	4.0	30	3.0
25900	9.0	90	3.0	26117	BR		
25905	8.0	90	3.0	26120	6.0	60	3.0
25907	3.0	30	3.0	26122	10.0	60	3.0
25909	9.0	90	3.0	(For fasciotomy, see 26040-26045)			
25915	9.0	90	3.0	26124	14.0	90	3.0
25920	8.0	90	3.0	26126	18.0	90	3.0
25922	3.0	90	3.0	26128	BR		
25924	9.0	90	3.0	(((For skin grafts, etc., see 14000-15240))			
25927	10.0	90	3.0	26130	10.0	90	3.0
25929	3.0	90	3.0	26135	5.0	90	3.0
25931	10.0	90	3.0	26140	5.0	90	3.0
MISCELLANEOUS				26145	10.0	90	3.0
25999	BR		3.0	(For tendon sheath synovectomies at wrist, see 25115, 25116)			
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)				26160	2.4	30	3.0
WAC 296-22-073 HAND AND FINGERS.				(For wrist ganglion, see 25111, 25112)			
	Unit Value	Follow-up Days=	Basic Anes@	(For trigger digit, see 26055)			
INCISION							
(((For drainage of paronychia, see 10100, 10101)))							
*26010	*0.72	0	3.0	26170	BR		3.0
*26011	BR		3.0	(((Independent)) separate procedure), each			
26020	4.0	30	3.0				
(((For drainage of simple abscess, see 10020, 10060)))							

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26180				26428			
26200	BR		3.0		BR		
26205	6.0	60	3.0	26432	5.0	120	3.0
	7.0	120	3.0	26433	6.0	120	3.0
	(((26206 has been deleted, use 26989)))			26434	BR		3.0
26210	5.0	60	3.0				
26215	6.0	120	3.0				
	(((26216 has been deleted, use 26989)))			26437	BR		3.0
26230	6.0	60	3.0	26440	5.0	60	3.0
26235	5.0	60	3.0	26442	6.0	60	3.0
26236	5.0	60	3.0	26445	6.0	60	3.0
26250	12.0	120	3.0	26449	BR		3.0
26255	12.0	120	3.0				
26260	10.0	120	3.0				
26261	10.0	120	3.0	26450	4.0	30	3.0
26262	BR		3.0	26455	5.0	30	3.0
INTRODUCTION OR REMOVAL				26460	BR+		3.0
26320	BR		3.0	26471	8.0	120	3.0
	(For removal of foreign body in hand or finger, see 20520-20525)			26474	7.0	120	3.0
REPAIR, REVISION OR RECONSTRUCTION				26476	8.0	120	3.0
26350	7.0	120	3.0	26477	8.0	120	3.0
26352	BR+		3.0	26478	BR		3.0
26356	7.0	120	3.0	26479	BR		3.0
26357	BR		3.0	26480	8.0	90	3.0
26358	BR		3.0	26483	11.0	90	3.0
26370	11.8	120	3.0	26485	10.0	90	3.0
26372	BR		3.0	26489	11.0	90	3.0
26373	BR		3.0	26490	9.5	120	3.0
26390	BR		3.0	26492	11.0	120	3.0
26392	BR		3.0	26494	12.0	120	3.0
26410	3.0	120	3.0	26496	BR		3.0
26412	BR		3.0				
26415	BR		3.0				
26416	BR		3.0	26497	BR		3.0
26418	4.0	120	3.0	26498	BR		3.0
26420	BR		3.0	26499	BR		3.0
26426	4.0	120	3.0	26500	6.0	90	3.0
				26502	8.0	90	3.0
				26504	BR		3.0
				26508	8.0	90	3.0
				26510	BR	90	3.0
				26516	6.0	90	3.0
				26517	8.0	90	3.0
				26518	10.0	90	3.0
				26520	7.0	90	3.0
				26525	7.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26780				27006			
Treatment of open interphalangeal joint dislocation, single, with uncomplicated soft tissue closure	1.6	45	3.0	Tenotomy, abductors, of hip open (separate procedure)	6.0	60	3.0
26785				27010			
Open treatment of closed or open interphalangeal joint dislocation, single	2.4	60	3.0	Gluteal-iliotibial fasciotomy (Ober type procedure)	6.0	45	3.0
ARTHRODESIS				27015			
26820				Iliac crest fasciotomy (Soutter or Campbell type procedure), stripping of ilium	8.0	90	3.0
Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	10.0	120	3.0	27025			
26841				Ober-Yount fasciotomy, combined with spica cast, pins in tibia, wedging the cast, etc.; unilateral	10.0	90	3.0
Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	8.0	120	3.0	27026			
with autogenous graft (includes obtaining graft)	10.0	120	3.0	bilateral	12.0	90	3.0
26843				27030			
Arthrodesis, carpometacarpal joint, digits, other than thumb;	8.0	120	3.0	Arthrotomy, hip, for infection, with drainage;	14.0	90	3.0
with autogenous graft (includes obtaining graft)	10.0	120	3.0	27033			
26844				Arthrotomy, hip, for exploration or removal of loose or foreign body	16.0	90	3.0
Arthrodesis metacarpophalangeal joint, with or without internal fixation	7.0	120	3.0	27035			
with autogenous graft (includes obtaining graft)	8.0	120	3.0	Hip joint denervation, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral or obturator nerves	17.0	60	3.0
26850				(For obturator neurectomy, see 64763-64768)			
Arthrodesis interphalangeal joint, with or without internal fixation	5.0	120	3.0	EXCISION			
with autogenous graft (includes obtaining graft)	8.0	120	3.0	27040			
26860				Biopsy, soft tissues of pelvis and hip area; superficial	1.2	7	3.0
Arthrodesis, interphalangeal joint, with or without internal fixation	4.0	120	3.0	27041			
each additional interphalangeal joint with autogenous graft (includes obtaining graft)	6.0	120	3.0	deep	2.4	15	3.0
26862				(For needle biopsy of soft tissue, use 20206)			
with autogenous graft (includes obtaining graft), each additional joint	5.0	120	3.0	27047			
AMPUTATION				Excision, ((benign)) tumor, pelvis and hip area subcutaneous	3.0	7	3.0
(For hand through metacarpal bones, see 25927)				27048			
26910				deep, subfascial, intramuscular	4.0	15	3.0
Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	7.0	90	3.0	27049			
(For repositioning, see 26550-26555)				Radical resection of tumor (e.g., malignant neoplasm); soft tissue of pelvis and hip area	BR		
26951				27050			
Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	3.5	45	3.0	Arthrotomy, for biopsy; sacroiliac joint hip joint	6.0	90	3.0
26952				27052			
with local advancement flaps (V-Y, hood)	5.0	45	3.0	Arthrotomy for synovectomy, hip joint	14.0	90	3.0
(For repair of soft tissue defect requiring split or full thickness graft or other pedicle grafts, see 15050-15750)				27054			
MISCELLANEOUS				Excision; ischial bursa	20.0	90	3.0
26989				27060			
Unlisted procedure, hands or fingers	BR		3.0	Excision; ischial bursa or calcification	5.0	60	3.0
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)				27062			
WAC 296-22-079 PELVIS AND HIP JOINT.				trochanteric bursa or calcification	4.0	60	3.0
(Including head and neck of femur)				(For arthrocentesis or needling of bursa, see 20610)			
INCISION				27065			
(For incision and drainage procedures, superficial, see 10000-10160)				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
26990				27066			
Incision and drainage; pelvis or hip joint area, deep abscess or hematoma	BR		3.0	deep, with or without bone graft	9.5	120	3.0
26991				27067			
infected bursa	BR		3.0	with bone graft requiring separate incision	10.0	120	3.0
26992				27070			
Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess); pelvis and/or hip joint	BR		3.0	Partial excision ((of bone)) (craterization, saucerization), (e.g., for osteomyelitis); superficial (e.g., wing of ilium, symphysis pubis or greater trochanter of femur)	6.0	60	3.0
27000				27071			
Tenotomy, adductor, subcutaneous, closed (separate procedure)	1.0	0	3.0	deep	12.0	60	3.0
27001				27075			
Tenotomy, adductor, of hip subcutaneous, open; unilateral	3.0	45	3.0	Radical resection for tumor or infection; wing of ilium; one pubic or ischial ramus or symphysis pubis	BR		5.0
27002				27076			
bilateral	4.0	45	3.0	ilium, including acetabulum, both pubic rami, or ischium and acetabulum	BR		3.0
27003				27077			
Tenotomy, adductor, subcutaneous, open; with obturator neurectomy; unilateral	5.0	45	3.0	innominate bone, total	BR		3.0
27004				27078			
bilateral	6.0	45	3.0	ischial tuberosity and greater trochanter of femur	BR		3.0
27005				27079			
Tenotomy, iliopsoas, open (separate procedure)	6.0	45	3.0	ischial tuberosity and greater trochanter of femur, with skin flaps	BR		3.0
				27080			
				Coccygectomy primary	6.0	90	3.0
				(For pressure (decubitus) ulcer, see 15920-15922 and 15931-15958)			
				INTRODUCTION AND/OR REMOVAL			
				27086*			
				Removal of foreign body; pelvis or hip subcutaneous tissue	BR		3.0
				27087			
				deep	BR		3.0
				27090			
				Removal of hip prosthesis; (separate procedure)	14.0	90	3.0
				27091			
				complicated, including "total hip"	BR		7.0
				27093			
				Injection procedure for hip arthrography; without anesthesia	BR		3.0
				27095			
				with anesthesia	BR		3.0
				(For hip arthrography, see 73525)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
REPAIR, REVISION OR RECONSTRUCTION							
27097	BR		3.0				
27098	BR		3.0				
27100							
27105	15.0	120	5.0	27210			
27110	16.0	120	3.0	27212			
27111	18.0	120	3.0	27214			
	15.0	120	3.0				
((27115 has been deleted, use 27299))				(for external fixation, see 20690-20691)			
27120	24.0	120	6.0	27220			
27122	20.0	120	7.0	27222			
27125	28.0	180	7.0	27224			
<u>(For prosthetic replacement following fracture of the hip, use 27236)</u>				27225			
27126	26.0	180	6.0	27230			
27127	34.0	180	7.0				
27130				27232			
27132	40.0	180	10.0	27234			
27134	BR		7.0	27235			
27137	BR		7.0	27236			
27138	BR		7.0	27238			
27140	12.0	90	3.0	27240			
27146	24.0	120	4.0	27242			
27147				27244			
27151	27.0	120	4.0	27246			
27156	30.0	120	4.0	27248			
27157	BR	120	5.0	27250			
27158	BR		5.0	27252			
27161	20.0	120	3.0	27253			
27165	24.0	120	5.0	27254			
27170	24.0	120	6.0	27255			
27175				*27256			
27176	Sv.&	120	3.0				
27177	20.0	120	5.0	*27257			
27178	22.0	120	5.0	27258			
27179	21.0	120	5.0	27259			
27181	16.0	120	5.0				
27185	24.0	120	5.0				
27187	5.0	120	3.0				
FRACTURES AND/OR DISLOCATIONS							
27190	Sv.&						
27192	BR		3.0				
27195							
27196	Sv.&						

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<u>27265 Treatment of atraumatic hip dislocation (e.g., post-total hip arthroplasty); without anesthesia</u>	<u>BR</u>			27333 medial AND lateral	20.0	90	3.0
<u>27266 requiring general anesthesia</u>	<u>BR</u>			27334 Arthrotomy, knee, for synovectomy; anterior OR posterior	17.0	120	3.0
MANIPULATION				27335 anterior AND posterior including popliteal area	14.0	120	3.0
*27275 Manipulation, hip joint, requiring general anesthesia	*1.2	0	3.0	27340 Excision, prepatellar bursa	5.0	60	3.0
ARTHRODESIS				27345 Excision of synovial cyst of popliteal space (Baker's cyst)	8.0	60	3.0
27280 Arthrodesis, sacroiliac joint (including obtaining graft)	14.0	120	5.0	27350 Patellectomy or hemipatellectomy	12.0	90	3.0
((27281 has been deleted, use 27280 and bilateral modifier=50))				27355 Excision or curettage of bone cyst or benign tumor of femur	11.0	60	3.0
27282 Arthrodesis, symphysis pubis (including obtaining graft)	BR		4.0	27356 with homogenous graft	12.0	60	3.0
27284 Arthrodesis, hip joint (including obtaining graft);	24.0	180	5.0	27357 with primary autogenous graft (includes obtaining graft)	14.0	120	3.0
27286 with subtrochanteric osteotomy	26.0	180	5.0	27358 with internal fixation (list in addition to 27355, 27356, or 27357)	15.0	120	3.0
AMPUTATION				27360 Partial excision ((of bone)), (craterization, saucerization or diaphysectomy), ((for) of bone (e.g., osteomyelitis, femur, proximal tibia and/or fibula(†);)	10.0	60	3.0
27290 Interpeliabdominal amputation (hind quarter amputation)	29.0	120	11.0	27365 Radical resection for tumor (femur or bone ((or soft tissue)))	BR+		3.0
27295 Disarticulation of hip	24.0	120	8.0	(For radical resection of tumor, soft tissue, use 27329)			
MISCELLANEOUS				INTRODUCTION AND/OR REMOVAL			
27299 Unlisted procedure, pelvis or hip joint	BR		7.0	27370 Injection procedure for knee arthrography	0.6	0	
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)				(For knee arthrography, see 73580, 73581)			
WAC 296-22-082 FEMUR (THIGH REGION) AND KNEE JOINT.				27372 Removal foreign body, deep thigh region or knee area	BR		
(Including tibial plateaus)				(For removal of knee prosthesis including "total" knee, see 27488)			
				((27373-27379 have been deleted, see 29870-29887))			
	Unit Value	Follow-up Days=	Basic Anes@	REPAIR, REVISION OR RECONSTRUCTION			
INCISION				27380 Suture of infrapatellar tendon; primary	11.0	90	3.0
(For incision and drainage of abscess or hematoma, superficial, see 10000-10160)				27381 secondary reconstruction, including fascial or tendon graft	BR		
27301 Incision and drainage of deep abscess, infected bursa, or hematoma thigh or knee region	BR		3.0	27385 Suture of quadriceps or hamstring muscle rupture; primary	13.0	90	3.0
27303 Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess) femur or knee	BR		3.0	27386 secondary reconstruction, including fascial or tendon graft	15.0	90	3.0
27305 Fasciotomy, iliotibial (tenotomy), open	6.0	45	3.0	27390 Tenotomy, open, hamstring, knee to hip; single	6.0	45	3.0
(For combined Ober-Yount fasciotomy, see 27025-27026)				27391 multiple, one leg	6.0	90	3.0
27306 Tenotomy, subcutaneous, closed, adductor or hamstring, (separate procedure); single	1.2	60	3.0	27392 multiple, bilateral	8.0	45	3.0
27307 multiple	4.0	60	3.0	27393 Lengthening of hamstring tendon; single	8.0	90	3.0
27310 Arthrotomy, knee, for infection, with exploration, drainage or removal of foreign body	12.0	90	3.0	27394 multiple, one leg	12.0	90	3.0
27315 Neurectomy, hamstring muscle	11.0	30	3.0	27395 multiple, bilateral	16.0	120	3.0
27320 Neurectomy, popliteal (gastrocnemius)	11.0	30	3.0	((For subcutaneous tenotomy, see 27300, 27302))			
EXCISION				27396 Transplant, hamstring tendon to patella; single	16.0	120	3.0
27323 Biopsy, soft tissue((s)) of thigh or knee area; superficial	1.2	7	3.0	27397 multiple	14.0	120	3.0
27324 deep	2.4	15	3.0	27400 Tendon or muscle transfer, hamstrings to femur (Eggers type procedure)	16.0	120	3.0
27327 Excision, ((benign)) tumor; thigh or knee area subcutaneous	3.0	7	3.0	27403 Arthrotomy with open meniscus repair	14.0	120	3.0
27328 deep, subfascial, or intramuscular	4.0	15	3.0	(For arthroscopic repair, use 29882)			
<u>27329 Radical resection of tumor (e.g., malignant neoplasm); soft tissue of thigh or knee area</u>	<u>BR</u>			27405 Repair, primary, torn ligament, and/or capsule, knee; collateral	14.0	120	3.0
27330 Arthrotomy, knee; for synovial biopsy only	12.0	90	3.0	27407 cruciate	16.0	120	3.0
27331 with joint exploration, with or without biopsy, with or without removal of loose or foreign bodies	13.0	90	3.0	(27408 has been deleted, use 27427)			
27332 Arthrotomy, knee, for excision of semilunar cartilage (meniscectomy); medial OR lateral	14.0	90	3.0	27409 collateral and cruciate ligaments	18.0	120	3.0
				((27410-27416 have been deleted, use 27427-27429))			
				27418 Anterior tibial tubercle plasty for chondromalacia patellae (Maquet procedure)	14.0	120	3.0
				27420 Reconstruction for recurrent dislocating patella; (Hauser type procedure)	14.0	120	3.0
				27422 with extensor realignment and/or muscle advancement or release (Campbell, Goldthwaite, etc., type procedure)	15.0	120	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27424 with patellectomy	17.0	120	3.0				
27425 Lateral retinacular release (any method)	6.0	120	3.0	27495 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methyl methacrylate, femur	BR		
27427 Ligamentous reconstruction (augmentation) knee; extra-articular	14.0	120	3.0				
27428 intra-articular (open)	16.0	120	3.0				
27429 intra-articular (open) and extra-articular	23.0	120	3.0				
(When performed with primary repair, use in addition to the code for the primary repair)							
27430 Quadriceps plasty (Bennett or Thompson type)	15.0	120	3.0	27500 Treatment of closed femoral shaft fracture (including supracondylar); without manipulation (includes traction)	Sv.&		
27435 Capsulotomy, knee, posterior capsular release	14.0	90	3.0	27502 with manipulation	7.0	90	3.0
(27436 has been deleted, see 29887)							
27437 Arthroplasty, patella; without prosthesis	BR		3.0	27504 Treatment of open femoral shaft fracture (including supracondylar), with uncomplicated soft tissue closure	11.0	90	3.0
27438 with prosthesis	22.0	120	3.0	27506 Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation	19.0	90	4.0
27440 Arthroplasty, knee, tibial plateau;	20.0	120	3.0	27508 Treatment of closed femoral fracture, distal end, medial or lateral condyle; without manipulation	Sv.&		
27441 with debridement and partial synovectomy	BR	120	3.0	27510 with manipulation	8.0	90	3.0
27442 Arthroplasty, knee, femoral condyles or tibial plateaus	24.0	120	3.0	27512 Treatment of open femoral fracture, distal end, medial or lateral condyle, with uncomplicated soft tissue closure	12.0	90	3.0
27443 with debridement and partial synovectomy	BR			27514 Open treatment of closed or open femoral fracture, distal end, medial or lateral condyle, with or without internal or external skeletal fixation	20.0	90	4.0
27445 Arthroplasty, knee, constrained, prosthesis (e.g., Waldius type)	28.0	120	3.0	27516 Treatment of closed distal femoral epiphyseal separation; without manipulation (includes traction)	SV		
27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	43.5	120	5.0	27517 with manipulation	7.0	120	3.0
27447 medial AND lateral compartments with or without patella resurfacing ("total knee replacement")	40.0	120	5.0	27518 Treatment of open distal femoral epiphyseal separation, with uncomplicated soft tissue closure	8.0	120	3.0
(For revision of total knee arthroplasty, see 27487)							
(For revision of total knee prosthesis, see 27488)							
27448 Osteotomy, femur, shaft or supracondylar, without fixation	13.0	120	3.0	27519 Open treatment of closed or open distal femoral epiphyseal separation, with or without internal or external skeletal fixation	18.0	120	4.0
27450 with fixation	19.0	90	3.0	27520 Treatment of closed patellar fracture, without manipulation	Sv.&		
27454 Osteotomy, multiple, femoral shaft, with realignment on intramedullary rod (Sofield type procedure)	20.0	90	3.0	27522 Treatment of open patellar fracture, with uncomplicated soft tissue closure	4.0	90	3.0
27455 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock knee)), before epiphyseal closure	12.0	90	3.0	27524 Open treatment of closed or open patellar fracture, with repair and/or excision	12.0	90	3.0
(((27460 has been deleted, use 27455 with modifier 50))							
(27462 has been deleted, use 27457 with modifier 50))							
27457 After epiphyseal closure				27530 Treatment of closed tibial fracture, proximal (plateau); without manipulation	Sv.&		
27465 Osteoplasty, femur; shortening (excluding 64876)	20.0	180	3.0	27532 with manipulation	5.0	90	3.0
27466 lengthening	26.0	180	3.0	27534 Treatment of open tibial fracture, proximal (plateau), with uncomplicated soft tissue closure	8.0	90	3.0
27468 combined, lengthening and shortening with femoral segment transfer	40.0	180	4.0	27536 Open treatment of closed or open tibial fracture, proximal (plateau), with or without internal or external skeletal fixation;	14.0	90	3.0
27470 Repair, nonunion or malunion, femur, distal to head and neck; without graft (e.g., compression ((<u>technic</u>)) <u>technique</u> , etc.)	20.0	120	3.0	27537 with autogenous graft (includes obtaining graft)	16.0	120	3.0
27472 with iliac or other autogenous bone graft (includes obtaining graft)	23.0	120	3.0	27538 Treatment of closed intercondylar spine(s) fracture(s) of knee	Sv.&		
27475 Epiphyseal arrest by epiphysiodesis or stapling; distal femur	14.0	120	3.0	27540 Open treatment of closed or open intercondylar spine(s) fractures(s), of knee with internal fixation	14.0	90	3.0
27477 tibia and fibula, proximal	16.0	120	3.0	27550 Treatment of closed knee dislocation; without anesthesia	Sv.&		
27479 combined, distal femur, proximal tibia and fibula	20.0	120	3.0	27552 requiring anesthesia	3.6	45	3.0
27485 Arrest, hemicpiphysal, distal femur or proximal leg (e.g., for genu varus or valgus)	11.0	120	3.0	27554 Treatment of open knee dislocation, with uncomplicated soft tissue closure	7.0	45	3.0
27486 Revision of total knee arthroplasty; one component	BR		3.0	27556 Open treatment of closed or open knee dislocation, with or without internal or external skeletal fixation; without primary ligamentous repair	15.0	90	3.0
27487 all components	BR			27557 with primary ligamentous repair	BR	120	3.0
27488 Removal of knee prosthesis, including "total knee"	BR			27560 Treatment of closed patellar dislocation; without anesthesia	Sv.&		
(For recurrent dislocation, see 27420-27424)							
				27562 requiring anesthesia	3.6	45	3.0
				27564 Treatment of open patellar dislocation, with uncomplicated soft tissue closure	5.0	45	3.0

	Unit Value	Follow-up Days=	Basic Anes@
27566 Open treatment of closed or open patellar dislocation, with or without partial or total patellectomy	12.0	90	3.0
MANIPULATION			
*27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	*1.2	0	3.0
ARTHRODESIS			
27580 Fusion of knee, any technique	20.0	120	3.0
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, 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		4.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-087 LEG (TIBIA AND FIBULA) AND ANKLE JOINT.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
27600 Fasciotomy, leg, (anterior compartment only ;) for closed space decompression; anterior compartment only	5.0	30	3.0
27601 posterior compartment only	BR	30	3.0
27602 anterior and posterior compartments	7.0	30	3.0
(For incision and drainage procedures, superficial, see 10000-10160)			
27603 Incision and drainage; leg or ankle 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	
27607 Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess); leg or ankle	BR		3.0
27610 Arthrotomy, ankle, for infection with exploration, drainage or removal of (loose or) foreign body	9.0	60	3.0
27612 Arthrotomy, ankle, posterior capsular release, with or without Achilles tendon lengthening ((see also 27605))	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
27615 Radical resection of tumor (e.g., malignant neoplasm); soft tissue of leg or ankle area	BR		
27618 Excision, ((benign)) tumor; leg or ankle subcutaneous	3.0	7	3.0
27619 deep, subfascial or intramuscular	4.0	15	3.0
27620 Arthrotomy ((capsulotomy)), ankle, ((for biopsy)) with joint exploration, with or without biopsy, with or without removal of loose or foreign body	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.))) leg and/or ankle	3.6	30	3.0
27635 Excision, or curettage, of bone cyst or benign tumor, tibia or fibula;	10.0	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@
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) of bone (e.g., for osteomyelitis or exostosis); tibia	12.0	60	3.0
27641 fibula	10.0	60	3.0
27645 Resection for tumor, radical; tibia	BR		3.0
27646 fibula	BR		3.0
27647 talus or calcaneus	BR		3.0

INTRODUCTION OR REMOVAL

27648 Injection procedure for ankle arthrography	BR		
(For ankle arthrography, see 73615)			
(For ankle arthroscopy, see ((27850-27853)) 29890-29898)			

REPAIR, REVISION OR RECONSTRUCTION

27650 Repair, primary, open or percutaneous, ruptured Achilles tendon	11.0	120	3.0
27652 with graft (includes obtaining graft)	14.0	120	3.0
27654 Repair, 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
27675 Repair for dislocating peroneal tendons; without fibular osteotomy	5.0	90	3.0
27676 with fibular osteotomy	6.0	90	3.0
27680 Tenolysis, including tibia, fibula and ankle flexor, single	5.0	60	3.0
27681 multiple (through same incision), each	6.0	60	3.0
27685 Lengthening or shortening of tendon; single (separate procedure)	7.0	90	3.0
27686 multiple (through same incision), each	8.0	120	3.0
27687 Gastrocnemius recession (e.g., Strayer procedure)	7.0	120	3.0
(Toe extensors are considered as a group to be a single tendon when transplanted into midfoot)			
27690 Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)	8.0	120	3.0
27691 anterior tibial or posterior tibial through interosseous space	10.0	120	3.0
27692 each additional tendon	2.0		
27695 Suture, primary, torn, ruptured or severed ligament, ankle; collateral	10.0	120	3.0
27696 both collateral ligaments	14.0	120	3.0
27698 Suture, secondary repair, torn, ruptured or severed ligament; ankle, collateral (e.g., Watson-Jones procedure)	14.0	120	3.0
27700 Arthroplasty, ankle;	BR		3.0
27702 with implant ("total ankle")	BR		3.0
27703 secondary reconstruction, total ankle	BR		3.0
27704 Removal of ankle implant	BR		
27705 Osteotomy; tibia	12.0	90	3.0
27707 fibula	7.0	90	3.0
27709 tibia and fibula	14.0	90	3.0
27712 multiple, with realignment on intramedullary rod (Sofield type procedure)	18.0	90	3.0
(For osteotomy to correct genu varus (bowleg) or genu valgus (knock-knee), see 27455-((27462)) 27457)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27715	24.0	90	3.0	27814	12.0	90	3.0
27720	18.0	90	3.0	27816	Sv. & 6.0	90	3.0
27722	20.0	120	3.0	27818	6.0	90	3.0
27724	22.0	120	3.0	27820	7.0	90	3.0
27725	BR	120	3.0	27822	14.5	90	3.0
27727	BR	120	3.0	27823	18.0	120	3.0
27730	12.0	120	3.0	27830	Sv. & BR		3.0
27732	6.0	120	3.0	27831	8.0	90	3.0
27734	14.0	120	3.0	27832	Sv. & BR		3.0
27740	18.0	120	3.0	27833	8.0	90	3.0
27742	22.0	120	3.0	27840	Sv. & ((*)2.0	45	3.0
				((*)27842	3.2	45	3.0
				27844	12.0	90	3.0
27745	BR			27846	9.0	90	3.0
FRACTURES AND/OR DISLOCATIONS				ARTHROSCOPY			
27750	Sv. & 5.0	90	3.0	(((27850 has been deleted, use 29890)			
27752	6.5	90	3.0	((27851-27853 have been deleted, use 29890-29898)))			
27754	12.0	90	3.0	MANIPULATION			
27756	17.9	120	3.0	*27860	*1.0	0	3.0
27758	Sv. & 3.0	90	3.0	ARTHRODESIS			
27760	4.4	90	3.0	27870	17.0	120	3.0
27762	9.0	90	3.0	27871	BR	120	3.0
27764	Sv. & 3.0	90	3.0	AMPUTATION			
27766	4.0	90	3.0	27880	12.0	90	4.0
27780	8.0	90	3.0	27881	12.0	90	4.0
27782	4.0	90	3.0	27882	10.5	90	4.0
27784	8.0	90	3.0	*27884	*Sv. & BR		3.0
27786	Sv. & 3.0	90	3.0	27886	BR		4.0
27788	4.0	90	3.0	27888	12.0	90	3.0
27790	9.0	90	3.0	27889	12.0	120	3.0
27792	9.0	90	3.0	MISCELLANEOUS			
27800	Sv. & 6.5	90	3.0	27899	BR		4.0
27802	8.0	90	3.0	AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
27804	14.5	90	3.0	WAC 296-22-091 FOOT.			
27806	Sv. & 5.0	90	3.0	INCISION			
27808	5.0	90	3.0	(For incision and drainage procedures, superficial, see 10000-10160)			
27810	6.5	90	3.0	*28001	SV		
27812	8.0	90	3.0	*28002	BR		3.0
				28003	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
28005	Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess); foot		3.0	28116	Osteotomy, excision of tarsal coalition	7.0	60	3.0
28008	Fasciotomy, plantar and/or toe, subcutaneous ((see also 28060, 28062, 28250))	2.4	60	28118	Osteotomy, calcaneus((partial))	7.0	60	3.0
	(See also 28060, 28062, 28250)			28119	for spur, with or without plantar fascial release	BR		3.0
28010	Tenotomy, subcutaneous, toe; single	*0.8	0	28120	Partial excision ((of bone)) (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (e.g., for osteomyelitis or talar bossing), talus or calcaneus;	6.0	60	3.0
28011	multiple	*1.2	0	28122	Partial excision ((of bone)) (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus;	4.8	60	3.0
	(For open tenotomy, see 28230, 28234)			28124	Partial excision ((of bone)) (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or dorsal bossing), phalanx of toe	3.6	60	3.0
28020	Arthrotomy, with exploration, drainage or removal of loose or foreign body; intertarsal or tarsometatarsal joint	6.0	60	28126	Condylectomy, phalangeal base, single toe, each	8.0	60	3.0
28022	metatarsophalangeal joint	3.6	60	28130	Talectomy (astragalectomy)	10.0	120	3.0
28024	interphalangeal joint	2.4	60	(28135)	Calcaneotomy	10.0	120	3.0
28030	Neurectomy of intrinsic musculature of foot	BR		28140	Metatarsectomy	6.0	60	3.0
28035	Tarsal tunnel release (posterior tibial nerve decompression)	8.0	60	28150	Phalangectomy, single, each	3.6	30	3.0
	(For other nerve entrapments, see 64704 and 64722)			28153	Resection, head of phalanx, toe	6.0	30	3.0
				28160	Hemiphalangectomy or interphalangeal joint excision, toe single, each	3.0	30	3.0
EXCISION				28171	Radical resection for tumor; tarsal (except talus or calcaneus)	BR		3.0
	((For toenail, see 11730-11750))			28173	metatarsal	BR		3.0
28043	Excision, ((benign)) tumor foot; subcutaneous	3.0	7	28175	phalanx of toe	BR		3.0
28045	deep, subfascial, intramuscular	4.0	15		(For talus or calcaneus, see 27647)			
28046	Radical resection of tumor (e.g., malignant neoplasm); soft tissue of foot	BR		INTRODUCTION AND/OR REMOVAL				
28050	Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint	6.0	60	*28190	Remove foreign body; foot subcutaneous	BR		3.0
28052	metatarsophalangeal joint	3.6	60	28192	deep	BR		3.0
28054	interphalangeal joint	2.4	60	28193	complicated	BR		3.0
28060	Faciectomy, excision of plantar fascia; partial (separate procedure)	6.0	60	REPAIR, REVISION OR RECONSTRUCTION				
28062	radical (separate procedure)	BR		28200	Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon	6.0	90	3.0
	(For plantar fasciotomy, see 28008, 28250)			28202	secondary with free graft, each tendon (includes obtaining graft)	8.0	90	3.0
28070	Synovectomy, intertarsal or tarsometatarsal joint, each	6.0	90	28208	Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon	2.8	90	3.0
28072	metatarsophalangeal joint, each	3.6	90	28210	secondary with free graft, each tendon (includes obtaining graft)	4.4	90	3.0
28080	Excision of interdigital (Morton) neuroma, single, each	3.6	30	28220	Tenolysis, flexor, single	5.0	60	3.0
28086	Synovectomy, tendon sheath; foot flexor	6.0	90	28222	multiple (through same incision)	BR	60	3.0
28088	extensor	6.0	90	28225	Tenolysis, extensor; foot single	2.8	60	3.0
28090	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot	3.6	30	28226	multiple (through same incision)	BR	60	3.0
	toes	2.4	30	28230	Tenotomy, open, flexor, foot, single or multiple (separate procedure)	3.0	30	3.0
28092	toes	2.4	30	28232	toe, single (separate procedure)	1.4	30	3.0
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	6.0	60	28234	Tenotomy, open, extensor, foot or toe	1.0	30	3.0
28102	with iliac or other autogenous bone graft (includes obtaining graft)	7.0	120	28236	Transfer of tendon, anterior tibial into tarsal bone	5.0	120	3.0
28103	with homogenous bone graft	8.0	120	28238	Advancement of posterior tibial tendon with excision of accessory navicular bone (Kidner type procedure)	7.0	120	3.0
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal bones, except talus or calcaneus;	4.8	60		(For subcutaneous tenotomy, see 28010, 28011)			
28106	with iliac or other autogenous bone graft (includes obtaining graft)	5.6	120		(For transfer or transplant of tendon with muscle redirection or rerouting, see 27690-27692)			
28107	with homogenous bone graft	6.6	120		(For extensor hallucis longus transfer, great toe, IP fusion (Jones procedure), see 28760)			
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot;	3.6	60	28240	Tenotomy lengthening or release, abductor hallucis muscle	3.6	60	3.0
	(For osteotomy, partial (e.g., hallux valgus, Silver type procedure) see 28290)			28250	Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)	6.0	60	3.0
	((28109 has been deleted, see 28899))			28260	Capsulotomy, midfoot; medial release only (separate procedure)	BR		3.0
28110	Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	2.4	60	28261	with tendon lengthening	BR		3.0
28111	Osteotomy; complete excision of first metatarsal head	7.0	90	28262	extensive, including posterior talotibial			
28112	other metatarsal head (second, third or fourth)	4.0	60					
28113	fifth metatarsal head	1.0	90					
28114	all metatarsal heads with proximal phalangectomy partial excluding first metatarsal ((head)) (Clayton type procedure)	12.0	60					

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity	BR		3.0	28415	Open treatment of closed or open calcaneal fracture, with or without internal or external skeletal fixation	10.0	90	3.0
28264 Capsulotomy, midtarsal (Heyman type procedure)	12.0	90	3.0	28420	with primary iliac or other autogenous bone graft (includes obtaining graft)	14.5	90	3.0
28270 Capsulotomy for contracture, metatarsophalangeal joint, with or without tenorrhaphy, single, each joint (separate procedure)	3.0	60	3.0	28430	Treatment of closed talus fracture; without manipulation	Sv.& 3.0	90	3.0
28272 interphalangeal joint, single, each joint (separate procedure)	1.4	60	3.0	28435	with manipulation	3.0	90	3.0
28280 Webbing operation (create syndactylism of toes) for soft corn (Kelikian type procedure)	3.6	46	3.0	28436	with manipulation and percutaneous pinning	BR		3.0
28285 Hammer toe operation, one toe (e.g., interphalangeal fusion, filleting, phalangectomy) (separate procedure)	4.8	90	3.0	28440	Treatment of open talus fracture, with uncomplicated soft tissue closure	4.0	90	3.0
28286 for cock-up fifth toe with plastic skin closure, (Ruiz-Mora type procedure)	3.6	120	3.0	28445	Open treatment of closed or open talus fracture, with or without internal or external skeletal fixation	10.0	90	3.0
28288 Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, ((second)) first through fifth, each metatarsal head, (separate procedure)	7.0	120	3.0	28450	Treatment of closed tarsal bone fracture (except talus and calcaneus); without manipulation, each	Sv.& 2.0	90	3.0
28290 Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)	4.8	60	3.0	28455	with manipulation, each	2.0	90	3.0
28292 Keller, McBride or Mayo type procedure	7.0	90	3.0	28456	with manipulation reduction and percutaneous pinning, each	BR		3.0
28293 resection of joint with implant	8.0	120	3.0	28460	Treatment of open tarsal bone fracture (except talus and calcaneus), with uncomplicated soft tissue closure, each	3.0	90	3.0
28294 with tendon transplants (Joplin type procedure)	9.5	90	3.0	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	3.0
28296 with metatarsal osteotomy (Mitchell Chevron or concentric type procedure)	9.5	120	3.0	28470	Treatment of closed metatarsal fracture; without manipulation, each	Sv.& 2.2	90	3.0
28297 Lapidus type procedure	9.5	120	3.0	28475	with manipulation, each	2.2	90	3.0
28298 by phalanx osteotomy	7.0	120	3.0	28476	with manipulation and percutaneous pinning, each	BR		3.0
28299 by other methods (e.g., double osteotomy)	BR		3.0	28480	Treatment of open metatarsal fracture, with uncomplicated soft tissue closure, each	3.0	90	3.0
28300 Osteotomy; calcaneus (Dwyer or Chambers type procedure) with or without internal fixation	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	3.0
28302 talus	9.0	90	3.0	28490	Treatment of closed fracture great toe, phalanx or phalanges; without manipulation	Sv.& 1.2	30	3.0
28304 Osteotomy, midtarsal bones, other than calcaneus or talus;	8.0	90	3.0	28495	with manipulation	1.2	30	3.0
28305 with autogenous graft (includes obtaining graft) (Fowler type)	9.0	120	3.0	28496	with manipulation and percutaneous pinning, each	BR		3.0
28306 Osteotomy, metatarsal, base or shaft, single, with or without lengthening for shortening or angular correction; first metatarsal	7.0	90	3.0	28500	Treatment of open fracture great toe, phalanx or phalanges, with uncomplicated soft tissue closure	1.8	30	3.0
28307 first metatarsal with bone graft	BR		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	3.0
28308 other than first metatarsal	5.6	90	3.0	28510	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each	Sv.& 1.0	30	3.0
28309 Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)	BR	120	3.0	28515	with manipulation, each	1.0	30	3.0
28310 Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	2.8	90	3.0	28520	Treatment of open fracture, phalanx or phalanges, other than great toe, with uncomplicated soft tissue closure, each	1.6	30	3.0
28312 other phalanges, any toe	2.0	90	3.0	28525	Open treatment of closed or open fracture, phalanx or phalanges; other than great toe, with or without internal or external skeletal fixation, each	3.0	45	3.0
28313 Reconstruction, angular deformity of toe (overlapping second toe, fifth toe, curly toes), soft tissue procedures only	BR			28530	Treatment of closed sesamoid fracture	BR		
28315 Sesamoidectomy, first toe (separate procedure)	BR		3.0	*28540	Treatment of closed tarsal bone dislocation; without anesthesia	*0.72	0	
28320 Repair of nonunion or malunion; tarsal bones (calcaneus, talus, etc.)	BR		3.0	28545	requiring anesthesia	2.0	45	3.0
28322 metatarsal, with or without bone graft (includes obtaining graft)	4.8	120	3.0	28546	Treatment of closed tarsal bone dislocation, with percutaneous skeletal fixation	2.8		
28340 Reconstruction, toe, macrodactyly; soft tissue resection	BR			28550	Treatment of open tarsal bone dislocation, with uncomplicated soft tissue closure	2.8	45	3.0
28341 requiring bone resection	BR			28555	Open treatment of closed or open tarsal bone dislocation, with or without internal or external skeletal fixation	6.0	90	3.0
28344 Reconstruction, toe(s); polydactyly	BR			*28570	Treatment of closed talotarsal joint dislocation; without anesthesia	*1.0	0	
28345 syndactyly, with or without skin graft(s), each web	BR			28575	requiring anesthesia	2.4	45	3.0
28360 Reconstruction, cleft foot	BR			28580	Treatment of open talotarsal joint dislocation, with uncomplicated soft tissue closure	3.2	45	3.0
FRACTURE AND/OR DISLOCATION				28585	Open treatment of closed or open talotarsal joint dislocation, with or without internal or external skeletal fixation	10.0	90	3.0
28400 Treatment of closed calcaneal fracture; without manipulation	Sv.&							
28405 with manipulation including Cotton or Bohler type reductions	BR		3.0					
28406 with manipulation and skeletal fixation	BR	120	3.0					
28410 Treatment of open calcaneal fracture, with uncomplicated soft tissue closure	4.0	90	3.0					

	Unit Value	Follow-up Days=	Basic Anes@
*28600 Treatment of closed ((tarsometatarsal {tarsometatarsal})) tarsometatarsal joint dislocation, without anesthesia requiring anesthesia	*0.72 2.0	0 45	3.0
28605			
28606 Treatment of closed ((tarsometatarsal {tarsometatarsal})) tarsometatarsal joint dislocation, with percutaneous skeletal fixation	3.0		3.0
28610 Treatment of open ((tarsometatarsal {tarsometatarsal})) tarsometatarsal joint dislocation, with uncomplicated soft tissue closure	2.8	45	3.0
28615 Open treatment of closed or open ((tarsometatarsal {tarsometatarsal})) 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 requiring anesthesia	*0.72 1.4	0 45	3.0
28635			
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 requiring anesthesia	*0.72 1.2	0 45	3.0
28665			
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

ARTHRODESIS

28705 Pantalar arthrodesis	19.0	120	3.0
28715 Triple arthrodesis	15.0	120	3.0
28725 Subtalar arthrodesis	BR	120	3.0
28730 Arthrodesis, midtarsal or ((tarsometatarsal {tarsometatarsal})) 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 procedure)	7.0	120	3.0
28740 Arthrodesis, midtarsal or tarsometatarsal, single joint	9.0	120	3.0
28750 Arthrodesis, great toe; metatarsophalangeal joint	7.0	120	3.0
28755 interphalangeal joint	4.0	120	3.0
28760 Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure)	6.0	120	3.0
(For hammertoe operation or interphalangeal fusion, see 28285)			

AMPUTATION

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

(For amputation of tuft of distal phalanx use 11752)

MISCELLANEOUS

28899 Unlisted procedure, foot or toes	BR		3.0
((For skin grafts and flaps, see 15050-15770))			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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.

If cast application or strapping is provided as an initial procedure in which no surgery is performed (e.g., casting of a sprained ankle or knee), use the appropriate level of office visit in addition to 99070 for supplies.

Listed procedures include removal of cast or strapping.

	Unit Value	Follow-up Days=	Basic Anes@
BODY AND UPPER EXTREMITY CASTS			
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
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
(For hip spica (body) cast, including thighs only, see 29046)			
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

(If over age 24 months, see other lower extremity casts)

	Unit Value	Follow-up Days=	Basic Anes@
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		
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
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
WAC 296-22-097 ARTHROSCOPY.			
Surgical arthroscopy always includes a diagnostic arthroscopy. When arthroscopy is performed in conjunction with arthrotomy, add modifier -51.			
	Unit Value	Follow-up Days=	Basic Anes@
29815 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	7.0	60	3.0
29819 Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	7.5	60	3.0
29820 synovectomy, partial	8.0	60	3.0
29821 synovectomy, complete	9.9	60	3.0
29822 debridement, limited	7.5	60	3.0
29823 debridement, extensive	9.9	60	3.0
29825 with lysis and resection of adhesions with or without manipulation	9.9	60	3.0
29830 Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	4.7	60	3.0
29834 Arthroscopy, elbow, surgical; with removal of loose body or foreign body	5.0	60	3.0
29835 synovectomy, partial	7.1	60	3.0
29836 synovectomy, complete	8.2	60	3.0
29837 debridement, limited	7.2	60	3.0
29838 debridement, extensive	8.0	60	3.0
29840 Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	6.5	60	3.0
29843 Arthroscopy, wrist, surgical; for infection, lavage and drainage	6.5	60	3.0
29844 synovectomy, partial	6.5	60	3.0
29845 synovectomy, complete	8.0	60	3.0
29846 excision of triangular fibrocartilage and/or joint debridement	8.5	60	3.0
29847 internal fixation for fracture or instability	8.5	60	3.0
29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	6.1	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@
29871 Arthroscopy, knee, surgical; for infection, lavage and drainage	7.4	90	3.0
29872 for infection, lavage and drainage with suction irrigation	7.6	90	3.0
29874 for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	13.0	90	3.0
29875 synovectomy, limited (e.g., plica or shelf resection) (separate procedure)	16.2	90	3.0
29876 synovectomy, major, two or more compartments (e.g., medial or lateral)	16.6	90	3.0
29877 debridement/shaving of articular cartilage (chondroplasty)	16.4	90	3.0
29879 abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling	16.8	90	3.0
29880 with meniscectomy (medial AND lateral, including any meniscal shaving)	16.0	60	3.5
29881 with meniscectomy (medial or lateral including any meniscal shaving)	16.6	90	3.0
29882 with meniscus repair (medial or lateral)	16.8	90	3.0
29883 with meniscus repair (medial AND lateral)	18.5	60	3.5
29884 with lysis of adhesions with or without manipulation (separate procedure)	15.2	90	3.0
29885 drilling for osteochondritis dissecans with bone grafting with or without internal fixation	BR		
29886 drilling for intact osteochondritis dissecans lesion	16.4	90	3.0
29887 drilling for intact osteochondritis dissecans lesion with internal fixation	16.8	90	3.0
29888 Arthroscopy aided anterior cruciate ligament repair/augmentation or reconstruction	27.0	60	3.5
29889 Arthroscopy aided posterior cruciate ligament repair/augmentation or reconstruction	27.0	60	3.5
29890 Arthroscopy, ankle, diagnostic, with or without synovial biopsy (separate procedure)	6.0	90	3.0
29894 Arthroscopy, ankle, surgical; with removal of loose body or foreign body	9.0	90	3.0
29895 synovectomy, partial	9.4	90	3.0
29896 synovectomy, complete	9.9	90	3.0
29897 debridement, limited	9.4	90	3.0
29898 debridement, extensive	9.9	90	3.0
29909 Unlisted procedure, arthroscopy	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-100 ((NOSE)) RESPIRATORY SYSTEM.

	Unit Value	Follow-up Days=	Basic Anes@
NOSE			
INCISION			
(For simple furuncle, see 10020)			
*30000 Drainage abscess or hematoma, nasal, internal approach	*1.2	0	3.0
(For external approach, see 10020, 10060, 10140)			
*30020 Drainage of abscess or hematoma, nasal septum	*1.4	0	3.0
(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
(For biopsy skin of nose, see 11100, 11101)			

	Unit Value	Follow-up Days=	Basic Anes@
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
30116 bilateral	BR		3.0
(30115, 30116 would normally require the facilities available in a hospital setting)			
30117 Excision, intranasal lesion; internal approach	BR		
30118 external approach (lateral rhinotomy)	BR		
30120 Excision or surgical planing of skin of nose for rhinophyma	10.0	60	3.0
30124 Excision dermoid cyst, nose; simple, skin, subcutaneous	2.5	0	4.0
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)			

INTRODUCTION

*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

ENDOSCOPY

(For nasal endoscopy, see 31250-31258)

REMOVAL OF FOREIGN BODY

*30300 Removal of foreign body; internasal; office type procedure	*0.4	0	3.0
30310 requiring general anesthesia	2.0	7	3.0
30320 by lateral rhinotomy	BR		3.0

REPAIR

(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 has been deleted, use 30520))~~

(For submucous resection of turbinates, see 30140)

	Unit Value	Follow-up Days=	Basic Anes@
30520 Septoplasty or submucous resection with or without cartilage scoring, contouring or replacement with graft	10.0	90	5.0
30540 Repair choanal atresia; intranasal	11.0	60	5.0
30545 transpalatine	20.0	365	5.0
*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
30600 oronasal	BR+		3.0
30620 Reconstruction, functional, internal nose (septal or other septal dermato-plasty) (does not include obtaining graft)	10.0	90	3.0
30630 Repair nasal septal perforations	BR		3.0

DESTRUCTION

*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

OTHER PROCEDURES

~~((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 and/or cauterization; 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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-105 ACCESSORY SINUSES.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*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	
31033 radical, bilateral (Caldwell-Luc) with removal of antrochoanal polyps	16.0	3.0	
31040 ((Surgery on)) Pterygomaxillary fossa ((contents by transantral)) surgery, any approach	BR	90	3.0
	17.5	90	4.5

(For transantral ligation of internal maxillary artery, see 30920)

	Unit Value	Follow-up Days=	Basic Anes@
31050 Sinusotomy, sphenoid, with or without biopsy	11.0	30	3.0
31051 with mucosal stripping or removal of polyp(s)	14.0	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		3.0
31084 obliterative, with osteoplastic flap, brow incision	BR		3.0
31085 obliterative, with osteoplastic flap, coronal incision	BR		3.0
31086 nonobliterative, with osteoplastic flap, brow incision	BR		3.0
31087 nonobliterative, with osteoplastic flap, coronal incision	BR		3.0
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.)

ENDOSCOPY

For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.

31250 Nasal endoscopy, diagnostic (includes examination of the medial meatus, infundibulum, and sinus ostia)	1.0	0	3.0
31252 Nasal endoscopy, surgical; with nasal polypectomy	3.0	30	3.0
31254 with ethmoidectomy, partial	8.0	60	3.0
31255 with ethmoidectomy, anterior and posterior	13.5	60	3.0
31256 with maxillary antrostomy	14.0	30	3.0
31258 with removal of foreign body(s)	1.5	30	3.0
31260 Maxillary sinus endoscopy, diagnostic with or without biopsy	5.0	30	3.0
31263 Maxillary sinus endoscopy, surgical; with removal of foreign body(s)	6.5	30	3.0
31265 with removal of cyst	5.0	30	3.0
31267 with removal of mucous membrane and/or polyps	10.0	30	3.0
31268 with removal of fungus ball	10.0	30	3.0
31270 Sphenoid endoscopy, diagnostic	3.0	30	3.0
31275 Sphenoid endoscopy, surgical; including sphenoidotomy	5.0	30	3.0
31277 with removal of mucous membrane	5.5	30	3.0

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		3.0
---	----	--	-----

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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
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		6.0
31395 with reconstruction	BR		6.0
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	
---	-----	---	--

(For injection procedure for bronchography, see 31656, 31708, 31710)

ENDOSCOPY

For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.

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, with or without tracheoscopy; 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		4.0
31527 with insertion of obturator	BR		4.0
31528 with dilatation, initial	BR		4.0
31529 with dilatation, subsequent	BR		4.0
31530 Laryngoscopy, operative, with foreign body removal	6.0	30	4.0
31531 with operating microscope	BR		4.0
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		4.0
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		4.0
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
31579 with stroboscopy	BR	90	4.0

REPAIR

31580 Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal	BR		4.0
--	----	--	-----

	Unit Value	Follow-up Days=	Basic Anes@
31582 for laryngeal stenosis, with graft or core mold, including tracheotomy . . .	BR		4.0
31584 with open reduction of fracture	BR		4.0
31585 Treatment of closed laryngeal fracture; without manipulation	BR		4.0
31586 with closed manipulative reduction . . .	BR		4.0
31587 Laryngoplasty, cricoid split	BR		4.0
31590 Laryngeal reinnervation by neuromuscular pedicle	BR	90	4.0

DESTRUCTION

31595 Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	BR	90	4.0
---	----	----	-----

OTHER PROCEDURES

31599 Unlisted procedure, larynx	BR		4.0
--	----	--	-----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-115 TRACHEA AND BRONCHI.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
31600 Tracheostomy, planned (separate procedure);	5.4	15	6.0
31601 under two years	6.0	15	6.0
31603 Tracheostomy, emergency procedure, transtracheal	BR	90	6.0
31605 Cricothyroid membrane	BR		4.0
31610 Tracheostomy, fenestration procedure with skin flaps	7.0	15	6.0

(For endotracheal intubation, see 31500)

(For tracheal aspiration under direct vision, see 31515)

31612 Tracheal puncture, percutaneous for aspiration of mucus (transtracheal aspiration)	BR		4.0
31613 Tracheostoma revision; simple, without flap rotation	BR	30	5.0
31614 complex, with flap rotation	BR	30	5.0

ENDOSCOPY

For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.

(For tracheoscopy, see laryngoscopy codes 31515-31578)

31615 Tracheobronchoscopy through established tracheostomy incision			4.0
(((31620-31621 have been deleted, use 31622)))			
31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing	3.6		5.0
31625 with biopsy, rigid bronchoscope	5.0	30	4.0
(((31626 has been deleted, use 31625)			
((31627 has been deleted, use 31622)))			
31628 with transbronchial lung biopsy, with or without fluoroscopic guidance	BR		5.0
31629 with transbronchial needle aspiration biopsy	BR		5.0
31630 with tracheal or broncheal dilation or closed reduction of fracture	6.0	30	6.0
31631 with tracheal dilation and placement of tracheal stent	BR		4.0
31635 with removal of foreign body	5.6	30	4.0
31640 with excision of tumor	5.0	30	4.0
31641 with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser)	BR	30	4.0
31645 with therapeutic aspiration of tracheobronchial tree, initial (e.g., drainage of lung abscess)	4.0	30	4.0

31646 with therapeutic aspiration of tracheobronchial tree, subsequent	2.6	30	4.0
(For catheter aspiration of tracheobronchial tree at bedside, see 31725)			

(((31650-31651 have been deleted, see 31645-31646)))

31656 with injection of contrast material for segmental bronchography (fiberscope only)	4.0	30	4.0
(For radiological procedure, see 71040, 71060)			
31659 with other bronchoscopic procedures	BR		4.0

INTRODUCTION

(For endotracheal intubation, see 31500)

(For tracheal aspiration under direct vision, see 31515)

31700 Catheterization transglottic (separate procedure)	3.6	0	
31708 Instillation of contrast material for laryngography or bronchography, without catheterization	0.9	0	
31710 Catheterization for bronchography, with or without instillation of contrast material	0.8	0	
(For bronchoscopic catheterization for bronchography, fiberscope only, see 31656)			
31715 Transtracheal injection for bronchography	0.8	0	
(For detention time, see 99150, 99151)			
31717 Catheterization with bronchial brush biopsy	BR		
31719 Transtracheal (percutaneous) introduction of indwelling tube for therapy (tickle tube)	BR		
31720 Catheter aspiration (separate procedure); nasotracheobronchial	0.8	0	
31725 tracheobronchial with fiberscope, bedside	1.0	0	

REPAIR

31750 Tracheoplasty; cervical	BR		6.0
31755 tracheopharyngeal fistulization (Asai technique), each stage	BR		6.0
31760 intrathoracic	BR		12.0
31766 Carinal reconstruction	BR		6.0
31770 Bronchoplasty; graft repair	BR		11.0
31775 excision stenosis and anastomosis	BR		11.0
(For lobectomy and bronchoplasty, see 32485)			

31780 Excision tracheal stenosis and anastomosis; cervical	BR		11.0
31781 cervicothoracic	BR		11.0
31785 Excision of tracheal tumor or carcinoma; cervical	BR		11.0
31786 thoracic	BR		11.0

SUTURE

31800 Suture of external tracheal wound or injury; cervical	BR		6.0
31805 intrathoracic	BR		12.0
31820 Surgical closure tracheostomy or fistula; without plastic repair	4.0	30	4.0
31825 with plastic repair	6.0	30	4.0
(For repair of tracheoesophageal fistula, see 43305-43312)			
31830 Revision of tracheostomy scar	5.60	30	4.0
31899 Unlisted procedure, trachea, bronchi	BR		4.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-116 LUNGS AND PLEURA.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	*0.72	0	
32005 Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)	BR		
*32020 Tube thoracostomy with or without water seal (e.g., pneumothorax, hemothorax, empyema) (separate procedure)	*1.2	0	
32035 Thoracostomy; with rib resection for empyema	6.0	60	3.0
32036 with open flap drainage for empyema	8.0	90	3.0
32095 Thoracotomy limited, for biopsy of lung or pleura	BR		3.0
32100 Thoracotomy, major; with exploration and biopsy	12.0	90	11.0
32110 with control of traumatic hemorrhage and/or repair of lung tear	16.0	90	11.0
32120 for postoperative complications	16.0	90	11.0
32124 with open intrapleural pneumonolysis	16.0	90	11.0
32140 with cyst(s) removal with or without a pleural procedure	16.0	90	11.0
32141 with excision-plectation of bullae, with or without any pleural procedure	20.0	90	11.0
32150 with removal of intrapleural foreign body or fibrin deposit	14.0	90	11.0
32151 with removal of intrapulmonary foreign body	16.0	90	11.0
32160 with cardiac massage	BR		12.0
(For segmental or other resections of lung, see 32480-32525)			
32200 Pneumonostomy, with open drainage of abscess or cyst	14.0	120	11.0
32215 Pleural scarification for repeat pneumothorax	16.0	90	11.0
32220 Decortication, pulmonary, (separate procedure); total	20.0	90	11.0
32225 partial	14.0	90	11.0
EXCISION			
32310 Pleurectomy; parietal (separate procedure)	20.0	90	11.0
32315 partial	15.0	90	11.0
32320 Decortication and parietal pleurectomy	28.0	90	11.0
32400 Biopsy, pleura; percutaneous needle	1.2	7	
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic localization, see 71036, 71037)			
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
32402 open	6.0	15	3.0
32405 Biopsy, lung or mediastinum, percutaneous needle	3.0	7	3.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic localization, see 71036, 71037)			
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
*32420 Pneumonocentesis, puncture of lung for aspiration	*1.2	0	
32440 Pneumonectomy, total	30.0	90	11.0
32445 Pneumonectomy, extrapleural; without empyemectomy	20.0	90	11.0
32450 with empyemectomy	25.0	90	11.0
32480 Lobectomy, total or segmental;	26.0	90	11.0
32485 with bronchoplasty	30.0	90	11.0
32490 with concomitant decortication	30.0	90	11.0
32500 Wedge resection, of lung; single or multiple	22.0	90	11.0
32520 Resection of lung; with resection of chest wall	30.0	90	11.0

	Unit Value	Follow-up Days=	Basic Anes@
32522 with reconstruction of chest wall, without prosthesis	32.0	90	11.0
32525 with major reconstruction of chest wall, with prosthesis	35.0	90	11.0
32540 Extrapleural enucleation of empyema (empyemectomy);	20.0	90	11.0
32545 with lobectomy	30.0	90	11.0

ENDOSCOPY

For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.

	Unit Value	Follow-up Days=	Basic Anes@
32700 Thoracoscopy, exploratory (separate procedure);	4.0	30	4.0
32705 with biopsy	4.0	30	4.0

REPAIR

	Unit Value	Follow-up Days=	Basic Anes@
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

SURGICAL COLLAPSE THERAPY; THORACOPLASTY

(See also 32520-32525)

	Unit Value	Follow-up Days=	Basic Anes@
32900 Resection of ribs, extrapleural, all stages	14.0	90	10.0
32905 Thoracoplasty, Schede type or extrapleural (all stages);	14.0	90	9.0
32906 with closure of bronchopleural 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)

	Unit Value	Follow-up Days=	Basic Anes@
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

CARDIOVASCULAR SYSTEM

The listed values are for the principal surgeon only. For concurrent services of other physicians (e.g., team surgery, co-surgeon), see WAC 296-22-010, item 5 and appropriate unit value modifiers.

(For monitoring, operation of pump and other non-surgical services, see 99150, 99151, 99160-99162, 98190-99192)

(For other medical or laboratory related services, see appropriate section)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-120 HEART AND PERICARDIUM.

((For other medical or laboratory related services, see appropriate section))

	Unit Value	Follow-up Days=	Basic Anes@
PERICARDIUM			
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	15.0
33030 Partial resection for chronic constrictive pericarditis, without bypass	30.0	90	15.0
33035 Complete ventricular decortication, with cardiopulmonary bypass	40.0	90	15.0
33050 Excision of pericardial cyst or tumor	20.0	90	13.0
33100 Pericardiectomy (separate procedure)	34.0	90	15.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
CARDIAC TUMOR							
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			
PACEMAKER OR DEFIBRILLATOR							
(For electronic analysis of internal pacemaker system, see ((93795; 93796)) 93731-93736)							
(Procedures include repositioning or replacement in first ((fourteen)) 14 days)							
(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 pacemaker pulse generator or automatic internal cardioverter-defibrillator (AICD) 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			
33222	Revision or relocation of skin pocket for pacemaker or automatic internal cardioverter-defibrillator (AICD)	4.5	3.0	6.0			
33232	Removal of permanent pacemaker	BR		6.0			
33245	Implantation of automatic internal cardioverter-defibrillator (AICD) pads ((and epicardial) with or without sensing electrodes ((by median sternotomy)	BR		6.0			
33246	with insertion of automatic internal cardioverter-defibrillator (AICD) pulse generator	BR		6.0			
33248	Revision or removal of automatic internal cardioverter-defibrillator (AICD) pads and electrodes	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))							
(Aortic valve)							
33400	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass	50.0	90	15.0			
33404	Construction of apical-aortic conduit	BR	90	15.0			
33405	Replacement, aortic valve with cardiopulmonary bypass	52.0	90	15.0			
33407	Valvotomy, aortic valve (commissurotomy); with cardiopulmonary bypass	BR		15.0			
33408	with inflow occlusion	BR		15.0			
(For multiple valve replacement, see 33480-33492)							
33411	Replacement aortic valve; with aortic annulus enlargement, noncoronary	BR	90	15.0			
33412	with transventricular aortic annulus enlargement (Konno procedure)	BR	90	15.0			
33415	Resection or incision of ((aortic valve)) - subvalvular tissue for subvalvular aortic stenosis	40.0	90	15.0			
33417	Aortoplasty (gusset) for supravalvular stenosis	40.0	90	15.0			
MITRAL VALVE							
33420	Valvotomy, mitral valve (commissurotomy); 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			
33430	Replacement, mitral valve, with cardiopulmonary bypass	52.0	90	15.0			
TRICUSPID VALVE							
33450	Valvotomy, tricuspid valve (commissurotomy); closed	32.0	90	15.0			
33452	open, with cardiopulmonary bypass	50.0	90	15.0			
33460	Valvuloplasty or valvectomy, tricuspid valve, with cardiopulmonary bypass;	50.0	90	15.0			
33465	replacement	52.0	90	15.0			
(For multiple valve replacement, see 33480-33492)							
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	50.0	90	15.0			
PULMONARY VALVE							
33470	Valvotomy, pulmonary valve (commissurotomy); closed (transventricular)	32.0	90	15.0			
33471	transvenous balloon method	BR	90	15.0			
33472	open, with inflow occlusion	32.0	90	15.0			
33474	open, with cardiopulmonary bypass	50.0	90	15.0			
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	50.0	90	15.0			
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	52.0	90	15.0			
MULTIPLE VALVE PROCEDURES							
33480	Replacement and/or repair, double valve procedure, by methods 33400-33465	70.0	90	15.0			
33481	Single valve replacement; with commissurotomy or valvuloplasty of another valve	56.0	90	15.0			
33482	with commissurotomy or valvuloplasty of two valves	60.0	90	15.0			
33483	Double valve replacement;	65.0	90	15.0			
33485	with commissurotomy or valvuloplasty of one valve	67.0	90	15.0			
33490	Replacement and/or repair, triple valve procedure, by methods 33400 to 33465	80.0	90	15.0			
33492	Triple valve replacement	85.0	90	15.0			
CORONARY ARTERY PROCEDURES							
(Basic procedures include endarterectomy or angioplasty)							
33502	Anomalous coronary artery; ligation	20.0	90	15.0			
33503	graft, without cardiopulmonary bypass	25.0	90	15.0			
33504	graft, with cardiopulmonary bypass	35.0	90	15.0			
33510	Coronary artery bypass, autogenous graft, (e.g., saphenous vein or internal mammary artery); single graft	35.0	90	15.0			
33511	two coronary grafts	56.0	90	15.0			
33512	three coronary grafts	67.0	90	15.0			
33513	four coronary grafts	67.0	90	15.0			
33514	five coronary grafts	67.0	90	15.0			
33516	six or more coronary grafts	67.0	90	15.0			
(For separate procurement of autogenous graft, see modifier -((75)) 62, services rendered by ((more than one physician)) two surgeons)							
33520	Coronary artery bypass, nonautogenous graft (e.g., synthetic or cadaver); single						

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
graft	30.0	90	15.0	33762	30.0	90	15.0
33525 two coronary grafts	35.0	90	15.0	(Potts-Smith type operation)	BR	90	15.0
33528 three or more coronary grafts	50.0	90	15.0	33764 central, with prosthetic graft	30.0	90	15.0
(((33532-Myocardial implantation has been deleted. To report, use 33999)))				33766 vena cava to pulmonary artery (Glenn type operation)	30.0	90	15.0
POSTINFARCTION MYOCARDIAL PROCEDURES				TRANSPOSITION OF THE GREAT VESSELS			
33542 Myocardial resection (e.g., ventricular aneurysmectomy)	35.0	90	15.0	33782 Repair transposition of great vessels, atrial baffle procedure (Mustard or Senning type); 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	33783 with removal of pulmonary artery band, with or without gusset	50.0	90	15.0
33560 Myocardial operation combined with coronary bypass procedure	BR			33784 with closure of ventricular septal defect	50.0	90	15.0
33570 Coronary angioplasty (end arterectomy, with or without gas, arterial implantation or anastomosis), with bypass;	60.0	90	15.0	33785 Repair transposition of great vessels; aortic pulmonary artery reconstruction (Jatene type)	BR	90	15.0
33575 combined with vascularization	68.0	90	15.0	TRUNCUS ARTERIOSUS			
SEPTAL DEFECT				33786 Total repair, truncus arteriosus (Rastelli type operation)	50.0	90	15.0
33640 Repair atrial septal defect, secundum; direct closure without cardiopulmonary without bypass	32.0	90	15.0	33788 Replant pulmonary artery for hemitruncus	30.0	90	15.0
33641 direct closure with cardiopulmonary bypass	46.0	90	15.0	(For pulmonary artery band, see 33690)			
33643 patch closure, with or without anomalous pulmonary venous drainage	30.0	90	15.0	AORTIC ANOMALIES			
33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	30.0	90	15.0	33802 Division of aberrant vessel (vascular ring);	18.0	90	15.0
33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	BR	90	15.0	33803 with reanastomosis	20.0	90	15.0
33649 Repair of tricuspid atresia (e.g., Fontan, Gago procedures)	BR			33810 Creation of aortopulmonary window; without bypass	20.0	90	15.0
33660 Patch closure, endocardial cushion defect, with or without repair of mitral and/or tricuspid cleft;	50.0	90	15.0	33812 with cardiopulmonary bypass	30.0	90	15.0
33665 with repair of separate ventricular septal defect	35.0	90	15.0	33820 Patent ductus arteriosus; ligation (primary procedure)	15.0	90	15.0
33670 Repair of complete atrioventricular canal, with or without prosthetic valve	50.0	90	15.0	33822 division, under 18 years	18.0	90	15.0
33681 Closure ventricular septal defect; direct	35.0	90	15.0	33824 division, 18 years and older	20.0	90	15.0
33682 patch	50.0	90	15.0	33830 ligation or division when performed with another procedure	5.0		15.0
33684 with pulmonary valvotomy or infundibular resection (acyanotic)	50.0	90	15.0	33840 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	20.0	90	15.0
33688 with removal of pulmonary artery band, with or without gusset	5.0			33845 with graft	30.0	90	15.0
33690 Banding of pulmonary artery	15.0	90	15.0	(((33850 has been deleted, use 33999)))			
33692 Total repair tetralogy of Fallot; intact outflow tract	50.0	90	15.0	33851 repair using left subclavian artery as gusset for enlargement of segment (Waldhusen procedure)	BR	90	15.0
33694 with outflow tract gusset	50.0	90	15.0	THORACIC AORTIC ANEURYSM			
33696 with closure of previous shunt	8.0			33860 Ascending aorta graft, with cardiopulmonary bypass; with or without coronary implant, with or without valve suspension; without valve replacement	40.0	90	15.0
SINUS OF VALSALVA				33865 with valve replacement	50.0	90	15.0
33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	50.0	90	15.0	33870 Transverse arch graft, with cardiopulmonary bypass	60.0	90	15.0
33710 with repair of ventricular septal defect	35.0	90	15.0	33875 Descending thoracic aorta graft, with or without bypass	20.0	90	15.0
33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	50.0	90	15.0	33877 <u>Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass</u>	40.0	90	15.0
TOTAL ANOMALOUS PULMONARY VENOUS DRAINAGE				PULMONARY ARTERY			
33730 Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	50.0	90	15.0	33910 Pulmonary artery embolectomy; with cardiopulmonary bypass	30.0	90	15.0
(For partial anomalous return, see atrial septal defect)				33915 without bypass	20.0	90	15.0
SHUNTING PROCEDURES				MISCELLANEOUS			
33735 Atrial septectomy or septostomy; closed (Blalock-Hanlon type operation)	32.0	90	15.0	33930 Donor cardiectomy-pneumonectomy, with preparation and maintenance of homograft	BR		15.0
33737 open, with inflow occlusion	40.0	90	15.0	33935 Heart-lung transplant with recipient cardiectomy-pneumonectomy	BR		
33738 transvenous method, balloon, Rashkind type (includes cardiac catheterization)	50.0	90	15.0	33940 Donor cardiectomy, with preparation and maintenance of homograft	BR		
33739 blade method (Sang-Park septostomy) (includes cardiac catheterization)	BR			33945 Heart transplant, with or without recipient cardiectomy	BR		
33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	30.0	90	15.0	(((33950 has been deleted, use 33940, 33945)))			
33755 ascending aorta to pulmonary artery (Waterston type operation)	30.0	90	15.0				

	Unit Value	Follow-up Days=	Basic Anes@
33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency	BR		15.0
33970 Intra-aortic balloon counterpulsation; insertion only	BR	10	15.0
(For percutaneous insertion use 93536)			
33971 removal of balloon including repair of artery with or without graft	BR		15.0
33972 monitoring only	BR		15.0
33999 Unlisted procedure, cardiac surgery	BR		15.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-125 ARTERIES AND VEINS. Primary vascular procedure listings include establishing both inflow and outflow by whatever procedures necessary. Also included is that portion of the operative arteriogram performed by the surgeon, as indicated. Sympathectomy, when done, is included in the listed aortic procedures. For unlisted vascular procedure, use 37799.

	Unit Value	Follow-up Days=	Basic Anes@
--	------------	-----------------	-------------

ARTERIAL EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER

34001 Embolectomy or thrombectomy, with or without catheter; carotid, subclavian, or innominate 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
34111 radial or ulnar	BR	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
34203 popliteal-tibio-peroneal, by leg incision	BR	60	5.0

VENOUS THROMBECTOMY, DIRECT OR WITH CATHETER

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

VENOUS RECONSTRUCTION

34501 Valvuloplasty, femoral vein	BR		
34510 Venous valve transposition, any vein donor	BR		
34520 Cross-over vein graft to venous system	BR		
34530 Saphenopopliteal vein anastomosis	BR		

DIRECT REPAIR OF ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION FOR ANEURYSM, FALSE ANEURYSM, RUPTURED ANEURYSM, OR OCCLUSIVE DISEASE

Procedures 35001-35162 include preparation of artery for anastomosis including endarterectomy.

(For intracranial aneurysm, see 61700 et seq.)
(For thoracic aortic aneurysm, see 33860-33875)

35001 Direct repair of aneurysm or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm or occlusive disease, carotid, subclavian artery, by neck incision	28.0	90	6.0
35002 for ruptured aneurysm, carotid, subclavian artery by neck incision	BR		6.0
35005 for aneurysm or occlusive disease, vertebral artery	BR		
35011 for aneurysm or occlusive disease,			

	Unit Value	Follow-up Days=	Basic Anes@
axillary-brachial artery, by arm incision	28.0	90	5.0
35013 for ruptured aneurysm, axillary-brachial artery, by arm incision	BR		
35021 for aneurysm or occlusive disease, innominate, subclavian artery, by thoracic incision	32.0	90	12.0
35022 for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	BR		
35045 for aneurysm or occlusive disease, radial or ulnar artery	BR		
35081 for aneurysm or occlusive disease, abdominal aorta	40.0	90	12.0
35082 for ruptured aneurysm, abdominal aorta	BR		12.0
35091 for aneurysm or occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	BR		12.0
35092 for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	BR		12.0
35102 for aneurysm or occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	40.0	90	12.0
35103 for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	BR		12.0
35111 for aneurysm or occlusive disease, splenic artery	24.0	90	6.0
35112 for ruptured aneurysm, splenic artery	BR		
35121 for aneurysm or occlusive disease, hepatic, celiac, renal, or mesenteric artery	40.0	90	6.0
35122 for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	BR		6.0
35131 for aneurysm or occlusive disease, iliac artery (common, hypogastric, external)	32.0	90	6.0
35132 for ruptured aneurysm, iliac artery (common, hypogastric, external)	BR		6.0
35141 for aneurysm or occlusive disease, common femoral artery (profunda femoris, superficial femoral)	28.0	90	5.0
35142 for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	BR		
35151 for aneurysm or occlusive disease, popliteal artery	28.0	90	5.0
35152 for ruptured aneurysm, popliteal artery	BR		5.0
35161 for aneurysm or occlusive disease, other arteries	BR		5.0
35162 for ruptured aneurysm, other arteries	BR		5.0

REPAIR ARTERIOVENOUS FISTULA

35180 Repair, congenital arteriovenous fistula; head and neck	28.0	60	6.0
35182 thorax and abdomen	34.0	60	6.0
35184 extremities	28.0	60	6.0
35188 Repair, acquired or traumatic arteriovenous fistula; head and neck	30.0	60	6.0
35189 thorax and abdomen	40.0	60	6.0
35190 extremities	30.0	60	6.0

REPAIR BLOOD VESSEL OTHER THAN FOR FISTULA, WITH OR WITHOUT PATCH GRAFT

(For AV fistula repair, see 35180-35190)

35201 Repair blood vessels, direct; neck	28.0	60	10.0
35206 upper extremity	28.0	60	10.0
35207 hand and finger	BR	60	10.0
35211 intrathoracic, with bypass	35.0	60	10.0
35216 intrathoracic, without bypass	30.0	60	10.0
35221 intra-abdominal	34.0	90	10.0
35226 lower extremity	28.0	60	8.0
35231 Repair blood vessel with vein graft; neck	30.0	60	6.0
35236 upper extremity	30.0	60	6.0
35241 intrathoracic, with bypass	40.0	60	6.0
35246 intrathoracic, without bypass	35.0	60	6.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
35251	intra-abdominal	40.0	90	6.0	35612	subclavian-subclavian	40.0 90 12.0
35256	lower extremity	32.0	60	3.0	35616	subclavian-axillary	30.0 90 6.0
35261	Repair blood vessel with graft other than vein; neck	32.0	60	6.0	35621	axillary-femoral	35.0 90 12.0
35266	upper extremity	32.0	60	6.0	35626	aortosubclavian or carotid	35.0 90 12.0
35271	intrathoracic, with bypass	42.0	60	6.0	35631	aortoceliac, aorto mesenteric, aorto renal	35.0 90 12.0
35276	intrathoracic, without bypass	37.0	60	6.0	35636	splenorenal	35.0 90 12.0
35281	intra-abdominal	42.0	90	6.0	35637	vertebral-carotid transposition	BR 90 12.0
35286	lower extremity	34.0	60	3.0	35638	vertebral-subclavian transposition	BR 90 12.0

THROMBOENDARTERECTOMY

(For coronary artery, see 33570, 33575)

35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	30.0	90	6.0
35311	subclavian, innominate, by thoracic incision	30.0	90	11.0
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
35351	iliac	32.0	90	6.0
35355	iliofemoral	BR	90	6.0
35361	combined aortoiliac	40.0	90	12.0
35363	combined aortoiliofemoral	BR	90	12.0
35371	common ((and/or deep (profunda))) femoral	28.0	90	5.0
35372	deep (profunda) femoral	28.0	90	5.0
35381	femoral and/or popliteal, and/or tibioperoneal	28.0	90	5.0

TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE

(If done as part of another operation, use modifier -51 or -52)

35450	Transluminal angioplasty, intraoperative (separate procedure); renal	BR		
35452	aortic	BR		
35454	iliac	BR		
35456	femoral-popliteal	BR		
35458	subclavian-axillary	BR		

BYPASS GRAFT—VEIN

35501	Bypass graft, vein; carotid	30.0	90	6.0
35506	carotid-subclavian	30.0	90	6.0
35507	subclavian-carotid	30.0	90	6.0
35508	carotid-vertebral	30.0	90	11.0
35509	carotid-carotid	30.0	90	11.0
35511	subclavian-subclavian	30.0	90	11.0
35515	subclavian-vertebral	30.0	90	11.0
35516	subclavian-axillary	30.0	90	6.0
35518	axillary-axillary	30.0	90	5.0
35521	axillary-femoral	30.0	90	5.0
35526	aortosubclavian or carotid	32.0	90	12.0
35531	aortoceliac, or aortomesenteric	36.0	90	12.0
35533	axillary-femoral-femoral	BR	90	12.0
35536	splenorenal	32.0	90	10.0
35541	aortoiliac	32.0	90	12.0
35546	aortofemoral or bifemoral	32.0	90	12.0
35548	aortoiliofemoral, unilateral	32.0	90	12.0
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
35558	femoral-femoral	28.0	90	5.0
35560	aorto-renal	BR	90	12.0
35563	ilioiliac	30.0	90	12.0
35565	iliofemoral	32.0	90	12.0
35566	femoral-anterior tibial, posterior tibial, or peroneal artery	30.0	90	12.0
35571	popliteal-tibial or peroneal artery	32.0	90	12.0

IN-SITU VEIN BYPASS

35582	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)	BR	90	12.0
35583	femoral-popliteal	BR	90	12.0
35585	femoral-anterior tibial, posterior tibial, or peroneal artery	BR	90	12.0
35587	popliteal-tibial, peroneal	BR	90	12.0

BYPASS GRAFT—WITH OTHER THAN VEIN

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, aorto mesenteric, aorto renal	35.0	90	12.0
35636	splenorenal	35.0	90	12.0
35637	vertebral-carotid transposition	BR	90	12.0
35638	vertebral-subclavian transposition	BR	90	12.0
35641	aortoiliac	35.0	90	12.0
36642	carotid-vertebral	BR	90	12.0
35645	subclavian-vertebral	BR	90	12.0
35646	aortofemoral or bifemoral	30.0	90	12.0
35650	axillary-axillary	BR		
35651	aortofemoral-popliteal	30.0	90	12.0
35654	axillary-femoral-femoral	BR		
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 or peroneal artery	28.0	90	5.0
35681	Bypass graft, composite	BR		

EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR) WITH OR WITHOUT LYSIS OF 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

EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, INFECTION OR THROMBOSIS

35800	Exploration for postoperative hemorrhage or thrombosis; neck	BR		BR
35820	chest	BR		BR
35840	abdomen	BR		BR
35860	extremity	BR		BR
35870	Repair of graft-enteric fistula	BR		
35875	Thrombectomy and/or repair of arterial or venous graft	BR		
(35880)	with secondary procedure for outflow	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 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)

	Unit Value	Follow-up Days=	Basic Anes@
37190 Plastic repair of arteriovenous aneurysm.....	BR		9.0
REPAIR, LIGATION AND OTHER PROCEDURES			
(((37400-37560 have been deleted, use 35201-35286)))			
37565 Ligation of internal jugular vein	BR		6.0
37600 Ligation, external carotid artery	10.0	30	3.0
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
(For ligation treatment of intracranial aneurysm, see 61703)			
37609 Ligation or biopsy, temporal artery ...	4.0	30	4.0
37615 Ligation, major artery (e.g., post-traumatic, rupture); neck	BR		4.0
37616 chest	BR		6.0
37617 abdomen	BR		6.0
37618 extremity	BR		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
37650 Interruption, partial or complete, of femoral vein, by ligation, intravascular device; unilateral	8.0	30	3.0
37651 bilateral	10.0	30	3.0
37660 Interruption, partial or complete, of common iliac vein by ligation, 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
37730 Ligation and division and complete stripping of long and short saphenous veins; unilateral	10.0	30	3.0
37731 bilateral	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 bilateral	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 bilateral	4.0	30	3.0
37785 Ligation and division of minor varicose vein of leg	1.2	15	3.0
37787 Bilateral	1.8	15	3.0
37799 Unlisted procedure, vascular surgery ..	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-130 SPLEEN.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
(((38090 has been deleted, use 38999)))			
38100 Splenectomy (separate procedure); total	14.5	45	6.0
38101 partial	14.5	45	6.0
REPAIR			
38115 Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	13.0	45	6.0

INTRODUCTION

	Unit Value	Follow-up Days=	Basic Anes@
38200 Injection procedure for splenoportography.....	2.0	7	3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-135 LYMPH NODES AND LYMPHATIC CHANNELS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*38300 Drainage of lymph node abscess or lymphadenitis, simple	*0.6	0	3.0
38305 extensive	BR		3.0
38308 Lymphangiectomy or other operations on lymphatic channels	BR		3.0
38380 Suture and/or ligation of thoracic duct; cervical approach	BR		3.0
38381 thoracic approach	BR		3.0
38382 abdominal approach	BR		3.0

EXCISION

	Unit Value	Follow-up Days=	Basic Anes@
38500 Biopsy or excision of lymph node(s); superficial (separate procedure)	1.4	15	3.0
38505 by needle, superficial (e.g., cervical, inguinal, axillary)	BR		
(for fine needle aspiration, use 88170)			
38510 deep, cervical node(s)	3.4	30	3.0
38520 deep cervical node(s) with excision scalene fat pad	5.0	30	3.0
38525 deep axillary node(s)	BR		
38530 internal mammary node(s) (separate procedure)	7.0	60	3.0

(For percutaneous needle biopsy, retroperitoneal lymph node or mass, see 49180; for fine needle aspiration, use 88171)

(((38540 has been deleted, use 38510; 38520)))

	Unit Value	Follow-up Days=	Basic Anes@
38542 Dissection deep jugular node(s).....	BR	60	3.0
(For radical cervical neck dissection, see 38720, 38721)			
38550 Excision of cystic hygroma, axillary or cervical, without deep neurovascular dissection; simple	6.0	60	3.0
38555 complex	BR		3.0

LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE)

	Unit Value	Follow-up Days=	Basic Anes@
38562 Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	BR		
(When combined with prostatectomy, use 55812 or 55842)			

(When combined with insertion of radioactive substance into prostate, use 55862)

	Unit Value	Follow-up Days=	Basic Anes@
38564 retroperitoneal (aortic and/or splenic)	BR		
(When combined with prostatectomy, use 55812 or 55842)			
(When combined with insertion of radioactive substance into prostate, use 55862)			

RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)

(For limited pelvic and retroperitoneal lymphadenectomies, see 38562-38564)

	Unit Value	Follow-up Days=	Basic Anes@
38700 Suprahyoid lymphadenectomy; unilateral	12.0	60	4.0
38701 bilateral	15.0	60	4.0
38720 Cervical lymphadenectomy (complete); unilateral	19.0	60	4.0
38721 bilateral	22.0	60	4.0
38724 Cervical lymphadenectomy (modified radical neck dissection)	BR		4.0
38740 Axillary lymphadenectomy; superficial	8.0	60	3.0
38745 complete	14.0	60	3.0
38760 Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure); unilateral	8.0	60	3.0
38761 bilateral	12.0	60	3.0
38765 Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac hypogastric and obturator nodes (separate procedure); unilateral	20.0	60	5.0
38766 bilateral	24.0	60	5.0
38770 Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure); unilateral	12.0	60	6.0
38771 bilateral	20.0	60	6.0
38780 Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	28.0	90	7.0

(For excision and repair of lymphedematous skin and subcutaneous tissue, see 15000, 15500-15730)

INTRODUCTION

38790 Injection procedure for lymphangiography; unilateral	3.0	7	
38791 bilateral	4.0	7	
38794 Cannulation, thoracic duct	BR		
38999 Unlisted procedure, hemic or lymphatic system	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-140 MEDIASTINUM.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
39000 Mediastinotomy with exploration, removal of foreign body 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
EXCISION			
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)

ENDOSCOPY

39400 Mediastinoscopy, with or without biopsy	BR		3.0
---	----	--	-----

REPAIR

39499 Unlisted procedure, mediastinum	BR		3.0
---------------------------------------	----	--	-----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-141 DIAPHRAGM.

	Unit Value	Follow-up Days=	Basic Anes@
REPAIR			
39501 Repair, laceration of diaphragm	BR		6.0
39502 Repair, paraesophageal hiatus hernia, transabdominal with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	BR		6.0
39503 Repair neonatal diaphragmatic hernia, including chest tube and ventral hernia	BR		7.0
(((39500, 39510, Diaphragmatic hernia repair including fundoplasty have been deleted. To report, see 43324 or 43325)))			
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 gastroplasty)	BR		11.0
39540 Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	BR		13.0
39541 chronic	BR		11.0
39545 Imbrication of diaphragm for eventration; paralytic	22.0	90	7.0
39547 nonparalytic	BR		7.0
39599 Unlisted procedure, diaphragm	BR		7.0

(For incidental repair of minor hiatal hernia, see WAC 296-22-010, item 7b)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-145 MOUTH.

(For drainage of abscess, see appropriate anatomic areas)

((Follow-up Days= Basic Anes@))

(40000-40010 have been deleted. See 41000 et seq.)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-146 LIPS.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
40490 Biopsy of lip	0.6	7	3.0
40500 Vermilionectomy ("lip peel") with mucosal advancement	10.5	120	3.0
40510 Excision of lip; transverse wedge excision with primary closure	10.5	120	3.0
40520 V-excision of lesion with primary direct linear closure	6.0	120	3.0
40525 full thickness, reconstruction with local flap (e.g., Estlander or fan)	BR		3.0
40527 full thickness, reconstruction with cross lip flap (Abbe-Estlander)	BR		3.0
(For excision of mucous lesions, see 40810-40814)			
40530 Resection of lip, more than one-fourth, without reconstruction	6.0	120	3.0
(For lip reconstruction (see 13131 et seq.))			
REPAIR (CHEILOPLASTY)			
40650 Repair lip, full thickness; vermilion only	BR		3.0
40652 up to half vertical height	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
40654 over one half vertical height, or complex	BR		3.0
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
40702 primary bilateral, one of two stages	14.0	90	6.0
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
(((40760 Cross lip pedicle flap repair of cleft lip (Abbe-Estlander type) has been deleted. To report, use 40527)))			
40761 with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	BR		6.0
(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		3.0
--------------------------------	----	--	-----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-147 VESTIBULE OF MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
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		4.0
40806 Incision of labial frenum (frenotomy)	Sv		4.0
EXCISION, DESTRUCTION			
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 complex, with excision of and underlying muscle	BR	0	4.0
40818 Excision of mucosa as donor graft	BR	0	4.0
40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	BR	0	4.0
40820 Destruction of lesion or scar by physical methods (e.g., laser, thermal, cryo, chemical)	BR	0	4.0
REPAIR			
40830 Closure of laceration; 2.5 cm or less	0.4	0	4.0
40831 over ((2-6)) 2.5 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		4.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-155 TEETH AND GUMS.

	Unit Value	Follow-up Days=	Basic Anes@
(For biopsy, see 11100)			
INCISION			
*41800 Drainage abscess, cyst, hematoma	*0.4	0	3.0
41805 Removal embedded foreign body; from soft tissues	0.8	0	3.0
41806 from bone	2.0	0	3.0
EXCISION, DESTRUCTION			
41820 Gingivectomy, excision gingiva, each quadrant	BR		3.0
41821 Operculectomy, excision pericoronal tissues	BR		3.0
41822 Excision fibrous tuberosities	BR		3.0
41823 Excision osseous tuberosities	BR		3.0
41825 Excision of lesion or tumor (except listed above); without repair	BR		3.0
41826 with simple repair	BR		3.0
41827 with complex repair	BR		3.0
(For nonexcisional destruction, see 41850)			
41828 Excision of hyperplastic alveolar mucosa, each sextant or quadrant (specify)	BR		3.0
41830 Alveolectomy, including curettage of osteitis or sequestrectomy	BR		3.0
41850 Destruction of lesion (except excision), dentoalveolar structures	BR		3.0
OTHER PROCEDURES			
41870 Periodontal mucosal grafting	BR		3.0
41872 Gingivoplasty	BR		3.0
41874 Alveoplasty	BR		3.0
(For closure of lacerations, see 40830, 40831)			
(For segmental osteotomy, see 21202, 21206)			
(For reduction of fractures, see 21420-21490)			
41899 Unlisted procedure, dentoalveolar structures	BR		3.0
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
WAC 296-22-160 PALATE, UVULA.			
	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*42000 Drainage of abscess of palate, uvula	*0.4	0	3.0
EXCISION, DESTRUCTION			
42100 Biopsy of palate, uvula	0.6	7	3.0
42104 Excision lesion of palate, uvula; without closure	BR		3.0
42106 with closure	BR		3.0
42107 with local flap closure	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))			
42120 Resection of palate or extensive resection of lesion	BR+		6.0
(For reconstruction of palate with extraoral tissue, see 14040-14300, 15050, 15120, 15240, 15510-15720)			

	Unit Value	Follow-up Days=	Basic Anes@
42140 Uvulectomy: Excision of uvula	*0.6	0	3.0
42145 Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty uvulopharyngoplasty)	BR		
42150 Removal of exostosis bony palate	BR		3.0
42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical)	BR		3.0
REPAIR			
42180 Repair laceration of palate; up to 2 cm 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 Repair with bone graft to alveolar ridge (includes obtaining graft)	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
42226 Lengthening of palate, and pharyngeal flap	BR	90	6.0
42227 Lengthening of palate, with island flap	BR	90	6.0
42235 Repair anterior palate, including vomer flap	16.0	90	6.0
((42250 Repair oronasal or oronasal fistula; up to 1 cm	BR		4.0)
(For repair of larger defect, see 42215)			
42260 Repair nasolabial fistula	BR		4.0
42280 Maxillary impression for palatal prosthesis	BR		4.0
42281 Insertion of pin-retained palatal prosthesis	BR		4.0
(For repair cleft lip, see 40700 et seq.)			
OTHER PROCEDURES			
42299 Unlisted procedure, palate, uvula	BR		4.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-170 PHARYNX, ADENOIDS AND TONSILS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*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 <u>Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx</u>	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

	Unit Value	Follow-up Days=	Basic Anes@
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 (e.g., 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
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
((42895 Limited pharyngectomy with radical neck dissection has been deleted. To report, use also 38720 or 38721 with 42890))			
42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	BR		3.0
(When combined with radical neck dissection, use also 38720, 38721)			
42894 Resection of pharyngeal wall requiring closure with myocutaneous flap	BR		3.0
(When combined with radical neck dissection, use also 38720, 39721)			
REPAIR			
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
(For closure with myocutaneous or other flap, use appropriate number in addition)			
OTHER PROCEDURES			
42955 Pharyngostomy (fistulization of pharynx, external for feeding)	BR		3.0
42960 Control oropharyngeal hemorrhage (primary or secondary, e.g., 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 87-18, filed 7/23/87)

WAC 296-22-180 ESOPHAGUS.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
				43227	dilation	4.0	15	3.0
					for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
				43228	for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					(For gastroscopy, without esophagocopy, see 43700-43714)			
INCISION				43234	Uppergastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible fibroscope)	BR		3.0
43000	14.0	90	6.0	43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic	5.0	15	3.0
43020	14.0	90	6.0		for biopsy and/or collection of specimen by brushing or washing for cytology	4.0	15	3.0
43030	14.0	90	6.0		with transendoscopic tube or catheter placement	BR		3.0
43040	19.0	90	12.0	43243	for injection sclerosis of esophageal and/or gastric varices	BR		
43045	19.0	90	12.0	43245	for dilation of gastric outlet for obstruction	BR	15	3.0
				43246	for directed placement of percutaneous gastrostomy tube	BR	15	3.0
EXCISION					(For radiological guidance of percutaneous placement, see 74350, 74351)			
43100	19.0	90	12.0	43247	for removal of foreign body	5.0	15	3.0
43101	20.0	90	12.0	43251	for removal of polyp(s)	6.0	15	3.0
43105				43255	for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
43106	BR		12.0		for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
43110	30.0	90	12.0	43258	for injection sclerosis of esophageal varices, use 43204 or 43243)			
43111	35.0	90	12.0		for removal of foreign body	5.0	15	3.0
43115	40.0	90	12.0		for removal of polyp(s)	6.0	15	3.0
43119	BR		12.0		for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
43120	29.0	90	12.0		for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
43130	14.0	90	6.0		for injection sclerosis of esophageal varices, use 43204 or 43243)			
43135	20.0	90	12.0		for removal of foreign body	5.0	15	3.0
43136	BR		6.0		for removal of polyp(s)	6.0	15	3.0
					for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for injection sclerosis of esophageal varices, use 43204 or 43243)			
					for removal of foreign body with use of catheter see 74235)			
					for removal of polyp(s)	6.0	15	3.0
					(43218 Esophagoscopy with irrigation has been deleted. To report, use 43499)			
					for insertion of plastic tube or stent	4.8	15	3.0
					for dilation, direct, any method	4.8	15	3.0
					(For dilation, without visualization, see 43450-43456)			
					((43221 has been deleted. To report, use 43200 or 43235)			
					(43222 has been deleted. To report, use 43202 or 43239)			
					(43223 has been deleted. To report, use 43215 or 43247)			
					(43224 has been deleted. To report, use 43217 or 43251)			
					(43225 Dohman procedure has been deleted. To report, use 43499))			
43226					((with) for insertion of wire to guide			
					dilation	4.0	15	3.0
					for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					(For gastroscopy, without esophagocopy, see 43700-43714)			
					Uppergastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible fibroscope)	BR		3.0
					Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic	5.0	15	3.0
					for biopsy and/or collection of specimen by brushing or washing for cytology	4.0	15	3.0
					with transendoscopic tube or catheter placement	BR		3.0
					for injection sclerosis of esophageal and/or gastric varices	BR		
					for dilation of gastric outlet for obstruction	BR	15	3.0
					for directed placement of percutaneous gastrostomy tube	BR	15	3.0
					(For radiological guidance of percutaneous placement, see 74350, 74351)			
					for removal of foreign body	5.0	15	3.0
					for removal of polyp(s)	6.0	15	3.0
					for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for injection sclerosis of esophageal varices, use 43204 or 43243)			
					for removal of foreign body	5.0	15	3.0
					for removal of polyp(s)	6.0	15	3.0
					for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	5.0	15	3.0
					for injection sclerosis of esophageal varices, use 43204 or 43243)			
					Endoscopic retrograde cholangiopancreatography (ERCP), with or without biopsy, and/or collection of specimen collection;	5.0	15	3.0
					for sphincterotomy papillotomy	6.0	15	3.0
					for pressure measurement of sphincter of Oddi	8.7	15	3.0
					for extraction of stone(s) from biliary and/or pancreatic ducts	7.0	15	3.0
					for destruction lithotripsy of stone, any method	BR		
					(When done with sphincterotomy, also use 43262)			
					for insertion of Nasobiliary or nasopancreatic drainage tube			
					(when done with sphincterotomy, also use 43262)			
					for insertion of tube or stent into bile or pancreatic duct	BR		3.0
					(when done with sphincterotomy, also use 43262)			
					for removal and/or change of tube, stent, or foreign body	BR		
					for balloon dilation of ampulla, biliary or pancreatic duct	BR		3.0
					for ablation of tumor or mucosal lesion (e.g., laser hot biopsy/fulguration)	BR		3.0
					(For fluoroscopic monitoring and radiography, see 74330)			
					REPAIR			
					Esophagoplasty; (plastic repair or reconstruction) cervical approach; without repair of tracheoesophageal fistula	BR		12.0
					with repair of tracheoesophageal			

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@, Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes procedures like Gastric stapling for morbid obesity, Gastric bypass with Roux-en-Y gastroenterostomy, etc.

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-195 INTESTINES (EXCEPT RECTUM).

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@, Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes sections for INCISION, EXCISION, and ENTEROSTOMY-EXTERNAL FISTULIZATION OF INTESTINES (SEPARATE PROCEDURE).

	Unit Value	Follow-up Days=	Basic Anes@
44389 with biopsy and/or collection of specimen by brushing or washing ...	2.5		3.0
44390 with removal of foreign body	3.5		3.0
44391 for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	3.5		3.0
44392 with removal of polypoid lesion(s) ..	3.5		3.0
44393 for ablation of tumor or mucosal lesion (e.g., laser hot biopsy/fulguration)	BR		3.0
(For colonoscopy per rectum, see 45360-45386)			
(((44000, 44005 have been deleted, use 44799)))			

SUTURE

44600 Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single	14.0	45	7.0
44605 with colostomy	16.0	90	7.0
44610 multiple	BR		7.0
44620 Closure of enterostomy, large or small intestine;	10.0	90	5.0
44625 with resection and anastomosis	14.0	90	6.0
44640 Closure of intestinal cutaneous fistula ..	BR		4.0
44650 Closure of enteroenteric or enterocolic fistula	14.0	90	5.0
44660 Closure of enterovesical fistula; without intestinal or bladder resection	14.0	90	5.0
(For closure of renocolic fistula, see 50525, 50526)			
44661 with bowel and/or bladder resection ..	BR		5.0
(For closure of gastrocolic fistula, see 43880)			
(For closure of rectovesical fistula, see 45800-45805)			
44680 Intestinal plication, (separate procedure)	20.0	90	6.0
44799 Unlisted procedure, intestine	BR		5.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-200 MECKEL'S DIVERTICULUM AND THE MESENTERY.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
44800 Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	10.0	45	4.0
44820 Excision of lesion of mesentery (separate procedure) (with bowel resection, see 44120 or 44140 et seq.)	BR		4.0
<u>(With bowel resection, see 44120 or 44140 et seq.)</u>			

SUTURE

44850 Suture of mesentery (separate procedure)	13.0	45	4.0
(For reduction and repair of internal hernia, see 44050)			
44899 Unlisted procedure, Meckel's diverticulum and the mesentery	BR		4.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-210 RECTUM.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
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 supraleator, pelvirectal or retrorectal abscess (see also 46050, 46060)	4.8	30	3.0
EXCISION			
45100 Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)	4.0	15	3.0
(((45105 has been deleted)))			
(For endoscopic biopsy, see 45305)			
45108 Anorectal myomectomy	BR		3.0
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 transsacral approach, one or two stages	30.0	90	7.0
45116 transsacral approach only (Kraske type)	28.0	90	7.0
45120 Proctectomy, complete, (e.g., for congenital megacolon ((f)Swenson Duhamel, or Soave type operation) ..	26.0	90	7.0
45121 with subtotal or total colectomy, with multiple biopsies (e.g., for colonic aganglionosis)	BR		
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	BR		3.0
45160 Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach ..	19.0	90	3.0
45170 Excision of rectal tumor, ((simple;)) transanal approach	BR		3.0
45180 Excision and/or electrodissection of malignant tumor of rectum, transanal approach ((-palliative))	BR		3.0
(((45181 therapeutic	BR		3.0))

ENDOSCOPY

45300 Proctosigmoidoscopy; diagnostic (separate procedures)	0.6	0	3.0
45302 for collection of specimen by brushing or washing for cytology	1.0	7	3.0
45303 for dilation, direct, instrumental	1.5	7	3.0
45305 for biopsy,	1.2	7	3.0
45307 for removal of foreign body	1.0	7	3.0
45310 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
(((45319 Endoscopic retrograde lavage has been deleted. To report, use 45999)))			
45320 for ablation of tumor (e.g., electrocoagulation, laser photocoagulation, hot biopsy/fulguration)	BR		
45321 for decompression of volvulus	BR		3.0
(45325 colonoscopy has been renumbered 45355 without change in terminology)			
45330 Sigmoidoscopy, flexible fiberoptic; diagnostic	0.8	15	3.0
45331 for biopsy and/or collection of specimen by brushing or washing	1.4	15	3.0

	Unit Value	Follow-up Days=	Basic Anes@
45332 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		
45336 for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation <u>hot biopsy/fulguration</u>)	BR		3.0
45377 for decompression of volvulus	BR		
45355 Colonoscopy, with standard sigmoidoscope, transabdominal via colotomy, single or multiple	3.0	7	3.0
((45360 Colonoscopy, fiberoptic, beyond 25 cm to splenic flexure; diagnostic procedure	5.0	7	3.0
45365 for biopsy and/or collection of specimen by brushing or washing	4.0	7	3.0
45367 with removal of foreign body	5.0	7	3.0
45368 for control of hemorrhage (e.g., electrocoagulation)	6.0	7	3.0
45369 for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation)	BR		3.0
45370 with removal of polypoid lesion(s)	6.0	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., electrocoagulation, laser photocoagulation, <u>hot biopsy/fulguration</u>)	BR		3.0
45385 for removal of polypoid lesion(s)	7.0	7	3.0
((45386 Colonoscopic retrograde lavage has been deleted. To report, use 44799))			
(For small bowel and stomal endoscopy, see 44360-44393)			

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
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 87-18, filed 7/23/87)

WAC 296-22-215 ANUS.

	Unit Value	Follow-up Days=	Basic Anes@
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 has been deleted, use 46999))			
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	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
46261 with fissurectomy	BR		3.0
46262 with fistulectomy, with or without fissurectomy	BR		3.0
46270 Fistulectomy; subcutaneous	2.4	30	3.0
46275 submuscular	9.5	90	3.0
46280 complex or multiple	BR+		3.0
46285 second stage	2.0	30	3.0
*46320 Enucleation or excision of external thrombotic hemorrhoid	*0.72	0	3.0

INTRODUCTION

*46500 Injection of sclerosing solution, hemorrhoids	*0.4	0	3.0
((46510, 46530 have been deleted, use 46999))			

ENDOSCOPY

*46600 Anoscopy; diagnostic (separate procedure)	*0.32	0	3.0
46602 for collection of specimen by brushing or washing for cytology	0.5	0	3.0
46604 for dilation, direct, instrumental	0.7	0	3.0
46606 for biopsy	1.0	0	3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-220 LIVER.

	Unit Value	Follow-up Days=	Basic Anes@
46608 for removal of foreign body	1.5	0	3.0
46610 for removal of polyp	1.5	0	3.0
46612 for multiple polyp removal	BR		3.0
46614 with coagulation for control of hemorrhage and/or fulguration of mucosal lesion	BR		3.0

REPAIR

46700 Anoplasty, plastic operation for stricture; adult	9.0	90	3.0
46705 infant	10.0	30	4.0
(For simple incision of anal septum, see 46070)			
46715 Repair of congenital anovaginal fistula ("cut-back" type procedure)	12.0	90	4.0
46716 Perineal transplant of anovaginal fistula	14.0	90	4.0
46730 Construction of anus for congenital absence; perineal or sacrococcygeal approach	16.0	90	5.0
46735 combined abdominal and perineal approach	20.0	90	7.0
46740 Construction of anus for congenital absence, with repair of urinary fistula	22.0	90	7.0
46750 Sphincteroplasty, anal, for incontinence, or prolapse; adult	10.0	90	3.0
46751 child	12.0	90	4.0
46753 Graft (Thiersch operation) for rectal incontinence and/or prolapse	BR		4.0
46754 Removal of Thiersch wire or suture	BR		4.0
46760 Sphincteroplasty, anal, for incontinence, adult, muscle transplant	BR		4.0
46761 levator muscle imbrication (park posterior anal repair)	BR		BR
46762 implantation artificial sphincter	BR		BR

DESTRUCTION

*46900 Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vessel, simple chemical	*0.48	0	
*46910 electrodesiccation	*0.8	0	3.0
46916 cryosurgery	BR	0	3.0
46917 laser surgery	BR		
46922 surgical excision	BR		3.0
46924 Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum, contagiosum, herpetic vessel) extensive, any method	BR		3.0
(((46930-46933 have been deleted, use 46916, 46924)))			

46934 Destruction of hemorrhoids, any method; internal	BR		
46935 external	BR		
46936 internal and external	BR		
46937 Cryosurgery of rectal tumor; benign	BR		3.0
46938 malignant	BR		
46940 Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure); initial	BR		3.0
46942 subsequent	BR		

SUTURE

46945 Ligation of internal hemorrhoids; single procedure	BR		3.0
46946 multiple procedures	BR		3.0

OTHER PROCEDURES

46999 Unlisted procedure, anus	BR		3.0
--	----	--	-----

INCISION

*47000 Biopsy of liver, percutaneous needle	*1.4	0	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)			
47010 Hepatotomy for drainage of abscess or cyst, one or two stages	BR		3.0

EXCISION

47100 Biopsy of liver, wedge (separate procedure)	10.0	45	4.0
47120 Hepatectomy, resection of liver; partial lobectomy	19.0	45	10.0
47122 trisegmentectomy	BR		BR
47125 total left lobectomy	BR		13.0
47130 total right lobectomy	BR		13.0
47133 Donor hepatectomy, with preparation and maintenance of homograft	BR		13.0
47135 Liver transplant, with or without recipient hepatectomy	BR		15.0

REPAIR

47300 Marsupialization of cyst or abscess of liver	14.5	60	6.0
--	------	----	-----

SUTURE

47350 Hepatorrhaphy, suture of liver wound or injury; simple	14.0	45	4.0
47355 with common duct or gallbladder drainage	18.0	45	7.0
47360 complex, with or without hepatic artery ligation	BR		12.0
47399 Unlisted procedure, liver	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-225 BILIARY TRACT.

	Unit Value	Follow-up Days=	Basic Anes@
--	------------	-----------------	-------------

INCISION

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 or sphincteroplasty	19.0	45	6.0
47440 Duodenocholedochotomy, transduodenal choledocholithotomy	19.0	45	6.0
47460 Transduodenal sphincterotomy or 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
47490 Percutaneous cholecystostomy	BR		

INTRODUCTION

47500 Injection procedure for percutaneous transhepatic cholangiography	1.6	0	
47510 Introduction of percutaneous transhepatic catheter or stent for biliary drainage	BR		
47525 Change of percutaneous biliary drainage catheter	BR		5.0
47530 T-tube revision and/or reinsertion	BR		5.0

(For radiologic guidance, see 75981, 75983)

	Unit Value	Follow-up Days=	Basic Anes@
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)			

	Unit Value	Follow-up Days=	Basic Anes@
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 has been deleted. To report, use 47610 with 47550)))			
47612 with choledochenterostomy	BR	45	6.0
47620 with transduodenal sphincterotomy or sphincteroplasty [sphincteroplasty], with 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)			
47700 Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	14.5	45	6.0
47701 <u>Portoenterostomy (e.g., Kasai procedure)</u>	BR		
47710 <u>Excision of bile duct tumor, with repair</u>	BR		
47715 <u>Excision of choledochal cyst</u>	BR		
47716 <u>Anastomosis, choledochal cyst, without excision</u>	BR		

	Unit Value	Follow-up Days=	Basic Anes@
REPAIR			
47720 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, direct, of extrahepatic biliary ducts and gastrointestinal tract	20.0	90	6.0
47765 Anastomosis, direct, of intrahepatic ducts and gastrointestinal tract	BR		6.0
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
47801 Placement of choledochal stent	BR		5.0
(((47810 Implantation of biliary istulous tract into stomach or intestine	BR		5.0))
47802 U-tube hepaticoenterostomy	BR		

	Unit Value	Follow-up Days=	Basic Anes@
OTHER PROCEDURES			
(((47850, 47855 have been deleted, use 47999)))			
47999 Unlisted procedure, biliary tract	BR		5.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)
WAC 296-22-230 PANCREAS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
48000 Drainage of abdomen for pancreatitis	13.0	60	5.0
48020 Removal of pancreatic calculus	20.0	60	6.0

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
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)			
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
48120 Excision of lesion of pancreas (e.g., cyst, adenoma)	17.0	60	6.0
48140 Pancreatectomy, 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 Pancreatectomy, proximal subtotal, with pancreaticoduodenostomy (Whipple type procedure and pancreatic jejunostomy)	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		6.0
48180 Pancreaticojejunostomy side-to-side anastomosis, Puestow type operation, (separate procedure)	24.0	60	6.0

	Unit Value	Follow-up Days=	Basic Anes@
ENDOSCOPY			
(For peroral pancreatic endoscopic procedures see 43260-43272)			

	Unit Value	Follow-up Days=	Basic Anes@
REPAIR			
48500 Marsupialization of cyst of pancreas	14.5	60	6.0
48510 <u>External drainage, pseudocyst of pancreas</u>	BR		
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 87-18, filed 7/23/87)
WAC 296-22-235 ABDOMEN, PERITONEUM AND OMENTUM.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
49000 Exploratory laparotomy, exploratory celiotomy <u>with or without biopsy(s)</u> (separate procedure) (see WAC 296-22-010, item 7b)	10.0	45	6.0
49002 Reopening of recent laparotomy incision for exploration; removal of hematoma, control of bleeding	10.0	45	7.0
49010 Exploration, retroperitoneal area <u>with or without biopsy(s)</u> (separate procedure)	10.0	45	6.0
49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, transabdominal	11.0	45	6.0
(For appendiceal abscess, see 44900)			
49040 Drainage of subdiaphragmatic or subphrenic abscess	12.0	45	7.0
49060 Drainage of retroperitoneal abscess	11.0	45	7.0
*49080 Peritoneocentesis, abdominal paracentesis <u>or peritoneal lavage</u> ; initial	*0.8	0	4.0
*49081 subsequent	*0.6	0	4.0
49085 Removal of peritoneal foreign body	BR		6.0
(For lysis of intestinal adhesions, see 44000)			

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION AND DESTRUCTION			
*49180 Biopsy, abdominal or retroperitoneal mass, needle, percutaneous	2.5	7	
(For CT guidance, see 76360, 76361, 76365, 76366; for ultrasonic guidance, see 76942, 76943)			
(For fine needle aspiration, preparation, and interpretation of smears, see 76942, 76943)			
49200 Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas	14.0	60	5.0
49201 extensive	BR		5.0
49215 Excision of presacral or sacrococcygeal tumor	BR		
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
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 AND REVISION

*49400 Pneumoperitoneum (separate procedure); initial	*1.0	0	3.0
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
49426 Revision of peritoneal-venous shunt	BR		3.0

(For shunt patency test, see 78291)

((49430, 49440 have been deleted; use 49999))

REPAIR

HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY

(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
49505 Repair inguinal hernia, age 5 or over; unilateral	9.0	45	4.0
49510 Repair of inguinal hernia, age 5 or over; unilateral, with orchietomy, 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	4.0
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

	Unit Value	Follow-up Days=	Basic Anes@
49550 Repair femoral hernia, groin incision; unilateral	9.0	45	3.0
49552 Repair femoral hernia, Henry approach; unilateral	10.0	45	3.0
49555 Repair femoral hernia, recurrent, any approach	10.0	45	3.0
49560 Repair ventral hernia (separate procedure);	11.0	45	6.0
49565 recurrent	12.0	45	3.0
49570 Repair epigastric hernia, properitoneal 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	4.0
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 ((39500-3953+)) 39502-39541)

((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))

(For surgical repair of omentum, use 49999)

SUTURE

49900 Suture, secondary, of abdominal wall for eversion 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
---	----	--	-----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-245 KIDNEY.

	Unit Value	Follow-up Days=	Basic Anes@
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			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
50080	26.0	90	5.0	filling renal pelvis and calyces including anatomic pyelolithotomy)			
50081	BR BR		5.0 5.0	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting or basket extraction; up to 2 cm over 2 cm			
50100	17.0	90	5.0	(For establishment of nephrostomy without nephrostolithotomy, see 50040, 50395 or 52334)			
50125	20.0	90	5.0	Transsection or repositioning of aberrant renal vessels (separate procedure)			
50130	20.0	90	5.0	Pyelotomy; with exploration			
50131	20.0	90	5.0	(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)			
50132	20.0	90	5.0	with drainage, pyelostomy			
50133	24.0	90	5.0	with removal of calculus (pyelolithotomy, pelviolithotomy including coagulum pyelolithotomy)			
50135	24.0	90	5.0	complicated (e.g., secondary operation, congenital kidney abnormality)			
EXCISION							
				(For excision of retroperitoneal tumor or cyst, see 49200, 49201)			
*50200	2.4	7		Renal biopsy, percutaneous; by trocar or needle			
				(For CT guidance, see 76360, 76361; for fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76942, 76943)			
				((For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76942, 76943))			
				(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
50205	8.0	30	5.0	by surgical exposure of kidney			
50220	20.0	90	5.0	Nephrectomy, including partial ureterectomy, any approach including rib resection;			
50225	24.0	90	5.0	complicated because of previous surgery on same kidney			
50230	26.0	90	5.0	radical, with regional lymphadenectomy			
50234	24.0	90	5.0	Nephrectomy with total ureterectomy and bladder cuff; through same incision			
50236	24.0	90	5.0	through separate incision			
50240	24.0	90	5.0	Nephrectomy, partial			
50280	18.0	90	5.0	Excision or unroofing of cyst(s) of kidney			
50290	18.0	90	5.0	Excision of perinephric cyst			
RENAL TRANSPLANTATION							
				(For dialysis, see 90941-90999)			
50300	BR+			Donor nephrectomy, with preparation and maintenance of homograft; from cadaver donor, unilateral or bilateral			
50320	24.0	90	5.0	from living donor, unilateral			
50340	20.0	90	5.0	Recipient nephrectomy (separate procedure); unilateral			
50341	30.0	90	5.0	bilateral			
50360	30.0	180	6.0	Renal homotransplantation, implantation of graft; excluding donor and recipient nephrectomy			
50365	50.0	180	6.0	with unilateral recipient nephrectomy			
50366	50.0	180	6.0	with bilateral recipient nephrectomy			
50370	13.0	60	6.0	Removal of transplanted homograft (e.g., infarcted or rejected kidney)			
50380	30.0	120	6.0	Renal autotransplantation, reimplantation of kidney			
				(For extra-corporeal "bench" surgery, use autotransplantation as the primary			
				procedure and add the secondary procedure e.g., partial nephrectomy, nephrolithotomy, and use the modifier -51)			
INTRODUCTION							
				((For injection procedure for retroperitoneal pneumography, see 49430))			
*50390	2.5	7		Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous			
				(For CT guidance, see 76365, 76366)			
				(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76938, 76939; for radiologic guidance, see 74000)			
				(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
50392	2.5	7		Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous			
				(For fluoroscopic guidance see 76000; for ultrasonic guidance see 76938)			
				(For radiographic procedure, see 74475, 74476)			
50393	2.5	7	3.0	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous			
				(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76938)			
				(For radiographic procedure, see 74480, 74481)			
50394	.3	0		Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter (separate procedure)			
50395	BR		3.0	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous			
				(For nephrostolithotomy, see 50080, 50081)			
				(For retrograde percutaneous nephrostomy, use 52334)			
				(For endoscopic surgery, see 50551-51561)			
50396	.4	0		Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter			
50398*	.3	0		Change of nephrostomy or pyelostomy tube			
REPAIR							
50400	22.0	90	5.0	Pyeloplasty; (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter or nephropexy, nephrostomy, pyelostomy, or uretral splinting; simple			
50405	26.0	90	5.0	complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney calycolpasty)			
				((50420 Nephropexy has been deleted))			
SUTURE							
50500	20.0	90	8.0	Nephrorrhaphy, suture of kidney wound or injury			
50520	20.0	90	5.0	Closure of nephrocotaneous or pyelocotaneous fistula			
50525	24.0	90	5.0	Closure of nephrovisceral fistula e.g., including visceral repair abdominal approach			

	Unit Value	Follow-up Days=	Basic Anes@
50526 thoracic approach	24.0	90	11.0
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
50540 Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)	28.0	90	5.0

ENDOSCOPY

(For supplies and materials, use 99070)
((References to office and hospital have been deleted))

50551 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	2.0	3	3.0
50553 with ureteral catheterization with or without dilation of ureter	2.0	3	3.0
50555 with biopsy	2.0	3	3.0
50557 with fulguration and/or incision, with or without biopsy	2.0	3	3.0
50559 with insertion of radioactive substance with or without biopsy and/or fulguration	3.0	3	3.0
50561 with removal of foreign body or calculus	2.0	3	3.0

When procedures 50570-50580 provide a significant identifiable service, they may be added to 50045 and 50120

50570 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1.4	3	
(For nephrotomy, see 50045)			
(For pyelotomy, see 50120)			
50572 with ureteral catheterization with or without dilation of ureter	1.8	3	
50574 with biopsy	1.8	3	
50576 with fulguration and/or incision, 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	

OTHER PROCEDURES

50590 Lithotripsy, extracorporeal shock wave.	BR		
---	----	--	--

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-250 URETER.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
50600 Ureterotomy with exploration or drainage (separate procedure)	18.0	90	5.0
(For ureteral endoscopy performed in conjunction with this procedure, see 50970-50980)			
50605 Ureterotomy for insertion of indwelling stent, all types	BR		5.0
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

(For transvesical ureterolithotomy, see 51060)

	Unit Value	Follow-up Days=	Basic Anes@
(For cystotomy with stone basket extraction of ureteral calculus, see 51065)			
(For endoscopic extraction or manipulation of ureteral calculus, see 50080, 50081, 50561, 50961, 50980, 52320-52330, 52336, 52337)			

EXCISION

(For ureterocele, see 51535, 51536, 52300)			
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

INTRODUCTION

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	
50690 Injection procedure for visualization of ilial conduit and/or ureteropyelography, exclusive of radiologic service (separate procedure)	0.4	0	

REPAIR

(When substantial ureteral tapering is required for the following procedures, use modifier -22)

50700 Ureteroplasty: Plastic operation on ureter (e.g., stricture)	20.0	90	5.0
50715 Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis; unilateral	16.0	90	5.0
50716 bilateral	24.0	90	5.0
50722 Ureterolysis for ovarian vein syndrome	16.0	90	5.0
50725 Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	26.0	90	5.0
50740 Ureteropyelostomy anastomosis of ureter and renal pelvis	22.0	90	5.0
50750 Ureterocalycostomy, anastomosis of ureter to renal calyx	24.0	90	5.0
50760 Ureteroureterostomy	22.0	90	5.0
50770 Transureteroureterostomy anastomosis of ureter to contralateral ureter	24.0	90	5.0
50780 Ureteroneocystostomy anastomosis of ureter to bladder, or other operations for correction of vesicoureteral reflux; unilateral	22.0	90	5.0
50781 bilateral	26.0	90	5.0

(When combined with cystourethroplasty or vasaical neck revision, see 51820)

50785 Ureteroneocystostomy, with bladder flap; unilateral	24.0	90	5.0
50786 bilateral	28.0	90	5.0
50800 Ureteroenterostomy, direct anastomosis of ureter to intestine; unilateral	22.0	90	5.0
50801 bilateral	26.0	90	5.0
50810 Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including bowel anastomosis	30.0	120	6.0

(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)

50820 Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation); unilateral	30.0	120	6.0
---	------	-----	-----

(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-255 BLADDER.

	Unit Value	Follow-up Days=	Basic Anes@
50821 bilateral	34.0	120	6.0
<u>50825 Continent diversion, including bowel anastomosis (Kock pouch or Camey enterocystoplasty)</u>	<u>30.0</u>	<u>120</u>	<u>6.0</u>
(For combination of 50800-50821 with cystectomy, see 51580-51595)			
50830 Urinary undiversion (e.g., taking down of ureteroiliac conduit, ureterosigmoidostomy or ureterostomy 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
SUTURE			
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)			5.0
50940 Deligation of ureter	BR		5.0
(For ureteroplasty, ureterolysis, etc., see 50700-50861)			
ENDOSCOPY			
50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	2.5	3	
50953 <u>with ureteral catheterization with or without dilation of ureter</u>	<u>2.5</u>	<u>3</u>	
50955 <u>with biopsy</u>	<u>2.5</u>	<u>3</u>	
50957 <u>with fulguration and/or incision, with or without biopsy</u>	<u>2.5</u>	<u>3</u>	
50959 <u>with insertion of radioactive substance with or without biopsy and/or fulguration (not including provision of material)</u>	<u>2.5</u>	<u>3</u>	
50961 <u>with removal of foreign body or calculus</u>	<u>2.5</u>	<u>3</u>	
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 <u>with ureteral catheterization with or without dilation of ureter</u>	<u>1.8</u>	<u>3</u>	
50974 <u>with biopsy</u>	<u>1.8</u>	<u>3</u>	
50976 <u>with fulguration and/or incision, with or without biopsy</u>	<u>2.0</u>	<u>3</u>	
50978 <u>with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material)</u>	<u>2.4</u>	<u>3</u>	
50980 <u>with removal of foreign body or calculus</u>	<u>2.0</u>	<u>3</u>	

INCISION

	Unit Value	Follow-up Days=	Basic Anes@
51000 Aspiration of bladder by needle	0.4	0	
*51005 Aspiration of bladder; by trocar or intracatheter	*1.0	0	
51010 <u>with insertion of suprapubic catheter</u>	<u>2.0</u>	<u>30</u>	<u>5.0</u>
51020 Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	14.5	90	5.0
51030 <u>with cryosurgical destruction of intravesical lesion</u>	<u>14.5</u>	<u>90</u>	<u>5.0</u>
51040 Cystostomy, cystostomy with drainage ..	12.0	90	5.0
51045 Cystostomy, with insertion of ureteral catheter or stent (separate procedure) ..	14.5	90	5.0
51050 Cystolithotomy, cystostomy with removal of calculus, without vesical neck resection	14.5	90	5.0
51060 Transvesical ureterolithotomy	19.0	90	5.0
51065 Cystostomy, with stone basket extraction and/or ultrasonic or electro-hydraulic fragmentation of ureteral calculus	12.0	30	5.0
51080 Drainage of perivesical or prevesical space abscess	8.0	90	5.0

EXCISION

	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 <u>for excision of bladder diverticulum, single or multiple (separate procedure)</u>	<u>20.0</u>	<u>90</u>	<u>5.0</u>
51530 <u>for excision of bladder tumor</u>	<u>16.0</u>	<u>90</u>	<u>5.0</u>
(For transurethral excision, see 52200-52240)			
51535 Cystotomy for excision, incision or repair of ureterocele; unilateral	16.0	90	5.0
51536 <u>bilateral</u>	<u>18.0</u>	<u>90</u>	<u>5.0</u>
(For transurethral excision, see 52300)			
51550 Cystectomy, partial; simple	18.0	90	6.0
51555 <u>complicated (e.g., postradiation, previous surgery, difficult location)</u>	<u>20.0</u>	<u>90</u>	<u>6.0</u>
51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	24.0	90	6.0
51570 Cystectomy, complete; (separate procedure)	26.0	90	6.0
51575 <u>with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes</u>	<u>34.0</u>	<u>90</u>	<u>6.0</u>
51580 Cystectomy, complete with ureterosigmoidotomy or ureterocutaneous transplantations;	34.0	120	7.0
51585 <u>with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes</u>	<u>40.0</u>	<u>120</u>	<u>7.0</u>
51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	44.0	120	7.0
51595 <u>with bilateral lymphadenectomy, including external iliac, hypogastric and obturator nodes</u>	<u>50.0</u>	<u>120</u>	<u>7.0</u>
<u>51596 Cystectomy, complete, with continent diversion, including bowel anastomosis (e.g., Kock pouch, Camey enterocystoplasty)</u>	<u>44.0</u>	<u>120</u>	<u>7.0</u>
51597 Pelvic exenteration, complete, for vesical, prostatic or urethral 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		7.0

	Unit Value	Follow-up Days=	Basic Anes@
INTRODUCTION			
(For bladder catheterization, see 53670-53675)			
51600		0	
51605	0.2		
51610	0.4	0	
	0.3	0	
(For injection procedure for retroperitoneal pneumography, see 49430)			
*51700		0	
51705*	*0.2	0	
51710*	0.3	0	
51720	BR		
	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))

	Unit Value	Follow-up Days=	Basic Anes@
51725			
51726	BR		
(((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			
	BR		
(((51737-51738 have been deleted. To report, use 51736)))			
51739			
51741	BR		
	.8		
(((51742-51749 have been deleted. To report, use 51741)))			

INTERNAL STREAM MEASUREMENTS

(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			
	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			
	BR		
(((51786-51791 have been deleted. To report, use 51785)))			
51792			
51795			
	BR		
	BR		
(((51796 has been deleted. To report, use 51795)))			
51797			

REPAIR

51800			
51820	20.0	90	5.0
51840	30.0	90	5.0
51841	14.5	90	4.0
	21.0	90	4.0
(For urethropexy (Peyreya type), see 57289)			
51845			
	BR		4.0
51860		90	4.0
	14.5		4.0
51865	BR+		6.0
51880		8.0	90
			3.0
51900		22.0	90
			5.0
(For vaginal approach, see 57320-57330)			
51920		20.0	90
51925		20.0	90
			5.0
(For closure of vesicouterine fistula, see 44660, 44661)			
(For closure of vesicoenteric fistula, see 45800-45805)			
51940		BR	
51960			5.0
	30.0	90	5.0
51980		18.0	90
			5.0

ENDOSCOPY — CYSTOSCOPY, 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.

	Unit Value	Follow-up Days=	Basic Anes@
52000 Cystourethroscopy (separate procedure)	1.2	7	3.0
52005 with ureteral catheterization, with or without irrigation, instillation, or ureterpyelography, exclusive of radiologic service	1.6	7	3.0
52007 with brush biopsy of ureter and/or renal pelvis	BR	3	3.0
52010 with ejaculatory duct catheterization	1.6	7	

TRANSURETHRAL SURGERY (URETHRA AND BLADDER)

52204 Cystourethroscopy, with biopsy	2.0	7	3.0
52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	2.0	7	3.0
52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s), with or without biopsy	2.0	7	3.0
52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm)	5.0	30	3.0
52235 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
52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)	6.0	30	3.0
52281 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
52283 Cystourethroscopy, with steroid injection into stricture	2.0	7	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
52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	4.0	30	3.0
52300 with resection or fulguration of ureterocele, unilateral or bilateral	6.0	30	3.0
52305 with incision or resection of orifice of bladder diverticulum, single or multiple	6.0	30	3.0
52310 Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); simple	4.0	30	3.0
52315 complicated	BR+		3.0
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
52318 complicated or large (over 2.5 cm)	BR	30	3.0

TRANSURETHRAL SURGERY (URETER AND PELVIS)

52320 Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	7.0	30	3.0
52325 with fragmentation of ureteral calculus (e.g. ultrasonic or electrohydraulic technique)	BR	30	3.0
52330 with manipulation, without removal of ureteral calculus	5.0	30	3.0
52332 cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double J type)	BR	7	3.0
52334 Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	BR		3.0
(For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of nephrostomy tract only, see 50395)			
52335 Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter by any method)	4.2	7	3.0
52336 with removal or manipulation of calculus (ureteral catheterization is included)	BR		3.0
52337 with lithotripsy (ureteral catheterization is included)	BR		3.0
52338 with biopsy and/or fulguration of lesion	BR		3.0

TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)

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
52500 Transurethral resection of bladder neck, (separate procedure)	10.0	90	4.0
52601 Transurethral resection of prostate, including control of post-operative bleeding during the hospitalization, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	20.0	90	5.0
(For other approaches, see 55801-55845)			
52606 Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	2.4	0	
52612 Transurethral resection of prostate; first stage of two-stage resection (partial resection)	15.0	90	5.0
52614 second stage of two-stage resection (resection completed)	11.0	90	5.0
52620 Transurethral resection; of residual obstructive tissue after 90 days postoperative	6.0	90	5.0
52630 of regrowth of obstructive tissue longer than one year postoperative	20.0	90	5.0
52640 of postoperative bladder neck contracture	10.0	90	5.0
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

((52800, 52805 Litholapaxy [litholapaxy] have been deleted. To report, use 52317, 52318))

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-260 URETHRA.

(For endoscopy, see cystoscopy, urethroscopy, cystourethroscopy, 52000-((52805)) 52700)

(For injection procedure for urethrocytography, see 51600-51610)

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@		
INCISION				53449	Surgical correction of hydraulic abnormality of inflatable sphincter device ...	BR	90	3.0	
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	2.4	15	3.0	53450	Urethromeatoplasty, with mucosal advancement	4.0	30	3.0
53010	perineal urethra, external	6.0	30	3.0	53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	3.4	30	3.0
53020	Meatotomy, cutting of meatus (separate procedure), except infant	1.0	15	3.0	SUTURE				
(((53021 has been deleted. To report use 53020)))				53502	Urethrorrhaphy, suture of urethral wound or injury, female	BR		3.0	
53025	Infant	0.6	15	3.0	53505	Urethrorrhaphy, suture of urethral wound or injury; penile	10.0	90	3.0
53040	Drainage of deep periurethral abscess	3.0	30	3.0	53510	perineal	14.0	90	3.0
(For subcutaneous abscess, see 10060-10061)				53515	prostatomembranous	20.0	90	3.0	
53060	Drainage of Skene's gland abscess or cyst	1.2	15	3.0	53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	6.0	90	3.0
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	4.0	15	3.0	(For closure of urethrovaginal fistula, see 57310)				
53085	complicated	BR+		5.0	(For closure of urethrorectal fistula, see 45820, 45825)				
EXCISION				MANIPULATION					
53200	Biopsy of urethra	2.0	7	3.0	*53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	*0.4	0	
53210	Urethrectomy, total, including cystostomy; female	14.0	60	5.0	*53601	subsequent	*0.3	0	
53215	male	18.0	60	5.0	53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	1.6	3	3.0
53220	Excision or fulguration of carcinoma of urethra	BR+		3.0	*53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	*0.8	0	
53230	Excision of urethral diverticulum (separate procedure); female	10.0	60	3.0	*53621	subsequent	*0.6	0	
53235	male	12.0	60	3.0	*53640	Passage of filiform and follower for acute vesical retention, male	*0.8	0	
53240	Marsupialization of urethral diverticulum, male or female	4.0	30	3.0	*53660	Dilation of female urethra including suppository and/or instillation; initial	*0.4	0	
53250	Excision of bulbourethral gland (Cowper's gland)	12.0	60	3.0	*53661	subsequent	*0.3	0	
53260	Excision or fulguration; urethral polyp(s), distal urethra	1.0	15	3.0	53665	dilation of female urethra, general or conduction (spinal) anesthesia	1.5	3	3.0
(For endoscopic approach, see 52212-52224)				53670*	Catheterization; simple	0.3	0		
53265	urethral caruncle	1.2	15	3.0	53675*	complicated (may include difficult removal of balloon catheter)	0.7	0	
53270	Skene's glands	1.2	15	3.0	53899	Unlisted procedure, urinary system	BR		3.0
53275	urethral prolapse	3.0	30	3.0	AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)				
REPAIR				WAC 296-22-265 PENIS.					
(For hypospadias, see 54300-54352)									
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture, (e.g., Johannsen type)	10.0	60	3.0	Unit Value	Follow-up Days=	Basic Anes@		
53405	second stage (formation of urethra), including urinary diversion	14.0	60	3.0	54000	Slitting of prepuce, dorsal or lateral, (separate procedure); newborn	0.6	7	
53410	Urethroplasty, one-stage reconstruction of male anterior urethra	16.0	60	3.0	54001	except newborn	1.4	7	3.0
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra	BR		3.0	54015	Incision and drainage of penis, deep	1.4	15	3.0
53420	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	20.0	60	3.0	DESTRUCTION				
53425	second stage	20.0	90	3.0	*54050	Destruction of lesion(s), penis, (e.g., condyloma, papilloma, molluscum, contagiosum, herpetic vesicle), simple, chemical	*0.3	0	3.0
53430	Urethroplasty, reconstruction of female urethra	14.0	90	3.0	*54055	electrodesiccation	*0.8	0	3.0
53440	Operation for correction of male urinary incontinence, with or without introduction of prosthesis	20.0	90	3.0	54056	cryosurgery	BR		3.0
53442	Removal of perineal prosthesis introduced for continence	BR		3.0	54057	laser surgery	BR		3.0
53443	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Lead-better procedure)	BR		3.0	54060	surgical excision	*1.0	0	3.0
53445	Operation for correction of urinary incontinence with placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir	BR		3.0	54065	extensive, any method	BR		3.0
53447	Removal, repair or replacement of inflatable sphincter including pump and/or reservoir and/or cuff	BR		3.0	(For destruction or excision of other lesions, see integumentary system)				
EXCISION				54100	Biopsy of penis, cutaneous (separate procedure)	0.6	7	3.0	
				54105	deep structures	1.4	15	3.0	

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
(For excision of local lesion of skin of scrotum, see integumentary system)			
55150 Resection of scrotum	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
REPAIR			
(((55170 has been deleted (scrotoplasty); to report see 55175-55180)))			
55175 Scrotoplasty; simple	BR		3.0
55180 complicated	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-305 PROSTATE.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
55700 Biopsy, prostate; needle or punch, single or multiple, any approach	1.4	15	3.0
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
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

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
(For transurethral removal of prostate, see 52601-52650)			
(For limited pelvic lymphadenectomy for staging (separate procedure), use 38562)			
(For independent node dissection, see 38770-38780)			
55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, during initial hospitalization, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) are included	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 complete (vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy are included), suprapubic, subtotal, one or two stages	20.0	90	5.0
55831 retropubic, subtotal	20.0	90	5.0
55840 prostatectomy, retropubic radical .	26.0	90	6.0
55842 with lymph node biopsy(s) (limited pelvic lymphadenectomy)	BR		
55845 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	BR		3.0
with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes			

OTHER PROCEDURES

	Unit Value	Follow-up Days=	Basic Anes@
(For artificial insemination, see 58310)			
55899 Unlisted procedure, male genital system	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-306 INTERSEX SURGERY.

	Unit Value	Follow-up Days=	Basic Anes@
55970 Intersex surgery; male to female			((BR))
<u>NONCOVERED PROCEDURE</u>			
55980 ((intersex surgery);) female to male ...			((BR))
<u>NONCOVERED PROCEDURE</u>			

FEMALE GENITAL SYSTEM

	Unit Value	Follow-up Days=	Basic Anes@
(For pelvic laparotomy, see 49000)			
(For endometriomas resection, see 49200, 49201)			
(For paracentesis, see 49080, 49081)			
(((For injection procedure for pelvic pneumography, see 49440)))			
(For secondary closure of abdominal wall evisceration or disruption, see 49900)			
(For chemotherapy, see 90790-90793)			

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-310 VULVA AND INTROITUS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
(For incision and drainage of sebaceous cyst, furuncle, or caruncle, see 10000-10020, 10060, 10061)			
*56400 Incision and drainage, abscess of vulva, extensive	*0.8	0	3.0
*56420 Incision and drainage of Bartholin's gland abscess, unilateral	*1.0	0	3.0
(For incision and drainage of Skene's gland abscess or cyst, see 53060)			
56440 Marsupialization of Bartholin's gland cyst	4.0	30	3.0
DESTRUCTION			
*56501 Destruction of lesion(s), vulva; simple, any method	BR	0	3.0
(((56500 has been deleted, use 56501)))			
56515 extensive, any method	BR+		3.0
(((56520-56521 have been deleted, use 56501 or 56515)))			
(For destruction of Skene's gland cyst or abscess, see 53270)			
(For cautery destruction of urethral caruncle, see 53265)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@		
EXCISION				57108	Colpectomy, obliteration of vagina; partial	12.0	60	3.0	
56600	Biopsy of vulva (separate procedure) ...	0.6	7	3.0	(For excision and/or fulguration of local lesion(s), see 11200-11660, 17000-17300)				
(For local excision or fulguration of lesion(s) of external genitalia, see 11420-11426, 11620-11626, 17000-17302, 56500-56521)				57110	complete	14.0	60	3.0	
56620	Vulvectomy; partial, unilateral or bilateral (but less than 80% of vulvar area) .	12.0	60	3.0	57120	Colpocleisis (Le Fort type)	12.0	60	3.0
56625	complete (skin and subcutaneous tissue), bilateral	15.0	60	3.0	57130	Excision of vaginal septum	BR		3.0
(For skin graft, see 15000 et seq)				57135	Excision of vaginal cyst or tumor	BR		3.0	
56630	Vulvectomy, radical; without skin graft .	20.0	120	3.0	INTRODUCTION				
56635	with inguinofemoral lymphadenectomy, unilateral	24.0	120	5.0	*57150	Irrigation and/or application of medication for treatment of bacterial, parasitic or fungoid disease	*0.24	0	
56636	with inguinofemoral lymphadenectomy, bilateral	26.0	120	5.0	*57160	Insertion of pessary	*0.24	0	
56640	vulvectomy, radical, with inguinofemoral, iliac, and pelvic lymphadenectomy; unilateral	26.0	120	5.0	57170	Diaphragm fitting with instructions ...	0.24		
56641	bilateral	30.0	120	5.0	57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic non-obstetrical hemorrhage (separate procedure)	BR		3.0
(For lymphadenectomy, see 38760-38780)				REPAIR					
56680	Clitoridectomy, simple	8.0	30	3.0	(For urethral suspension, (Marshall-Marchetti-Krantz type) abdominal approach, see 51840, 51841)				
56685	extensive	12.0	90	3.0	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	BR	3.0	
56700	Hymenectomy, partial excision of hymen	2.4	30	3.0	57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	BR	3.0	
56710	Plastic revision of hymen	2.4	30	3.0	57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) (separate procedure)	7.0	60	3.0
*56720	Hymenotomy, simple incision	*1.4	0	3.0	57230	Plastic repair of urethrocele (separate procedure)	7.0	60	3.0
56740	Excision of Bartholin's gland or cyst ...	4.8	30	3.0	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure)	8.5	60	4.0
(For excision of Skene's gland, see 53270)				57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	7.0	60	3.0	
(For excision of urethral caruncle, see 53265)				(For repair of rectocele (separate procedure) without posterior colporrhaphy, see 45560)					
(For excision or fulguration of urethral carcinoma, see 53220)				57260	Combined anteroposterior colporrhaphy;	12.0	60	3.0	
(For excision or marsupialization of urethral diverticulum, see 53230-53240)				57265	with enterocele repair	14.0	60	3.0	
REPAIR				57268	Repair of enterocele, vaginal approach (separate procedure)	BR			
(For repair of urethra for mucosal prolapse, see 53275)				57270	Repair of enterocele, abdominal approach (separate procedure)	14.0	60	4.0	
56800	Plastic repair of introitus	4.8	30	3.0	57280	Colpexy, abdominal approach	14.0	60	4.0
SUTURE				57282	Sacrospinous ligament fixation for prolapse of vagina following hysterectomy (separate procedure)	BR		3.0	
(For episiorrhaphy, episoperineorrhaphy for recent injury of vulva and/or perineum, nonobstetrical, see 57210)				57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	15.0	90	5.0	
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)				57289	Pereyra procedure, including anterior colporrhaphy	13.0	90	3.0	
WAC 296-22-315 VAGINA.				(((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 or transanal 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	
				57311	with bulbo cavernous transplant ...	BR	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)					
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, 57057, 57060 and 57063 have been deleted, use 57061 or 57065)))									
57061	Destruction of vaginal lesion(s); simple, any method	0.7		3.0					
57065	extensive, any method	BR		3.0					
EXCISION									
*57100	Biopsy of vaginal mucosa; simple (separate procedure)	0.72	7	3.0					
57105	extensive, requiring suture (including cysts)	BR		3.0					

	Unit Value	Follow-up Days=	Basic Anes@
MANIPULATION			
*57400 Dilation of vagina under anesthesia ...	*0.72	0	3.0
*57410 Pelvic examination under anesthesia ...	*0.72	0	3.0

	Unit Value	Follow-up Days=	Basic Anes@
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 86-19, filed 2/28/86, effective 4/1/86)

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
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

	Unit Value	Follow-up Days=	Basic Anes@
INTRODUCTION			
(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

	Unit Value	Follow-up Days=	Basic Anes@
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

	Unit Value	Follow-up Days=	Basic Anes@
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 87-18, filed 7/23/87)

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

	Unit Value	Follow-up Days=	Basic Anes@
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)			
58140 Myomectomy, excision of fibroid tumor of uterus, single or multiple, (procedure); abdominal approach	14.0	45	5.0
58145 vaginal approach	BR		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
58152 with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)	BR		5.0
(For urethrocystopexy without hysterectomy, see 51840, 51841)			
58180 Supracervical hysterectomy (subtotal hysterectomy), with or without tube(s), with or without removal of ovary(s)	16.0	45	5.0
58200 Total hysterectomy, ((extended, corpus cancer;)) including partial vaginectomy((?)), with limited para-aortic and pelvic lymphnode biopsy(s)	20.0	120	5.0
((58205 with bilateral radical pelvic lymphadenectomy	24.0	120	6.0
(For hysterectomy with pelvic lymphadenectomy, use 58210)			
58210 ((Total)) Radical hysterectomy, ((extended, cervical cancer;)) with bilateral ((radical)) total pelvic and limited para-aortic lymphadenectomy ((Wertheim type operation))	30.0	120	7.0
(For radical hysterectomy with ovarian transposition, use also 51597)			
58240 Pelvic exenteration for gynecological malignancy, with 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		7.0
(For pelvic exenteration of lower urinary tract or male genital malignancy, use 51597)			
58260 Vaginal hysterectomy;	16.0	45	4.0
58265 with plastic repair of vagina, anterior and/or posterior colporrhaphy	18.0	45	4.0
58267 with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, with or without endoscopic control)	20.0	90	5.0
58270 with repair of enterocele	18.0	45	4.0
58275 Vaginal hysterectomy, with total or partial colpsectomy;	18.0	45	4.0
58280 with repair of enterocele	18.0	45	4.0
58285 Vaginal hysterectomy, radical (Schauta type operation)	24.0	120	7.0

	Unit Value	Follow-up Days=	Basic Anes@
INTRODUCTION			
(For insertion of radioactive substance into corpus with or without dilation and curettage, see 77520-77550)			

	Unit Value	Follow-up Days=	Basic Anes@
*58300 Insertion of intrauterine device (IUD) ..	*1.0	0	3.0
58301 Removal of intrauterine device (IUD) ..	BR		
58310 Artificial insemination	BR		
58311 with sperm washing	BR		
*58320 Insufflation of uterus and tubes with air and CO ₂	*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)

	Unit Value	Follow-up Days=	Basic Anes@
REPAIR			
58400 Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	12.0	45	4.0
58410 with presacral sympathectomy	14.0	45	5.0
(((Interposition operation has been deleted. If necessary to report, use 58999))			
(58500 Hysterosalpingostomy has been deleted. To report, use 58752))			
58520 Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	12.0	45	4.0
58540 Hysteroplasty, repair of uterine anomaly (Strassman type)	14.0	45	4.0
SUTURE			
(For closure of vesicouterine fistula, see 51920)			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-333 OVIDUCT.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
58600 Transection of fallopian tube, abdominal or vaginal approach, unilateral or bilateral	12.0	45	4.0
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
(For laparoscopic procedures, see 58980-58987)			
(((58610 Ligation of fallopian tube(s) has been deleted. It would be reported using 58600-58611)))			
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.)	BR		4.0
58615 Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring, fulguration) vaginal or suprapubic approach	BR		4.0
(For laparoscopic approach, see 58983)			
(((58618 Lysis of adnexal adhesions has been deleted. To report, use 58740)))			
EXCISION			
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
REPAIR			
58740 Lysis of adhesions (salpingolysis, ovariolysis)	BR		4.0
(For laparoscopic approach, see 58985)			
58750 Tubotubal anastomosis	BR		4.0
58752 Tubouterine implantation	BR		4.0
58760 Fimrioplasty	BR		4.0
58770 Salpingostomy (salpingoneostomy)			

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-337 OVARY.

	Unit Value	Follow-up Days=	Basic Anes@
OVARY			
INCISION			
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
58825 Transposition, ovary(s)	BR		
EXCISION			
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
(((58942 with concomitant debulking procedure, ovarian malignancy			
BR 45 4.0			
+6.0 60 4.0))			
58945 with total omentectomy			
58943 for ovarian malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s)			BR
58950 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy	14	60	5.0
58951 with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy			BR
58952 with radical dissection for debulking			BR
58960 Laparotomy, for staging or restaging of ovarian malignancy ('second look'), with or without omentectomy, peritoneal washings, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy			BR
IN VITRO FERTILIZATION			
58970 Follicle puncture for oocyte retrieval, any method			NONCOVERED PROCEDURE
58972 Culture and fertilization of oocyte(s)			NONCOVERED PROCEDURE
58974 Embryo transfer, any method (separate procedure)			NONCOVERED PROCEDURE
58976 Gamete intrafallopian transfer, any method			NONCOVERED PROCEDURE
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 laparoscopy requires mini-laparotomy (Hasson technique) or when secondary procedures involve significant additional time and effort, they may be ((listed)) reported by using modifier ((-50)) -22.			
(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)			
58984 with fulguration of ovarian or peritoneal lesions by any method	8.0	10	5.0

	Unit Value	Follow-up Days=	Basic Anes@
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, diagnostic	BR		3.0
58995 therapeutic	BR		3.0

OTHER PROCEDURES

58999 Unlisted procedure, female genital system nonobstetrical	BR		3.0
--	----	--	-----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

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@
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	
59015 Chorionic villus sampling	BR	0	
59020* Fetal oxytocin stress test	1.0	0	
59025 Fetal nonstress test	1.0		
59030* Fetal scalp blood sampling;	1.0	0	
59031* repeat	0.5	0	
59050 Initiation and/or supervision of internal fetal monitoring during labor by consultant	1.0	0	

EXCISION

59100 Hysterotomy, abdominal, for removal of hydatidiform mole;	14.0	45	5.0
59101 with tubal ligation	14.0	45	6.0
59105 Hysterotomy, abdominal, for legal abortion;	16.0	45	6.0
59106 with tubal ligation	18.0	45	6.0

EXCISION

59120 Surgical treatment of ectopic pregnancy; tubal, requiring sanpingectomy and/or oophorectomy, abdominal or vaginal approach	14.0	45	5.0
59121 tubal, without sanpingectomy and/or oophorectomy	BR		5.0
59125 ovarian, requiring oophorectomy and/or sanpingectomy	BR		5.0

59126 ovarian, without oophorectomy and/or sanpingectomy	BR		
59130 abdominal	BR		5.0
59135 interstitial, uterine pregnancy requiring hysterectomy, total or subtotal ..	BR		5.0
59140 cervical	BR		5.0
59160 Dilatation and curettage for postpartum hemorrhage (separate procedure)	4.0	15	3.0

INTRODUCTION

(For intrauterine fetal transfusion, see 36460)

(For introduction of hypertonic solution and/or prostaglandins to initiate labor, see 59850)

59200 Insertion of hygroscopic cervical dilator (e.g., laminaria) (separate procedure) ..	BR		
---	----	--	--

REPAIR

(For tracheloplasty, see 57700)

59300 Episiotomy or vaginal repair only, by other than delivering physician; simple ..	2.0	0	3.0
59305 extensive	BR		3.0
59350 Hysterorrhaphy of ruptured uterus; (separate procedure)	BR		3.0
59351 following dilatation and curettage, including both procedures	BR		3.0

DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

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
59410 Vaginal delivery only (with or without episiotomy, forceps or breech delivery) including in-hospital postpartum care (separate procedure)	4.0	45	3.0
59412 External cephalic version, with or without tocolysis			

NONCOVERED PROCEDURE

59420 Antepartum care only (separate procedure)	Sv.&		
59430 Postpartum care only (separate procedure)	Sv.&		

CESAREAN SECTION

(For standby attendance of infant, see 99151)

59500 Cesarean section, low cervical, including in-hospital postpartum care; (separate procedure)	10.0	7	5.0
59501 including antepartum and postpartum care	13.0	45	5.0
59520 Cesarean section, classic, including in-hospital postpartum care; (separate procedure)	10.0	7	5.0
59521 including antepartum and postpartum care	13.0	45	5.0
59540 Cesarean section, extraperitoneal, including in-hospital postpartum care; (separate procedure)	12.0	7	5.0
59541 including antepartum and postpartum care	16.0	45	5.0
59560 Cesarean section with hysterectomy, subtotal, including in-hospital postpartum care; (separate procedure)	12.0	7	6.0
59561 including antepartum and postpartum care	16.0	45	6.0
59580 Cesarean section with hysterectomy, total, including in-hospital postpartum care; (separate procedure)	12.0	7	6.0
59581 including antepartum and postpartum care	16.0	45	6.0

ABORTION

59800 Treatment of spontaneous abortion, first trimester; completed medically	Sv.&		
59801 completed surgically (separate procedure)	4.0	45	3.0

	Unit Value	Follow-up Days=	Basic Anes@
59810 Treatment of spontaneous abortion, second trimester; completed medically	Sv.&		
59811 completed surgically (separate procedure)	4.0	45	3.0
59820 Treatment of missed abortion, any trimester, completed medically or surgically	Sv.&		3.0
59830 Treatment of septic abortion	Sv.&		
59840 Legal (therapeutic) abortion, by dilation and curettage, and/or vacuum extraction	6.0	45	3.0
59841 Legal (therapeutic) abortion, by dilation and evacuation	6.0	45	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
59851 with dilation and curettage	BR		
59852 with hysterotomy (failed saline)	BR		
OTHER PROCEDURES			
59899 Unlisted procedure, maternity care and delivery	BR		3.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-350 THYROID GLAND.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*60000 Incision and drainage of thyroglossal cyst, infected	*0.6	0	3.0
EXCISION			
*60100 Biopsy, thyroid, percutaneous needle (For ultrasonic guidance, see 76942, 76943) (For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)	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 ((60242 has been deleted, use 60245))	16.0	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 transthoric approach	BR	45	5.0
60280 Excision of thyroglossal duct cyst or sinus;	11.0	45	4.0
60281 recurrent	BR		4.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-355 PARATHYROID, THYMUS, ADRENAL GLANDS AND CAROTID BODY.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
(For pituitary and pineal surgery, see Nervous System)			
60500 Parathyroidectomy or exploration of parathyroid(s);	18.0	45	5.0
60502 reexploration	BR		5.0
60505 with mediastinal exploration, sternal split or transthoric approach	24.0	60	12.0
60520 Thymectomy, partial or total (separate procedure)	18.0	60	12.0
60540 Adrenalectomy, partial or complete, or exploration of adrenal with or without biopsy, transabdominal, lumbar or dorsal (separate procedure), unilateral;	19.0	90	9.0
60545 with excision of adjacent retroperitoneal tumor	22.0	90	9.0
(For excision of remote or disseminated pheochromocytoma, see 49200, 49201)			
60550 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal, bilateral; one stage	24.0	90	9.0
60555 two stages	BR		9.0
60600 Excision of carotid body tumor; without excision of carotid artery	17.0	60	8.0
60605 with excision of carotid artery	24.0	60	8.0
60699 Unlisted procedure, endocrine system	BR		5.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-365 SKULL, MENINGES, AND BRAIN.

	Unit Value	Follow-up Days=	Basic Anes@
(For injection procedure for cerebral angiography, see 36100-((36220) 36215)			
(For injection procedure for ventriculography, see ((61025, 61030) 61026, 61120, 61130)			
(For injection procedure for pneumoencephalography, see ((61053, 62286) 61055)			
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	
((61025 has been deleted. To report, use 61026))			
61026* with injection of drug or other substance for diagnosis or treatment	BR		7.0
((61030, 61045 have been deleted. To report, use 61026))			
*61050 Cisternal or lateral cervical puncture; without injection (separate procedure)	*1.8	0	
((61051, 61052, and 61053 have been deleted. To report, use 61055))			
61055* with injection of drug or other substance for diagnosis or treatment	BR		6.0
61070* Puncture of shunt tubing or reservoir for aspiration or injection procedure	2.0	0	0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
TWIST DRILL BURR HOLE(S) OR TREPHINE							
61105*	BR			61440	BR		10.0
61106	BR			61450			
61107*	8.0	30	7.0	61458	28.0	90	10.0
61108	17.5	7	8.0	61460	30.0	90	10.0
61120	10.0	30	7.0	61470	34.0	90	10.0
61130	7.0	0		61480	40.0	90	11.0
61140	20.0	0	5.0	61490	40.0	90	11.0
61150	24.0	90	9.0	61491	24.0	90	9.0
61151	2.0	0	4.0	61500	30.0	90	11.0
61154	26.0	90	9.0	61501	BR		8.0
61155	39.0	90	9.0	61510	BR		8.0
61156	25.0	90	9.0	61512	34.0	90	12.0
61210*	8.0	30	7.0	61514	40.0	90	11.0
61215	BR		7.0	61516	32.0		9.0
61250	15.0	30	7.0		30.0		11.0
61251	22.0	30	7.0	(For excision of pituitary tumor of craniopharyngioma, see 61545, 61546, 61548)			
61253	BR			61518			
(If burr hole(s) or trephine followed by craniotomy at same operative session, use 61304-61321; do not use 61250, 61251, or 61253)							
CRANIECTOMY OR CRANIOTOMY							
61304	34.0	90	9.0	61519	40.0	90	11.0
61305	40.0	90	10.0	61520	44.0	90	13.0
61310	28.0	90	11.0	61521	40.0	90	11.0
61311	26.0	90	13.0	61522	BR		11.0
61312	31.5	90	9.5	61524	30.0	90	13.0
61313	33.0	90	9.5	61526	30.0	90	13.0
61314	39.0	90	9.5	61530	30.0	90	13.0
61315	42.7	90	9.5	61532	BR		13.0
61320	28.0	90	11.0	61533	BR		9.0
61321	28.0	90	13.0	(For continuous EEG monitoring, see 95950-95954)			
61330	26.0	90	9.0	61534	BR		9.0
61331	BR		9.0	61535	BR		9.0
61332	BR		9.0	61536	BR		9.0
61333	BR		9.0	61538	38.0	90	9.0
61334	BR		9.0	61539	38.0	90	9.0
61340	16.0	90	9.0	61541	38.0	90	9.0
61341	24.0	90	9.0	61542	BR		9.0
61343	39.2	90	9.5	61543	48.0	90	9.0
61345	22.0	90	13.0	61544	BR		9.0
				61545	30.0	90	11.0
				61546	63.5	90	9.5

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
61548 Hypophysectomy, transnasal or trans-septal approach, nonstereotactic (((For stereotaxis, see 61715)))	BR		4.0	61750 Stereotactic biopsy, aspiration or excision, including burr hole(s) for intracranial lesion	BR		8.0
61550 Craniectomy for craniostenosis; single suture	18.0	90	9.0	61751 with computerized axial tomography	BR		8.0
61552 multiple sutures, one stage	22.0	90	9.0	61770 Stereotactic localization, any method, including burr hole(s); with insertion of catheter(s) for brachytherapy	16.5	90	8.0
61553 each stage of multiple stages	BR		9.0	61780 ((Stereotactic localization, including burr hole(s), ventriculography and)) for introduction of subcortical electrodes	BR		8.0
61555 Reconstruction of skull by multiple bone flaps	BR		9.0	61790 Stereotactic lesion of gasserian ganglion, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radio-frequency)	18.0	90	7.0
(For cranial reconstruction for orbital hypertelorism, see 21260-21263)				61793 Stereotactic focused proton beam or gamma radio-surgery	BR		
(For sequestrectomy for osteomyelitis, see 21020)				NEUROSTIMULATORS, INTRACRANIAL			
61561 Reconstruction of skull by orbital advancement, including suturotomy or craniotomy; unilateral	BR		9.0	61850 Burr or twist drill hole(s) for implantation of neurostimulator electrodes; cortical	15.0	30	8.0
61562 bilateral	BR		9.0	61855 subcortical	18.0	30	8.0
61570 Craniectomy or craniotomy for excision of foreign body from brain	BR		9.0	61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical	15.0	30	6.0
61571 with treatment of penetrating wound of brain	BR		9.0	61865 subcortical	18.0	30	6.0
61575 Transoral approach to skull base, brain stem, or upper spinal cord for biopsy, decompression, or excision of lesion	BR	90		61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	18.0	30	7.0
61576 requiring splitting of tongue and/or mandible (including tracheostomy)	BR	90		61875 subcortical	19.0	30	7.0
(For arthrodesis, use 22548)				61880 Revision or removal of intracranial neurostimulator electrodes	BR		7.0
61680 Surgery of intracranial arteriovenous malformation; supratentorial, simple	52.0	90		61885 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR		7.0
61682 supratentorial, complex	61.0	90		61888 Revision or removal of intracranial neurostimulator receiver	BR		7.0
61684 infratentorial, simple	56.5	90		(See WAC 296-22-010, item 2)			
61686 infratentorial, complex	65.5	90		REPAIR			
61690 dural, simple	BR	90		62000 Elevation of depressed skull fracture; simple, extradural	18.0	90	9.0
61692 dural, complex	BR	90		62005 compound or comminuted, extradural	24.0	90	9.0
(For sequestrectomy for osteomyelitis, see 21020)				62010 with repair of dura and/or debridement of brain ((and repair of dura))	29.0	90	11.0
SURGERY FOR ANEURYSM ((OR)), ARTERIOVENOUS MALFORMATION, OR VASCULAR DISEASE				62100 Craniotomy for repair of dural/CSF leak, including surgery for rhinorrhea/otorrhea	30.0	90	9.0
(For excision of vascular malformation, see 61532)				(For repair of spinal dural/CSF leak, see 63708)			
61700 Surgery of intracranial aneurysm, intracranial approach; carotid circulation	40.0	90	13.0	62120 Repair of encephalocele, including cranioplasty	BR		9.0
61702 vertebral-basilar circulation	44.0	90	15.0	62140 Cranioplasty for skull defect, up to 5 cm diameter	20.0	90	9.0
61703 Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	BR		7.0	62141 larger than 5 cm diameter	BR		9.0
(For cervical approach for direct ligation of carotid artery, see 37600-37606)				62142 Removal of bone flap or prosthetic plate of skull	BR		9.0
61705 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	32.0	90	15.0	62145 Cranioplasty for skull defect with reparative brain surgery	BR+		11.0
61708 by intracranial electrothrombosis	30.0	90	9.0	CSF SHUNT			
61710 by intra-arterial embolization, injection procedure or balloon catheter	24.0	90	9.0	62180 Ventriculocisternostomy (Torkildsen type operation)	32.0	90	11.0
61711 Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries	36.0	90	15.0	62190 Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	24.0	90	9.0
(For carotid or vertebral thromboendarterectomy, see ((35300)) 35301)				62192 subarachnoid/subdural-peritoneal, -pleural, -other terminus	22.0	90	9.0
61712 Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)	BR		9.0	62194 Replacement or irrigation, subarachnoid/subdural catheter	6.0	90	5.0
STEREOTAXIS				62200 Ventriculocisternostomy, third ventricle	32.0	90	11.0
(For nonstereotaxis, see 61548))				62220 Creation of shunt; ventriculo-atrial, -jugular, -auricular	26.0	90	11.0
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	62223 ventriculo-peritoneal, -pleural, -other terminus	24.0	90	9.0
61735 subcortical structure other than globus pallidus or thalamus	38.0	90	8.0	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

	Unit Value	Follow-up Days=	Basic Anes@
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 87-18, filed 7/23/87)

WAC 296-22-370 SPINE AND SPINAL CORD.

(For application of caliper or tongs, see 20660)

(For treatment of fracture or dislocation of spine, see 22305-22327)

	Unit Value	Follow-up Days=	Basic Anes@
--	------------	-----------------	-------------

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 including narcotics, diagnostic or therapeutic; subarachnoid or subdural, ((simple)) single.....	2.1	0	
62276* subarachnoid or subdural, differential.....	3.5	0	
62277* subarachnoid or subdural, continuous.....	3.0		
62278* ((epidural)) lumbar or caudal epidural, single.....	2.1	0	
62279* ((epidural)) lumbar or caudal epidural, continuous.....	3.0		
62280* Injection of neurolytic substance (e.g., alcohol, phenol, iced saline solutions); subarachnoid.....	5.0		
62282* ((epidural)) lumbar or caudal epidural.....	5.0		
62284* Injection procedure for myelography, spinal or posterior fossa.....	3.0	7	
(((62286 has been deleted, use 64999)))			
62288* Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure).....	BR		
62289* ((Injection of substance other than anesthetic, contrast, or neurolytic solutions; epidural)) lumbar or caudal epidural.....	2.8	0	0
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

62295 Laminectomy for exploration of intraspinal canal, one or two segments; cervical.....	32	90	10.0
--	----	----	------

	Unit Value	Follow-up Days=	Basic Anes@
62296 thoracic.....	32.0	90	10.0
62297 lumbar.....	26.0	90	8.0
62299 sacral.....	26.0	90	10.0
62301 Laminectomy for exploration of intraspinal canal, more than two segments; cervical.....	BR		10.0
62302 thoracic.....	BR		10.0
62303 lumbar.....	BR		8.0))

POSTERIOR EXTRADURAL LAMINOTOMY OR LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF NEURAL ELEMENTS OR EXCISION OF HERNIATED INTERVERTEBRAL DISKS

63001 Laminectomy for exploration/decompression of spinal cord and/or cauda equina, one or two segments; cervical...	30.0	90	10.0
63003 thoracic.....	30.0	90	10.0
63005 lumbar, except for spondylolisthesis...	24.0	90	8.0
63010 lumbar for spondylolisthesis (Gill type procedure).....	28.0	90	8.0
63011 sacral.....	24.0	90	10.0
63015 Laminectomy for exploration/decompression of spinal cord and/or cauda equina, more than two segments; cervical.....	BR		10.0
63016 thoracic.....	BR		10.0
63017 lumbar.....	BR		8.0
(((When followed by arthrodesis, see 22550-22565)))			
63020 Laminotomy (hemilaminectomy), for ((herniated intervertebral disk, and/or)) decompression of nerve root(s) including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical, unilateral...	26.0	90	10.0
63021 one interspace, cervical, bilateral.....	28.0	90	10.0
63030 one interspace, lumbar, unilateral.....	25.0	90	8.0
63031 one interspace, lumbar, bilateral.....	27.0	90	8.0
63035 each additional interspace((s)), cervical or lumbar.....	BR		10.0
(Use 63035 only for procedures 63031-63035)			
63040 Laminotomy (hemilaminectomy), for ((herniated intervertebral disk, and/or)) decompression of nerve ((root, any level; extensive or)) root(s) including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; reexploration; cervical.....	((BR))		10.0
63041 thoracic.....	30.5	90	
63042 lumbar.....	BR		10.0))
63045 Laminectomy, including unilateral or bilateral complete facetectomy or foraminotomy for decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis), single segment; cervical.....	30.5	90	9.0
63046 thoracic.....	30.5	90	9.0
63047 lumbar.....	28.0	90	9.0
63048 each additional segment, cervical, thoracic, or lumbar.....	5.0	90	9.0

TRANSPEDICULAR OR COSTOVERTEBRAL APPROACH FOR POSTEROLATERAL EXTRADURAL EXPLORATION/DECOMPRESSION

63055 Transpedicular approach for decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment, thoracic.....	39.0	90	9.0
63056 lumbar.....	35.0	90	9.0
63057 each additional segment, thoracic or lumbar.....	5.0	90	9.0

(((When followed by arthrodesis, see 22550-22565)))

(Do not use both 63035 and 63040-63042 for same procedure)

63060 Hemilaminectomy (laminectomy) for herniated intervertebral disk, thoracic; posterior approach.....	28.0	90	8.0))
--	------	----	-------

	Unit Value	Follow-up Days=	Basic Anes@
63064 <u>Costovertebral approach for decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment</u>	30.0	90	8.0
((63065 <u>Transthoracic approach for herniated intervertebral disk or other mass lesion; thoracic spine</u>	32.7	90	8.0
63066 <u>each additional segment</u>	5.0	90	9.0

(For excision of thoracic intraspinal lesions by laminectomy, see 63266, 63271, 63276, 63281, and 63286)

ANTERIOR OR ANTEROLATERAL APPROACH FOR EXTRADURAL EXPLORATION/DECOMPRESSION

63075 <u>Diskectomy, ((cervical;)) anterior ((approach, without arthrodesis;)), for decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace</u>	26.0	90	8.0
63076 <u>cervical, each additional interspace(s)</u>	5.0	90	9.0
(((For diskectomy with arthrodesis, see 22550-22566)))			
63077 <u>thoracic, single interspace</u>	26.0	90	9.0
63078 <u>thoracic, each additional interspace</u>	5.0	90	9.0
63081 <u>Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach for decompression of spinal cord and/or nerve root(s); cervical, single segment</u>	36.5	90	9.0
63082 <u>cervical, each additional segment</u>	6.0	90	10.0
63085 <u>Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach for decompression of spinal cord and/or nerve root(s); thoracic, single segment</u>	39.0	90	9.0
63086 <u>thoracic, each additional segment</u>	6.0	90	9.0
63087 <u>Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach for decompression of spinal cord, cauda equina, or nerve root(s), lower thoracic, or lumbar; single</u>	39.0	90	9.0
63088 <u>each additional segment</u>	6.0	90	9.0
63090 <u>Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach for decompression of spinal cord, cauda equina, or nerve root(s), lower thoracic, lumbar, or sacral; single segment</u>	36.5	90	9.0
63091 <u>each additional segment</u>	6.0	90	9.0

(Procedures 63081-63091 include diskectomy above and/or below vertebral segment)

(If followed by arthrodesis, see 22554-22585)

INCISION

63170 <u>Laminectomy for myelotomy (e.g., Bischof or DREZ type), cervical, thoracic, or thoracolumbar</u>	(BR) 36.5	90	8.0
63172 <u>Laminectomy for drainage of intramedullary cyst/syrinx; to subarachnoid space</u>	BR	90	8.0
63173 <u>to peritoneal space</u>	BR	90	8.0
63180 <u>Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments</u>	38.0	90	8.0
63182 <u>more than two segments</u>	BR		8.0
63185 <u>Laminectomy for rhizotomy; one or two segments</u>	28.0	90	8.0
63190 <u>more than two segments</u>	BR		8.0
63191 <u>Laminectomy for section of spinal accessory nerve; unilateral</u>	BR		8.0
63192 <u>bilateral</u>	BR		8.0

(For resection of sternocleidomastoid muscle, use 21720)

	Unit Value	Follow-up Days=	Basic Anes@
63194 <u>Laminectomy for cordotomy, unilateral, one stage; cervical</u>	32.0	90	8.0
63195 <u>thoracic</u>	32.0	90	7.0
63196 <u>Laminectomy for cordotomy, bilateral, one stage; cervical</u>	32.0	90	8.0
63197 <u>thoracic</u>	32.0	90	7.0
63198 <u>Laminectomy for cordotomy, bilateral, two stages within fourteen days; cervical</u>	40.0	90	8.0
63199 <u>thoracic</u>	40.0	90	7.0

EXCISION ((FOR)) BY LAMINECTOMY OF LESION OTHER THAN HERNIATED ((INTERVERTEBRAL)) DISK

((63210 <u>Laminectomy, one or two segments, for excision of intraspinal lesion; cervical</u>	34.0	90	8.0
63215 <u>thoracic</u>	34.0	90	7.0
63220 <u>lumbar</u>	30.0	90	7.0
63225 <u>sacral</u>	30.0	90	7.0
63240 <u>Laminectomy, more than two segments, for excision of intraspinal lesion; cervical</u>	BR		9.0
63241 <u>thoracic</u>	BR		8.0
63242 <u>lumbar</u>	BR		7.0
63200 <u>Laminectomy, for release of tethered spinal cord, lumbar</u>	32.5	90	9.0
63250 <u>Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical</u>	BR		9.0
63251 <u>thoracic</u>	BR		8.0
63252 <u>thoracolumbar</u>	48.0	90	9.0
63265 <u>Laminectomy for excision or intraspinal lesion other than neoplasm, extradural; cervical</u>	35.0	90	9.0
63266 <u>thoracic</u>	35.0	90	9.0
63267 <u>lumbar</u>	31.5	90	9.0
63268 <u>sacral</u>	31.5	90	9.0
63270 <u>Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical</u>	36.5	90	9.0
63271 <u>thoracic</u>	36.5	90	9.0
63272 <u>lumbar</u>	33.0	90	9.0
63273 <u>sacral</u>	33.0	90	9.0
63275 <u>Laminectomy for biopsy/excision of intraspinal neoplasm, extradural, cervical</u>	35.0	90	9.0
63276 <u>extradural, thoracic</u>	35.0	90	9.0
63277 <u>extradural, lumbar</u>	31.5	90	9.0
63278 <u>extradural, sacral</u>	31.5	90	9.0
63280 <u>intradural, extramedullary, cervical</u>	36.5	90	9.0
63281 <u>intradural, extramedullary, thoracic</u>	36.5	90	9.0
63282 <u>intradural, extramedullary, lumbar</u>	33.0	90	9.0
63283 <u>intradural, sacral</u>	33.0	90	9.0
63285 <u>intradural, intramedullary, cervical</u>	43.5	90	9.0
63286 <u>intradural, intramedullary, thoracic</u>	43.5	90	9.0
63287 <u>intradural, intramedullary, thoracolumbar</u>	43.5	90	9.0
63290 <u>combined extradural-intradural lesion, any level</u>	BR	90	9.0

EXCISION, ANTERIOR OR ANTEROLATERAL APPROACH, INTRASPINAL LESION

(For arthrodesis, see 22548-22650)

(For reconstruction of spine, see 22140-22152)

63300 <u>Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical</u>	39.0	90	
63301 <u>extradural, thoracic by transthoracic approach</u>	43.5	90	
63302 <u>extradural, thoracic by thoracolumbar approach</u>	43.5	90	
63303 <u>extradural, lumbar or sacral by transperitoneal or retroperitoneal approach</u>	43.5	90	
63304 <u>intradural, cervical</u>	39.0	90	
63305 <u>intradural, thoracic by transthoracic approach</u>	43.5	90	
63306 <u>intradural, thoracic by thoracolumbar approach</u>	43.5	90	
63307 <u>intradural, lumbar, or sacral by transperitoneal or retroperitoneal approach</u>	43.5	90	

	Unit Value	Follow-up Days=	Basic Anes@
63308 each additional segment (list separately in addition to codes for single segment 63300-63307)	5.0	90	

STEREOTAXIS

63600 Stereotactic lesion of spinal cord, percutaneous, any modality (including stimulation and/or recording)	18.0	90	7.0
63610 Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	8.0	0	7.0
63615 Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	BR		7.0

NEUROSTIMULATORS, SPINAL

63650 Percutaneous implantation of neurostimulator electrodes; epidural	BR		8.0
63652 intradural (spinal cord)	BR		8.0
63655 Laminectomy for implantation of neurostimulator electrodes; epidural	BR		10.0
63656 endodural	BR		10.0
63657 subdural	BR		10.0
63658 spinal cord (dorsal or ventral)	BR		10.0
63660 Revision or removal of spinal neurostimulator electrodes	BR		10.0
63685 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR		4.0
63688 Revision or removal of spinal neurostimulator receiver	BR		4.0

REPAIR

63700 Repair of meningocele; less than 5 cm diameter	20.0	90	9.0
63702 larger than 5 cm diameter	BR		9.0
63704 Repair of myelomeningocele; less than 5 cm diameter	BR		9.0
63706 larger than 5 cm diameter	BR		9.0
63707 Repair of dural/CSF leak, not requiring laminectomy	28.0	90	7.0
63709 Repair of dural/CSF leak, or pseudo-meningocele, with laminectomy	28.0	90	7.0
(((For complex skin closure, see Integumentary System))			
63708 Repair dural/CSF leak	BR		9.0
63710 Dural graft, spinal	BR		9.0

(For laminectomy and section of dentate ligaments, with or without dural graft, cervical, see 63180-63182)

SHUNT, SPINAL CSF

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 lumbosubarachnoid 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		5.0
63780 Insertion, subarachnoid or epidural catheter, with reservoir and/or pump for drug infusion, without laminectomy	17.5	7	7.0

(For pump refilling and maintenance, see 96520 and 96530)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

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 NERVES

	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	
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	

	Unit Value	Follow-up Days=	Basic Anes@
64859 Suture of each additional major peripheral nerve	BR		3.0
64861 Suture of; brachial plexus	BR		3.0
64862 lumbar plexus	BR		3.0
64864 Suture of facial nerve; extracranial	BR		3.0
64865 intratemporal, with or without grafting	BR		3.0
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)	BR		3.0
64874 requiring extensive (<i>proximal</i>) mobilization, or transposition of nerve (list separately in addition to code for nerve suture)	BR		3.0
64876 requiring shortening of bone of extremity (list separately in addition to code for nerve suture)	BR		3.0

NEURORRHAPHY WITH NERVE GRAFT

64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	BR	90	3.0
64891 more than 4 cm length	BR	90	3.0
64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	BR	90	3.0
64893 more than 4 cm length	BR	90	3.0
64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	BR	90	3.0
64896 more than 4 cm length	BR	90	3.0
64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	BR	90	3.0
64898 more than 4 cm length	BR	90	3.0
64901 Nerve graft, each additional nerve; single strand	BR	90	3.0
64902 multiple strands (cable)	BR	90	3.0
64905 Nerve pedicle transfer; first stage	BR	90	3.0
64907 second stage	BR	90	3.0

OTHER PROCEDURES

64999 Unlisted procedure, nervous system	BR		3.0
--	----	--	-----

EYE AND OCULAR ADNEXA

(For diagnostic and treatment ophthalmological services, see medicine, ophthalmology, ((page 18;)) and 92002 et seq.)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-405 EYEBALL.

((For goniotomy, see 65820))

REMOVAL OF EYE

	Unit Value	Follow-up Days=	Basic Anes@
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	BR		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
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		8.0

(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)) 21385 et seq.)

(For repair wound of eyelid, skin, linear, simple, see 12011-12018; intermediate, layered closure, see 12051-12057; linear, complex, see 13150-13300; other, see 67930-67935)

(For repair wound of lacrimal system, see 68700)

	Unit Value	Follow-up Days=	Basic Anes@
(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	15.4	30	6.0
<u>65286 application of tissue glue, wounds of cornea and/or sclera</u>	<u>1.0</u>	<u>0</u>	<u>4.0</u>
(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

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-410 ANTERIOR SEGMENT—CORNEA.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
65300 Delimiting keratotomy	2.0	15	3.0
(For paracentesis of cornea, see 65800-65815)			
(For removal of foreign body, cornea, see 65220-65222)			
EXCISION			
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	BR		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
65436 with application of chelating agent, e.g., EDTA	BR		4.0
(((65445, 65455 have been deleted, use 65450)))			
65450 Destruction of lesion of cornea by cryotherapy; photocoagulation or thermocauterization	1.6	7	4.0
65600 Tattoo of cornea, mechanical or chemical	8.0	30	3.0
KERATOPLASTY			
<u>(Keratoplasty excludes refractive keratoplasty procedures, 65760, 65765, 65767)</u>			
(Corneal transplant includes preparation of donor material)			
65710 Keratoplasty (corneal transplant), lamellar(:), includes autografts, and fresh or preserved homografts	24.0	90	8.0
(((65720 homograft, fresh	24.0	90	8.0
65725 homograft, preserved	24.0	90	8.0

	Unit Value	Follow-up Days=	Basic Anes@
65730 Keratoplasty (corneal transplant), penetrating (except in aphakia)(:), includes autografts, and fresh or preserved homografts	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), includes autografts, and fresh or preserved homografts	30.0	90	8.0
OTHER PROCEDURES			
65760 Keratomileusis	30.0	90	8.0
65765 Keratophakia	30.0	90	8.0
65767 Epikeratophakia	BR	90	8.0
65770 Keratoprosthesis	32.0	90	8.0
<u>65772 Corneal relaxing incision for correction of surgically induced astigmatism</u>	<u>12.0</u>	<u>90</u>	<u>8.0</u>
<u>65775 Corneal wedge resection for correction of surgically induced astigmatism</u>	<u>12.0</u>	<u>90</u>	<u>8.0</u>
(For fitting of contact lens for treatment of disease, see 92070)			
(For unlisted procedures on cornea, see 66999)			

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-425 ANTERIOR SEGMENT—LENS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
66800 Discission of lens capsule; incisional technique (needling of lens); initial	5.0	45	3.0
66801 subsequent	2.4	45	3.0
66802 laser surgery (one or more stages)	BR	45	3.0
66820 Discission of secondary membranous cataract ("after cataract") and/or anterior hyaloid; incisional technique (Ziegler or Wheeler Knife)	5.0	45	3.0
66821 laser surgery (e.g., YAG laser) (one or more stages)	BR	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			
(((66980 Cataract extraction with lens implantation has been deleted. To report, see 66983, 66984)))			

	Unit Value	Follow-up Days=	Basic Anes@
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), manual or phacoemulsification technique	BR		3.0
66985 insertion of intraocular lens subsequent to 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 87-18, filed 7/23/87)

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 corneovitreal 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 Dissection of vitreous strands (without removal), pars plana approach	BR		3.0
67031 Severing of vitreous strands, vitreous face adhesions, sheets, membranes, or opacities, laser surgery (one or more stages)	BR		3.0
((67035 has been deleted. To report use 67036))			
67036 Vitrectomy, mechanical, pars plana approach	BR		3.0
67038 with epiretinal membrane stripping	14.0	30	3.0
67040 with endolaser panretinal photocoagulation	14.0	30	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 87-18, filed 7/23/87)

WAC 296-22-430 POSTERIOR SEGMENT—RETINAL DETACHMENT.

REPAIR

(If diathermy, cryotherapy and/or photocoagulation are combined, report under principle modality used)

((67102, 67103 have been deleted, use 67104))

((67104, 67106 have been deleted, use 67105))

	Unit Value	Follow-up Days=	Basic Anes@
67101 Repair of retinal detachment, one or more sessions((- same hospitalization)); cryotherapy or diathermy, with or without drainage of subretinal fluid	BR		3.0
67105 photocoagulation (laser or xenon arc, one or more sessions) with or without drainage of subretinal ((fluid)) fluid	22.0		3.0
67107 scleral buckling (such as lamellar excision, imbrication, or encircling procedure), with or without implant, may include procedures 67101-67105	30.0	90	8.0
67108 with vitrectomy, any method, with or without air tamponade, may include procedures 67101-67107 and/or removal of lens by same technique	30.0	120	5.0
67109 by technique other than 67101-67108	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 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.

67141 Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration), without drainage, one or more sessions; cryotherapy, diathermy	10.0	30	3.0
67145 photocoagulation (laser or xenon arc)	10.0	30	3.0

((67142-67143 have been deleted, use 67144))

((67144, 67146 have been deleted, use 67145))

POSTERIOR SEGMENT—OTHER PROCEDURES

DESTRUCTION—RETINA, CHOROID

67208 Destruction of localized lesion of retina (e.g. maculopathy, choroidopathy, small tumors), one or more sessions; cryotherapy, diathermy	10.0	30	3.0
67210 photocoagulation, (laser or xenon arc)	10.0	30	3.0

((67212-67213 have been deleted, use 67208))

((67214-67216 have been deleted, use 67210))

67218 radiation by implantation of source (includes removal of source)	BR		3.0
67227 Destruction of extensive or progressive retinopathy (eg, diabetic), one or more sessions; cryotherapy, diathermy	12.0	30	3.0
67228 photocoagulation (laser or xenon arc)	12.0	30	3.0

((67222-67223 have been deleted, use 67227))

(67224-67226 have been deleted, use 67228))

(For unlisted procedures on retina, see 67299)

SCLERAL REPAIR

(For excision lesion sclera, see 66130)

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67250 Scleral reinforcement, 67255 with graft, and 67299 Unlisted procedure.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-435 OCULAR ADNEXA-EXTRAOCULAR MUSCLES.

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67311 Strabismus surgery, 67312 two muscles, 67313 three or more muscles, 67320 Transposition extraocular muscle, 67331 Strabismus surgery, 67332 involving reoperation, 67335 Adjustable suture technique.

(Use also code for conventional muscle surgery, 67311-67313, to identify number of muscles involved)

OTHER PROCEDURES

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67350 Biopsy extraocular muscle and 67399 Unlisted procedure.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-440 OCULAR ADNEXA-ORBIT.

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67400 Orbitotomy without bone flap, 67405 drainage only, 67412 with removal lesion, 67413 with removal foreign body, 67415 Transconjunctival or aspirational biopsy, 67420 Orbitotomy with bone flap, 67430 with removal foreign body, 67440 with drainage or decompression.

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Row 67450 for exploration, with or without biopsy.

(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

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include *67500 Retrobulbar injection, 67505 alcohol, ((67510 air or opaque contrast medium for radiography), 67515* Injection therapeutic agent into Tenon's capsule.

(For subconjunctival injection, see 68200)

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67550 Orbital implant (implant outside muscle cone); insertion, 67560 removal or revision.

(For ocular implant (implant inside muscle cone), see 65093-65105, 65130-65175)

(For treatment of fractures of malar area, orbit, see 21350 et seq)

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Row 67599 Unlisted procedure, orbit.

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-22-445 OCULAR ADNEXA-EYELIDS.

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67700 Blepharotomy, drainage abscess eyelid, 67710 Severing tarsorrhaphy, 67715 Canthotomy (separate procedure).

(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)

Table with 4 columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Rows include 67800 Excisionchalazion; single, 67801 multiple, same lid, 67805 multiple, different lids, 67808 under general anesthesia and/or requiring hospitalization, 67810* Biopsy eyelid, *67820 Correction trichiasis; epilation, forceps only, *67825 epilation, (e.g., by electro-surgery or cryotherapy), 67830 incision lid margin, 67835 incision lid margin, with free mucous membrane graft, 67840* Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure.

(For excision and repair of eyelid by reconstructive surgery, see 67961-67966)

	Unit Value	Follow-up Days=	Basic Anes@
68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	14.0	60	5.0
68745 Conjunctivorhmostomy (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 of lacrimal punctum (e.g., thermocauterization, ligation, or laser photocoagulation)	1.0	15	3.0
68770 Closure lacrimal fistula (separate procedure)	5.0	30	3.0

PROBING AND RELATED PROCEDURES

*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)) general anesthesia	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)			

OTHER PROCEDURES

68899 Unlisted procedure, lacrimal system	BR		3.0
---	----	--	-----

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-465 EXTERNAL EAR.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*69000 Drainage external ear, abscess or hematoma; simple	*0.4	0	3.0
69005 complicated	BR		3.0
*69020 Drainage external auditory canal, abscess	*0.4	0	3.0
69090 Ear piercing	0.6	7	

EXCISION

(((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		3.0
69155 with neck dissection	BR		6.0
(For resection of temporal bone, see 69535)			
(For skin grafting, see 15000-15261)			

REMOVAL FOREIGN BODY

*69200 Removal foreign body from external auditory canal; without general anesthesia	*0.4	0	
69205 with general anesthesia	2.0	7	3.0

	Unit Value	Follow-up Days=	Basic Anes@
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

REPAIR

(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
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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-470 MIDDLE EAR.

	Unit Value	Follow-up Days=	Basic Anes@
INTRODUCTION			
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		

INCISION

*69420 Myringotomy, including aspiration and/or eustachian tube inflation	*0.6	0	3.0
69421* Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	2.0	0	3.5
*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.)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
69450 Tympanolysis, transcanal			3.0	69646 radical or complete, with ossicular chain reconstruction	26.0	180	5.0
EXCISION				69650 Stapes mobilization	12.0	90	3.0
69501 Transmastoid antrotomy (*simple* mastoidectomy)	12.0	180	5.0	69660 Stapedectomy with reestablishment of ossicular continuity, with or without use of foreign material	20.0	90	5.0
69502 Mastoidectomy; complete	18.0	180	5.0	69661 with footplate drill out	BR	90	5.0
69505 modified radical	20.0	180	6.0	(For revision, see 69632)			
69511 radical	20.0	180	6.0	69666 Repair oval window fistula	20.0	180	5.0
(For skin graft, see 15000 et seq.)				69667 Repair round window fistula	20.0	180	5.0
(For mastoidectomy cavity debridement, see 69220-69223)				69670 Mastoid obliteration (separate procedure)	BR		6.0
69530 Petrous apicectomy including radical mastoidectomy	30.0	180	6.0	(69675 Tympanic neurectomy has been revised as 69676, 69677)			
69535 Resection temporal bone, external approach	BR	180	6.0	69676 Tympanic neurectomy; unilateral	3.0	180	6.0
(For middle fossa approach, see 69950-69970)				69677 bilateral	BR	180	6.0
69540 Excision aural polyp,	1.0	15	3.0	OTHER PROCEDURES			
69550 Excision aural glomus tumor; transcanal	BR		3.0	69700 Closure postauricular fistula, mastoid (separate procedure)	7.0	60	3.0
69552 transmastoid	BR		3.0	69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	BR		6.0
69554 extended (extratemporal)	BR		3.0	(Replacement procedure includes removal of old device)			
REPAIR				69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone	BR		6.0
69601 Revision mastoidectomy; resulting in complete mastoidectomy	15.0	180	6.0	69720 Decompression, facial nerve, intratemporal; lateral to geniculate ganglion	24.0	180	6.0
69602 resulting in modified radical mastoidectomy	20.0	180	5.0	69725 including medial to geniculate ganglion	26.0	180	6.0
69603 resulting in radical mastoidectomy ..	20.0	180	5.0	69740 Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	30.0	180	6.0
69604 resulting in tympanoplasty	BR		5.0	69745 including medial to geniculate ganglion	30.0	180	6.0
(For planned secondary tympanoplasty after mastoidectomy, see 69631, 69632)				(For extracranial suture of facial nerve, see 64864)			
69605 with apicectomy	BR			69799 Unlisted procedure, middle ear	BR		5.0
(For skin graft, see 15120, 15121, 15260, 15261)							
69610 Tympanic membrane repair, with or without site preparation or perforation preparation for closure without patch ..	0.6	0	3.0	AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
69611 Tympanic membrane patching with tissue graft	0.6	0	3.0	WAC 296-22-475 INNER EAR.			
69620 Myringoplasty, (surgery confined to drumhead and donor area)	13.0	180	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				
69632 with ossicular chain reconstruction, e.g., postfenestration	22.0	180	3.0	INCISION, DESTRUCTION			
69633 with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis, (TORP))	BR		3.0	69801 Labyrinthotomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure; transcanal	20.0	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	69802 with mastoidectomy	BR		6.0
69636 with ossicular chain reconstruction ..	24.0	180	6.0	69805 Endolymphatic sac operation; without shunt	BR		6.0
69637 with ossicular chain reconstruction and synthetic prosthesis (e.g., partial assicular replacement prosthesis, (PORP), total ossicular replacement prosthesis, (TORP))	BR	0	6.0	69806 with shunt	BR		6.0
69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction ..	23.0	180	5.0	69820 Fenestration semicircular canal	22.0	180	6.0
69642 with ossicular chain reconstruction ..	26.0	180	5.0	69840 Revision fenestration operation	11.0	180	6.0
69643 with intact or reconstructed wall, without ossicular chain reconstruction	26.0	180	5.0	EXCISION			
69644 with intact or reconstructed canal wall, with ossicular chain reconstruction	28.0	180	5.0	69905 Labyrinthectomy; transcanal	BR		6.0
69645 radical or complete, without ossicular chain reconstruction	24.0	180	5.0	69910 with mastoidectomy	BR		6.0
				69915 Vestibular nerve section, translabyrinthine approach	BR	180	6.0
				(For transcranial approach, see 69950)			
				INSERTION			
				69930 Cochlear device implantation, with or without mastoidectomy	BR		
				OTHER PROCEDURES			
				69949 Unlisted procedure, inner ear	BR		6.0

	Unit Value	Follow-up Days=	Basic Ancs@
TEMPORAL BONE, MIDDLE FOSSA APPROACH			
(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
OTHER PROCEDURES			
69979 Unlisted procedure, temporal bone, middle fossa approach	BR		6.0

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-010 GENERAL INFORMATION—RADIOLOGY. Rules and billing procedures pertaining to all practitioners rendering services to injured workers are presented in the general instruction section beginning with WAC 296-20-010. Some of the commonalities are repeated here for the convenience of those doctors referring to the radiology section. Practitioners shall bill their usual and customary fee for services.

UNIT VALUE: The following values apply only when these services are performed by or under the responsible supervision of a doctor.

The unit value represents x-ray service units appropriate for billing charges for professional services plus expenses of nonradiologist personnel, materials, facilities and space used, for diagnostic or therapeutic services rendered, but excludes the cost of radio-isotopes. This value is applicable in any situation in which a single charge is made to include both professional services and the cost involved in providing that service.

BY REPORT: "BR" in the unit value column indicates that the value of this service is to be determined by report (BR) because the service is too unusual, variable, or new to be assigned a unit value. The report should provide an adequate definition or description of the services or procedures as discussed in WAC 296-23-01008.

The department or self-insurer may adjust BR procedures when such action is indicated. Whenever possible, list the nearest similar procedure code according to this schedule.

PROFESSIONAL COMPONENT: The professional component (PC) represents the professional services of the doctor, including examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and reporting of the examination and consultation with the attending doctor. This component is applicable in any situation in which the doctor submits a charge for these professional services only. It is distinct from and does not include the time devoted by technologists, nor costs of materials, equipment and space.

TECHNICAL COMPONENT: The technical component represents the expenses of nonradiological personnel, materials, facilities, and space, used for diagnostic or therapeutic services rendered. It excludes the cost of radio-isotopes.

MULTIPLE OR SEPARATE PROCEDURES: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries.

Values for office and hospital visits, consultation and other services are listed in the various sections of this fee schedule.

Practitioners should identify the appropriate section for their area of health care practice.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-01001 INJECTION PROCEDURES. Values for injection procedures include all usual pre and postinjection care specifically related to the injection procedure, necessary local anesthesia, placement of needle or catheter, and injection of contrast media.

Vascular injection procedures are listed in the cardiovascular section. Other injection procedures are listed in the appropriate sections. ~~((The injection procedure is included in the unit value for radiographic procedures marked with a #.))~~

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-01004 BILLING PROCEDURES. (1) Complete billing instructions appear in WAC 296-20-125.

(2) Listed unit values for x-ray services are for combined technical and professional components, except as otherwise indicated. Appropriate modifiers and charges (~~should~~) must be used when billing for only technical or professional component. When billing for technical component only, the total value should be reduced by the professional component value.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

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 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 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. Payment is made on the basis of up to and including forty percent of the fee maximum.

-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. Payment is made on the basis of up to and including sixty percent of the fee maximum.

~~((-50))~~
-51 **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))~~ '-51' 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.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-01007 **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 296-23-01008 below. The "unlisted procedures" and accompanying codes for RADIOLOGY (including nuclear medicine and diagnostic ultrasound) are as follows:

- 76499 Unlisted diagnostic radiologic procedure
~~((76629 Unlisted echocardiography procedure))~~
- 76999 Unlisted diagnostic ultrasound procedure
- 77299 Unlisted procedure, therapeutic radiology clinical treatment planning
- 77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices
- 77499 Unlisted procedure, therapeutic radiology clinical treatment management
~~((77699 Unlisted procedure, radiation therapy treatment aid 77749 Unlisted procedure, internal radiation dosimetry))~~
- 77799 Unlisted procedure, clinical brachytherapy
~~((77999 Unlisted procedure, radiation therapy special service))~~
- 78099 Unlisted endocrine procedure, diagnostic nuclear medicine
- 78199 Unlisted hematopoietic, R-E and lymphatic procedure, diagnostic nuclear medicine
- 78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine
- 78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine
- 78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

- 78599 Unlisted respiratory procedure, diagnostic nuclear medicine
- 78699 Unlisted nervous system procedure, diagnostic nuclear medicine
- 78799 Unlisted genitourinary procedure, diagnostic nuclear medicine
- 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine
- 79999 Unlisted radionuclide therapeutic procedure.

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-015 **HEAD AND NECK.**

		Unit Value
	((70002, 70003 have been deleted. To report, use 76499))	
70010	Myelography, posterior fossa supervision and interpretation only	BR
70011	complete procedure (For injection procedure, see 61052)	BR
70015	Cisternography, positive contrast; supervision and interpretation only	BR
70016	complete procedure (For injection procedure only for cisternography, see 61053)	BR
	((70020, 70021 have been deleted. To report, use 76499)	
	(70022 has been deleted. To report CF guidance for stereotactic localization, use 76355))	
70030	Radiologic examination, eye, for detection of foreign body	8.8
((70040	for localization of foreign body (does not include detection).	14.0
70050	for detection and localization of foreign body	18.0)
70100	Radiologic examination, mandible, less than four views	6.0
70110	complete, minimum of four views	10.0
70120	Radiologic examination, mastoid(s), less than three views per side	6.0
70130	complete minimum of three views per side	12.0
70134	Radiologic examination, internal auditory meati, complete	12.0
70140	Radiologic examination, facial bones, less than three views	6.0
70150	complete, minimum of three views	10.0
70160	Radiologic examination, nasal bones complete, minimum of three views	6.4
70170	Nasolacrimal duct (dacryocystography) supervision and interpretation only	4.0
70171	complete procedure (For injection procedure for dacryocystography, see 68850)	10.0
70190	Radiologic examination, optic foramina,	6.0
70200	orbits, complete, minimum of four views	8.0
70210	<u>Radiologic examination, paranasal sinuses, less than three views</u>	5.0
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views ((70230, 70231 have been deleted. To report, use 76499))	8.8
70240	Radiologic examination, sella turcica	5.0
70250	Radiologic examination, skull, limited, less than four views, with or without stereo	6.0
70260	complete, minimum of four views, with	

	Unit Value		Unit Value
73050		73580	
Acromio-clavicular joints, bilateral, with or without weighted distraction	7.0	Radiologic examination, knee, arthrography supervision and interpretation only	6.4
73060	4.8	73581	16.0
Humerus, minimum of two views	4.8	complete procedure	
73070	4.8	(For injection procedure for arthrography, see 27370)	
Elbow, limited, A-P and lateral	6.0	73590	
73080		Radiologic examination, tibia and fibula (((leg, including one joint)), A-P and lateral	4.8
complete, minimum of three views		73592	4.0
73085	4.0	lower extremity, infant, minimum of two views	
Radiologic examination, elbow, arthrography; supervision and interpretation only	10.0	73600	4.4
73086		Radiologic examination, ankle, (limited;) A-P and lateral	6.0
complete procedure		73610	4.0
(For injection procedure only for arthrography, see 24220)		complete, minimum of three views	
73090	4.8	73615	4.0
Forearm, (((including one joint;)) A-P and lateral		Radiologic examination, ankle, arthrography; supervision and interpretation only	10.0
73100	4.0	73616	
Wrist, limited, A-P and lateral		complete procedure	
73110	6.0	(For injection procedure only for arthrography, see 27648)	
73115		73620	
Radiologic examination, wrist, arthrography; supervision and interpretation only	4.0	Radiologic examination, foot, (limited;)) A-P and lateral	4.0
73116	10.0	73630	5.6
complete procedure		complete, minimum of three views	
(For injection procedure only for arthrography, see 25246)		73650	4.4
73120	4.0	Radiologic examination, calcaneus, minimum of two views	
Hand((, limited, minimum of)); two views		73660	3.6
73130	6.0	Toe(s), minimum of two views	
73140	3.6	73700	58.0
Finger(s), minimum of two views		Computerized <u>axial</u> tomography, lower extremity; without contrast material	64.0
73200	58.0	73701	64.0
Computerized tomography, upper extremity; without contrast material		with contrast material(s)	
73201	64.0	73702	71.0
with contrast material(s)		without contrast material, followed by contrast materials and further sections	
73202	71.0	(For coronal, sagittal and/or oblique sections, see 76375)	
without contrast material, followed by contrast material(s) and further sections		73720	120.0
(For coronal, sagittal and oblique sections, see 76375)		Magnetic resonance (e.g., proton) imaging, lower extremity, <u>other than joint</u>	
73220	120.0	73721	120.0
Magnetic resonance (e.g., proton) imaging, upper extremity, <u>other than joint</u>		<u>Magnetic resonance (e.g., proton) imaging, any joint of lower extremity</u>	
73221	120.00		
<u>Magnetic resonance (e.g., proton) imaging, any joint of upper extremity</u>			

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-035 LOWER EXTREMITIES.

	Unit Value
73500	5.0
Radiologic examination, hip, unilateral, one view	
73510	7.0
complete, minimum of two views	
73520	9.6
Radiologic examination, hips, bilateral, (complete) minimum of two views of each hip, ((f)) including A-P of pelvis((f))	
73525	BR
Radiologic examination, hip, arthrography; supervision and interpretation only	
73526	BR
complete procedure	
(For injection procedure only for arthrography, see 27093, ((27094)) 27095)	
73530	16.0
Radiologic examination, hip, during operative procedure	
73550	6.0
Radiologic examination, femur (((thigh)), A-P and lateral	
73560	4.4
Radiologic examination, knee, A-P and lateral	
73562	6.4
A-P and lateral, with oblique(s), minimum three views	
73564	8.4
complete, including obliques, and/or tunnel, and/or patella and/or standing views	

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-040 ABDOMEN.

	Unit Value
74000	6.0
Abdomen, single view (KUB) A-P	
74010	8.0
with additional oblique ((or)) and cone views	
74020	11.0
complete, includes (decubitus) <u>decubitus</u> and/or erect views	
74022	BR
complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest	
74150	77.0
Computerized <u>axial</u> tomography, abdomen; without contrast material	
74160	84.0
with contrast material	
74170	90.0
without contrast material, followed by contrast material and further sections	
(For coronal, sagittal and/or oblique sections, see 76375)	
74181	120.0
Magnetic resonance (e.g., proton) imaging, abdomen	

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-045 GASTROINTESTINAL TRACT.

	Unit Value
74210	8.8
Pharynx and/or cervical esophagus	
74220	8.8
Esophagus	

	Unit Value		Unit Value
74230 Swallowing function, pharynx and/or esophagus, by cineradiography and/or video	12.0	74355 Percutaneous placement of enteroclysis tube; radiologic guidance only	BR
74235 Removal of foreign body(s), esophageal, with use of balloon catheter under fluoroscopic guidance	BR	74356 complete procedure	BR
74240 Upper gastrointestinal tract, with or without delayed films, without KUB	14.0	(For surgical procedure only, use 44015)	
74241 with or without delayed films, with KUB	15.2	74360 Intraluminal dilation of strictures and/or obstructions (e.g., esophagus or biliary tree); radiologic guidance only	BR
74245 with small bowel, includes multiple serial films	17.6	74361 complete procedure	BR
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	(For dilation only, use 43455 or 47555)	
74247 with or without delayed films, with KUB	BR	AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)	
74249 with small bowel follow through	BR	WAC 296-23-050 URINARY TRACT.	
74250 Small bowel, includes multiple serial films	14.0		Unit Value
74260 Duodenography, hypotonic	BR	((For kidney, ureter and bladder, see 74000-74020))	
74270 Colon, barium enema	12.0	74400 Urography, (pyelography) intravenous, with or without KUB	15.2
74280 air contrast with specific high density barium with or without glucagon	14.0	74405 with special hypertensive contrast concentration and/or clearance studies	16.0
74290 Cholecystography, oral contrast	9.6	74410 Urography, infusion, drip technique and/or bolus technique;	20.0
74291 additional or repeat examination(;; same study)) or multiple exam	4.8	74415 with nephrotomography	26.0
74300 Cholangiography and/or pancreatography; during surgery	10.0	74420 Urography retrograde, with or without KUB	12.0
74301 additional set during surgery	3.0	74425 Urography, antegrade, (pyelostogram, nephrostogram, loopogram); supervision and interpretation only	BR
74305 postoperative	12.0	74426 complete procedure	BR
(For biliary duct stone extraction, percutaneous, see 47630(;; via basket catheter, see), 74327)		(For injection procedure only, see 50394, 50684, 50690)	
(74310 intravenous	16.0	74430 Cystography, minimum of three views, supervision and interpretation only	3.5
74315 oral	12.0	74431 Cystography, complete procedure	8.8
74320 percutaneous, transhepatic; supervision and interpretation only	6.4	(For injection procedure for cystography, see 51600, 51605)	
74321 complete procedure	16.0	74440 Vasography, vesiculography, or epididymography supervision and interpretation only	3.5
(For injection procedure for percutaneous or transhepatic cholangiography, see 47500)		74441 complete procedure	8.8
((74325, 74326 have been deleted. To report use 76499))		(For injection procedure, see 52010, (52110;)) 55300)	
74327 Postoperative biliary duct stone removal percutaneous via T-tube tract, basket or snare (e.g., Burhenne technique), fluoroscopic monitoring and radiography	BR	74445 Corpora cavernosography; supervision and interpretation only	BR
74328 Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography	BR	74446 complete procedure	BR
74329 Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography	BR	(For injection procedure only, see 54230)	
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography	BR	74450 Urethrocytography, retrograde; supervision and interpretation only	3.8
((74331 has been deleted. For endoscopic sphincterotomy, use 43262))		74451 complete procedure	9.6
74340 Introduction of long gastrointestinal tube (e.g., Miller-Abbott), with multiple fluoroscopies and films	BR	74455 voiding; supervision and interpretation only	5.6
74350 Percutaneous placement of gastrostomy tube; radiological guidance only	BR	74456 complete procedure	14.0
74351 complete procedure	BR	(For injection procedure only for voiding urethrocytography, see 51600)	
(For endoscopic approach, use 43246)		((74460, 74461 have been deleted. To report use 76499))	
		74470 Translumbar renal cyst study, translumbar, contrast visualization; supervision and interpretation only	4.0
		74471 complete procedure	10.0
		(For injection procedure only for translumbar renal cyst study, see 50390)	

	Unit Value		Unit Value
74475		75552	Magnetic resonance (e.g., proton) imaging, myocardium 120.0
74476	BR BR	AORTA AND ARTERIES	
		(((For injection procedure only, see 36100-36299)	
		(For digital radiology, use modifier -25, page 290)	
74480		Aortography)	
74481	BR BR	75600	<u>Aortography, thoracic</u> ((or abdominal)), without serialography; supervision and interpretation only 8.0
		75601	complete procedure 20.0
		75605	<u>Aortography, thoracic</u> , by serialography; supervision and interpretation only 11.0
		75606	complete procedure 30.0
74485		75620	<u>Aortography, abdominal</u> , ((including lower extremities)) <u>translumbar</u> , without serialography; supervision and interpretation only ((32.0))
74486	BR BR		<u>complete procedure</u> 12.8
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
WAC 296-23-065 VASCULAR SYSTEM.			
(For vascular injection procedures, see 36000-36299)			
(For cardiac fluoroscopy, see 93280)			
(For cardiac catheterization, see 93501-((93599)) 93562)			
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)) -50. The cost of catheters, drugs and contrast media is included in the listed value for the radiographic procedure.			
	Unit Value		Unit Value
HEART			
75500	8.8	75621	complete procedure 32.0
75501	22.0	75622	<u>Aortography, abdominal, catheter</u> , without serialography; supervision and interpretation only ((32.0))
75505	9.2		<u>complete procedure</u> 12.8
75506	23.0	75623	complete procedure 32.0
75507	18.4	75625	Aortography, abdominal, translumbar, by serialography; supervision and interpretation only 15.2
75509	46.0	75626	complete procedure 40.0
		75627	Aortography, abdominal, catheter, by serialography; supervision and interpretation only 17.0
		75628	complete procedure 48.0
		75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; supervision and interpretation only BR
		75631	complete procedure BR
		75650	Angiography, cervicocerebral, catheter, including vessel origin; supervision and interpretation only 17.2
		75651	complete procedure 40.0
		75652	Angiography, cervicocerebral, selective catheter, including vessel origin; one vessel, supervision and interpretation only 12.6
		75653	one vessel, complete procedure 36.0
		75654	two vessels, supervision and interpretation only 13.3
		75655	two vessels, complete procedure 38.0
		75656	three or four vessels, supervision and interpretation only 17.2
		75657	three or four vessels, complete procedure 40.0
		75658	Angiography, brachial, retrograde; supervision and interpretation only 17.2
		75659	complete procedure 40.0
		75660	Angiography, external carotid, cerebral, unilateral, selective; supervision and interpretation only 17.2
		75661	complete procedure 40.0
		75662	Angiography, external carotid, cerebral, bilateral, selective; supervision and interpretation only 21.5
		75663	complete procedure 50.0
		75665	Angiography, carotid, cerebral, unilateral; supervision and interpretation only 17.2
		75667	direct puncture, complete procedure 40.0
		75669	catheter, complete procedure 46.0
		75671	Angiography, carotid, cerebral, bilateral; supervision and interpretation only 21.5
		75672	direct puncture, complete procedure 50.0

	Unit Value		Unit Value
75673 catheter, complete procedure	54.0	75747 catheter, nonselective, complete procedure	30.0
75676 Angiography, carotid, cervical, unilateral; supervision and interpretation only	17.2	75748 venous injection, complete procedure	40.0
75677 direct puncture, complete procedure	40.0	75750 Angiography, coronary, root injection; supervision and interpretation only	25.8
75678 catheter, complete procedure	46.0	75751 complete procedure	60.0
75680 Angiography, carotid, cervical, bilateral; supervision and interpretation only	21.5	75752 Angiography, coronary, unilateral selective injection, including left ventricular and supra-ventricular angiogram and pressure recording; supervision and interpretation only	30.1
75681 direct puncture, complete procedure	50.0	75753 complete procedure	70.0
75682 catheter, complete procedure	54.0	75754 Angiography, coronary, bilateral selective injection, including left ventricular and supra-ventricular angiogram and pressure recording; supervision and interpretation only	34.4
75685 Angiography, vertebral; supervision and interpretation only	17.2	75755 complete procedure	80.0
75686 direct puncture, complete procedure	40.0	75756 Angiography, internal mammary; supervision and interpretation only	15.2
75687 catheter, complete procedure	46.0	75757 complete procedure	40.0
75690 Angiography, vertebral, cervical, unilateral; supervision and interpretation only	17.2	75762 Angiography, coronary bypass, unilateral selective injection; supervision and interpretation only	BR
((75691 direct puncture, complete procedure	40.0	75764 complete procedure	BR
75692 catheter, complete procedure	46.0	75766 Angiography, coronary bypass, multiple selective injection; supervision and interpretation only	BR
75695 Angiography, vertebral, cervical, bilateral; supervision and interpretation only	21.5	75767 complete procedure	BR
((75696 direct puncture, complete procedure	50.0	75774 Angiography, ((coronary bypass;)) selective, each additional vessel studied after basic examination; supervision and interpretation only	BR
75697 catheter, complete procedure	54.0	75775 complete procedure	BR
75705 Angiography, spinal, selective; supervision and interpretation only	9.8		
75706 complete procedure	28.0		
75710 Angiography, extremity, unilateral, supervision and interpretation only	10.5		
75711 without serialography, complete procedure	30.0		
75712 by serialography, complete procedure	32.0		
75716 Angiography, extremity, bilateral; supervision and interpretation only	11.2		
75717 without serialography, complete procedure	32.0		
75718 by serialography, complete procedure	34.0		
75722 Angiography, renal, unilateral, selective (including flush aortogram); supervision and interpretation only	17.2		
75723 complete procedure	40.0		
75724 Angiography, renal, bilateral, selective (including flush aortogram); supervision and interpretation only	25.8		
75725 complete procedure	60.0		
75726 Angiography, visceral; selective or supra-selective, supervision and interpretation only	19.7		
75727 selective (with or without flush aortogram), complete procedure	46.0		
75728 supraselective, complete procedure	48.0		
(For selective angiography, additional visceral vessels studied after basic examination, see 75772, 75773)			
75731 Angiography, adrenal, unilateral, selective; supervision and interpretation only	19.7		
75732 complete procedure	46.0		
75733 Angiography, adrenal, bilateral, selective; supervision and interpretation only	20.6		
75734 complete procedure	48.0		
75736 Angiography, pelvic; selective or supra-selective, supervision and interpretation only	18.9		
75737 selective, complete procedure	44.0		
75738 supraselective, complete procedure	46.0		
75741 Angiography, pulmonary, unilateral, selective; supervision and interpretation only	10.5		
75742 complete procedure	30.0		
75743 Angiography, pulmonary, bilateral, selective; supervision and interpretation only	21.5		
75744 complete procedure	50.0		
75746 Angiography, pulmonary; by nonselective catheter or venous injection, supervision and interpretation only	10.5		
		75790 Angiography, arteriovenous shunt (e.g., dialysis patient)	BR
		VEINS AND LYMPHATICS	
		(For injection procedure only for venous system, see 36400-36510)	
		(For injection procedure only for lymphatic system, see 38790-38794)	
		75801 Lymphangiography, extremity only, unilateral; supervision and interpretation only	9.6
		75802 complete procedure	25.0
		75803 Lymphangiography, extremity only, bilateral; supervision and interpretation only	12.0
		75804 complete procedure	35.0
		75805 Lymphangiography, pelvic/abdominal, unilateral; supervision and interpretation only	12.0
		75806 complete procedure	35.0
		75807 Lymphangiography, pelvic/abdominal, bilateral; supervision and interpretation only	12.0
		75808 complete procedure	35.0
		75810 Splenoportography; supervision and interpretation only	15.2
		75811 complete procedure	40.0
		((For injection procedure for splenoportography, see 38200))	
		75820 Venography, extremity, unilateral supervision and interpretation only	8.0
		75821 complete procedure	16.0
		75822 Venography, extremity, bilateral; supervision and interpretation only	10.0
		75823 complete procedure	26.0

	Unit Value		Unit Value
75825		75898	
<u>Venography, caval, inferior or superior, with serialography</u>	16.0	Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	10.0
75826	32.0		
75827		75940	
<u>Venography, caval, superior, with serialography; supervision and interpretation only</u>	12.0	Percutaneous placement of IVC filter; supervision and interpretation only	BR
75828	35.0	75941	BR
75831		complete procedure	
<u>Venography, renal, unilateral, selective; supervision and interpretation only</u>	15.2	(For surgical procedure, use 37620)	
75832	40.0	75950	
75833		Transcatheter intravascular occlusion, (e.g., balloon) temporary, including angiography; supervision and interpretation only	BR
<u>Venography, renal, bilateral, selective; supervision and interpretation only</u>	19.5	75951	BR
75834	45.0	complete procedure	
75840		75955	
<u>Venography, adrenal, unilateral, selective; supervision and interpretation only</u>	10.8	Transcatheter intravascular occlusion, (e.g., balloon, coil or methacrylate) permanent, including angiography; supervision and interpretation only	BR
75841	30.0	75956	BR
75842		complete procedure	
<u>Venography, adrenal, bilateral, selective; supervision and interpretation only</u>	12.2	75961	
75843	32.0	Transcatheter retrieval, percutaneous, of fractured venous or arterial catheter	BR
75845		75962	
<u>Venography, azygos; selective or nonselective, supervision and interpretation only</u>	10.6	Percutaneous transluminal angioplasty, any method, peripheral artery; supervision and interpretation only	BR
75846	30.0	75963	BR
75847	28.0	complete procedure	
75850		75964	
<u>Venography, intraosseous; supervision and interpretation only</u>	12.2	Percutaneous transluminal angioplasty, any method, each additional peripheral artery; supervision and interpretation only	BR
75851	32.0	75965	BR
75860		complete procedure	
<u>Venography, sinus or jugular, catheter; supervision and interpretation only</u>	12.2	75966	
75861	32.0	Percutaneous transluminal angioplasty, any method, visceral artery; supervision and interpretation only	BR
75870		75967	BR
<u>Venography, superior sagittal sinus; supervision and interpretation only</u>	12.2	complete procedure	
75871		75968	
complete procedure, including direct puncture	32.0	Percutaneous transluminal angioplasty, any method, each additional visceral artery; supervision and interpretation only	BR
75872		75969	BR
<u>Venography, epidural; supervision and interpretation only</u>	BR	complete procedure	
75873	BR	(For injection procedure only for percutaneous transluminal angioplasty, see 36100-36299)	
75880		(For percutaneous transluminal coronary angioplasty, see 92982-92984)	
<u>Venography, orbital; supervision and interpretation only</u>	13.7	(For intraoperative transluminal angioplasty, see 35450-35458)	
75881	36.0	75970	
75885		Transcatheter biopsy; supervision and interpretation only	BR
<u>Percutaneous transhepatic portography with hemodynamic evaluation; supervision and interpretation only</u>	13.7	75971	BR
75886	36.0	complete procedure	
75887		(For transcatheter renal and ureteral biopsy, see 52007)	
<u>Percutaneous transhepatic portography without hemodynamic evaluation; supervision and interpretation only</u>	12.9	(For percutaneous needle biopsy of pancreas, see 48102; of retroperitoneal lymph node or mass, see 49180)	
75888	34.0	(For injection procedure only for ((percutaneous transluminal angioplasty))), see 36100-36299)	
75889		((For percutaneous transluminal coronary angioplasty, see 93570)))	
<u>Hepatic venography wedged or free, with hemodynamic evaluation; supervision and interpretation only</u>	14.4	75978	
75890	38.0	<u>Percutaneous transluminal angioplasty, venous (e.g., subclavian stenosis); supervision and interpretation only</u>	BR
75891		75979	BR
<u>Hepatic venography, wedged or free, without hemodynamic evaluation; supervision and interpretation only</u>	12.9	complete procedure	
75892	34.0	75980	
75893		Percutaneous transhepatic biliary drainage with monitoring; supervision and interpretation only	BR
<u>Venous sampling thru catheter without angiography (e.g., for parathyroid hormone, renin)</u>	5.0	75981	BR
		complete procedure	
TRANSCATHETER THERAPY AND BIOPSY		75982	
75894		Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients	
<u>Transcatheter therapy, embolization, (e.g., particulate or liquid) including angiography; supervision and interpretation only</u>	15.2		
75895	40.0		
75896			
<u>Transcatheter therapy, infusion, (e.g., thrombolysis other than coronary) including angiography; supervision and interpretation only</u>	15.9		
75897	42.0		
complete procedure			
(Infusion for coronary disease, see 92975-92977)			

	Unit Value		Unit Value
75983	BR BR	with an inoperable mechanical biliary obstruction; supervision and interpretation only complete procedure	76061 76062
		(((For injection procedure only for percutaneous biliary drainage, see 47510)))	76065 76066
75984		Change of percutaneous drainage catheter with contrast monitoring (i.e., biliary tract, urinary tract); supervision and interpretation only	76070
75985	BR BR	complete procedure	76080
		(For change of pyelostomy or nephrostomy tube, use 50398)	76081 76086
		(For ((injection)) introduction procedure only for percutaneous biliary drainage, see 47510)	76087 76088
		(For percutaneous cholecystostomy, use 47490)	76089
		(For change of percutaneous biliary drainage catheter only, use 47425)	
		(For percutaneous nephrostolithotomy or pyelostolithotomy, see 50080, 50081)	76090 76091
75989		<u>Radiological guidance for percutaneous drainage of abscess, or specimen collection (e.g., fluoroscopy, ultrasound or computed tomography), with or without placement of indwelling catheter; supervision and interpretation only</u>	76096
75990	BR BR)) BR	Drainage of abscess, percutaneous, with radiologic guidance (i.e., fluoroscopy, ultrasound, or computed tomography), with or without placement of indwelling catheter complete procedure	76097 76098 76100
		(75989, 75990 ((is)) are neither organ nor area specific. For drainage of abscess performed without radiology or fluoroscopy, see under specific anatomic site)	76101 76102
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
WAC 296-23-079 MISCELLANEOUS.			
	Unit Value		
		(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)	76120 76125
76000	3.0	Fluoroscopy (separate procedure, up to one hour physician time other than 71023 or 71034)	
76001		Fluoroscopy, physician time more than one hour, assisting a nonradiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) ...	76140 76150
76003	11.0 BR	Fluoroscopic localization for needle biopsy or aspiration	
		(See appropriate surgical code for location, e.g., 20220, 20225, 32400, 32405, 47000, 48100, 50200, 50390, 60100)	76350 76355 76360
76020	6.0	Bone age studies	
76040	10.0	Bone length studies (orthoroentgenogram, scanogram)	76361
			76061 76062 76065 76066 76070 76080 76081 76086 76087 76088 76089 76090 76091 76096 76097 76098 76100 76101 76102
		Radiological examination, osseous survey; limited (e.g., for metastases)	15.2
		complete (axial and appendicular skeleton)	BR
		osseous survey, infant	13.2
		Joint survey, single view, one or more joints (specify)	BR
		Computerized tomography, bone density study	BR
		Fistula or sinus tract study supervision and interpretation only	4.8
		complete procedure	12.0
		Mammary ductogram or galactogram, single duct; supervision and interpretation only	6.3
		complete procedure	15.8
		Mammary ductogram or galactogram, multiple ducts; supervision and interpretation only	10.6
		complete procedure	26.5
		(For injection procedure only for mammary ductogram or galactogram, see 19030)	
		Mammography, unilateral	8.8
		bilateral	13.2
		(((For xeromammography, list 76150 in addition to code for mammography)))	
		Localization of breast nodule or calcification before operation, with marker and confirmation of its position with appropriate imaging (e.g., ultrasound or radiologic)	14.6
		each additional localization	7.3
		Radiological examination, breast surgical specimen	BR
		(((Laminography (tomography, planigraphy, body section radiography) (independent procedure))) Radiologic examination, single plane body section (e.g., tomography), other than with urography ..	13.2
		Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than ((kidney)) with urography; unilateral ...	19.3
		bilateral	35.0
		(For nephrotomography, see 74415)	
		(((76105 to complement routine examination -	7.0))
		Cineradiography (((independent procedure))), except where specifically included	13.2
		to complement routine examination ...	7.0
		(((76127 has been deleted. The use of photographic media is not reported separately but is considered to be a component of the basic procedure)))	
		Written consultation on x-ray examination made elsewhere	BR
		Xeroradiography	6.0
		(((76300 has been deleted. For thermography of the breast, use 76499)))	
		Subtraction in conjunction with contrast studies	BR
		Computerized tomography guidance for stereotactic localization	BR
		Computerized tomography guidance for needle biopsy; supervision and interpretation only	BR
		complete procedure	BR

	Unit Value
76365 Computerized tomography guidance for cyst aspiration; supervision and interpretation only	BR
76366 complete procedure	BR
76370 Computerized tomography guidance for placement of radiation therapy fields	BR
76375 Computerized tomography, coronal, sagittal, multiplanar, ((and/or)) oblique and/or 3 dimensional reconstruction	23.5
76400 Magnetic resonance (e.g., proton) imaging, bone marrow blood supply	120.0
76499 Unlisted diagnostic radiologic procedure .	BR

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-07902 HEAD AND NECK.

	Unit Value
((76500—Echoccephalography, A-mode, diencephalic midline, (76505 has been deleted. To report complete A-mode echoccephalography, use 76999)))	7.7
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 Ophthalmic, ultrasound, echography; ((spectral analysis)) A-mode with amplitude quantitation((-A-mode))	22.9
76512 contact scan B-mode	22.9
76513 immersion (water bath) B-scan	22.9
76516 Ophthalmic biometry by ultrasound echography; A-mode	15.4
76519 with intraocular lens power calculation	BR
76529 Ophthalmic ultrasound foreign body localization	BR
((76530 has been deleted. To report A-mode echography of thyroid, use 76999)))	
76536 Echography, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid) B-scan and/or real time with image documentation	11.4
((76535 has been deleted. To report use 76536 (76550, carotid imaging has been deleted. To report, use 93870)))	

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-07903 HEART AND CHEST.

	Unit Value
((76601 has been deleted. To report use 76999)))	
76604 Echography, chest B-scan (includes mediastinum) and/or real time with image documentation	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 Echocardiography M-mode and real time with image documentation (2D)	BR
76632 Doppler echocardiography	BR
(Procedure 76632 is often performed in combination with M-mode or 2-dimensional echocardiography) (For echocardiography as a cardiovascular procedure, see 93300-93320) ((76640 has been deleted. To report A-mode echography of the breast, use 76999)))	
76645 Echography, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	19.2

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-07905 ABDOMEN AND RETROPERITONEUM.

	Unit Value
76700 Echography, ((scan-B-mode;)) abdominal((;)) B-scan and/or real time with image documentation complete	22.9
76705 limited, (e.g., single organ, quadrant, follow-up)	15.4
76770 Echography, ((scan-B-mode;)) retroperitoneal (e.g., renal, aorta, nodes), B-scan and/or real time with image documentation complete	22.9
76775 limited	19.2

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-07906 ((OBSTETRICS, GYNECOLOGY AND)) PELVIS, GENITALIA, AND EXTREMITIES.

	Unit Value
76805 Echography, pregnant uterus pelvic B-scan and/or real time with image documentation; complete	21.2
76815 limited, fetal growth rate ((only)), heart beat, anomalies, placental location	9.7
76816 follow-up or repeat ((e.g., for follicles))	9.7
76818 Fetal biophysical profile	BR
76825 Echography, fetal heart in utero	BR
76855 Echography, pelvic area (Doppler)	11.4
76856 Echography, pelvic, (nonobstetric), B-scan and/or real time with image documentation	BR
76857 limited or follow-up (e.g., for follicles)	BR

GENITALIA

76870 Echography, scrotum and contents	BR
--	----

EXTREMITIES

76880 Echography, extremity, B-scan and/or real time with image documentation	BR
---	----

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-07907 VASCULAR STUDIES.

	Unit Value
((Doppler peripheral flow studies, 76900-76920 have been deleted. To report, see 93850-93950)))	
76925 Imaging, peripheral ((imaging)) (e.g., B-scan, Doppler or real((-)) time scan)	BR
76926 Imaging, head and trunk (e.g., Duplex Doppler)	25.0

ULTRASONIC GUIDANCE PROCEDURES

76930 Ultrasonic guidance for pericardiocentesis; supervision and interpretation	BR
76931 complete procedure	BR
76934 Ultrasonic guidance for thoracentesis; supervision and interpretation only	3.0
76935 complete procedure	5.0
76938 Ultrasonic guidance for cyst (any location,) 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
((76944 Ultrasonic guidance for abscess or collection drainage, supervision and interpretation only	BR
76945 complete procedure	BR
76946 Ultrasonic guidance for amniocentesis; supervision and interpretation only	4.0
76947 complete procedure	6.0
76948 Ultrasonic guidance for aspiration of ova; complete procedure	BR
76949 complete procedure	BR
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 87-18, filed 7/23/87)

WAC 296-23-07908 MISCELLANEOUS.

	Unit Value
76970 Ultrasound study follow-up specify	10.0
76986 Echography, intraoperative	5.7
76991 Intraluminal ultrasound study (e.g., transrectal, ((transvesical)) transvaginal)	BR
76999 Unlisted ultrasound ((examination (see guidelines))) proce- dure	BR

((Procedures 77320, 77325, 77330, 77335, 77340 have been deleted. To report, use 77300-77399 as appropriate))

77321 Special teletherapy port plan, particles, hemi-body, total body	BR
77326 Brachytherapy isodose calculation; simple (calculation made from single plane, one to four source/ribbon application) ..	BR
((For definition of source/ribbon, see page 316B))	
77327 intermediate (multiplane dosage calculations, application involving five to ten sources/ribbons)	BR
77328 complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction)	BR
77331 Special dosimetry (e.g., TLD, microdosimetry) (specify) ...	BR
77332 Treatment devices, design and construction; simple (simple block, simple bolus)	BR
77333 intermediate (multiple blocks, stents, bite blocks, special bolus)	BR
77334 complex (irregular blocks, special shields, compensators, wedges, molds or casts)	BR
77336 Continuing medical radiation physics consultation in support of therapeutic radiologist, including continuing quality assurance	BR

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-080 ((RADIOTHERAPY)) THERAPEUTIC RADIOLOGY—GENERAL INFORMATION AND INSTRUCTIONS. (1) ((Radiation therapy as listed in this section provides))

Listings for therapeutic radiology provide for teletherapy and brachytherapy to include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during course of treatment and for three months following its completion.

CONSULTATION: CLINICAL MANAGEMENT

Preliminary consultation, evaluation of patient prior to decision to treat, or full medical care (in addition to treatment management) when provided by the therapeutic radiologist may be identified by the appropriate procedure codes from medicine or surgery sections.

((TREATMENT PLANNING PROCESS (EXTERNAL AND INTERNAL SOURCES))

(Procedures 77260, 77265, 77270, 77275 have been deleted. To report, use 77261-77263))

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

The clinical treatment planning process is a complex service including interpretation of special testing, tumor localization, treatment volume determination, treatment time/dosage determination, choice of treatment modality, determination of number and size of treatment ports, selection of appropriate treatment devices, and other procedures.

DEFINITIONS: Simple—planning requiring single treatment area of interest encompassed in a single port or simple parallel opposed ports with ((minimal)) simple blocking.

Intermediate—planning requiring three or more converging ports, two separate treatment areas, special blocking ((standard wedges)), or special time dose constraints.

Complex—planning requiring highly complex blocking, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations.

	Unit Value
77261 Therapeutic radiology treatment planning; simple	BR
77262 intermediate	BR
77263 complex	BR
77280 Therapeutic radiology simulation-aided field setting; ((re- quiring simulator, with or without fluoroscopy)) simple ...	BR
77285 intermediate	BR
77290 complex	BR
77299 Unlisted procedure, therapeutic radiology clinical treatment planning	BR

MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

77300 Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, as required during course of treatment	4.0
77305 Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)	3.0
77310 intermediate (three or more treatment ports directed to a single area of interest)	4.0
77315 complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex rotational blocking or special beam considerations)	6.0

((Procedures 77345-77360 have been deleted. To report, use 77300-77399 as appropriate))

77370 Special medical radiation physics consultation	BR
77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices	BR

CLINICAL TREATMENT MANAGEMENT

Except where specified, assumes treatment on a daily basis (4 or 5 fractions per week) with the use of megavoltage photon or high energy particle sources. Daily and weekly clinical treatment management are mutually exclusive for the same dates.

DEFINITIONS: Simple—single treatment area, single port or parallel opposed ports, simple blocks.

Intermediate—two separate treatment areas, three or more ports on a single treatment area, use of special blocks.

Complex—three or more separate treatment areas, highly complex blocking (mantle, inverted Y, tangential ports, wedges, compensators, or other special beam considerations).

77400 Daily megavoltage treatment management; simple	2.0
77405 intermediate	3.0
77410 complex	4.0
77415 Therapeutic radiology treatment port film interpretation and verification, per treatment course	3.0
77420 Weekly megavoltage treatment management; simple	4.0
77425 intermediate	5.0
77430 complex	6.0

((Procedures 77435-77460 have been deleted. To report, use 77400-77499 as appropriate))

(For complicated shielding devices, see treatment aids, 77600-77635)

77465 Daily kilovoltage treatment management	2.0
77470 Special treatment procedure (e.g., total body irradiation, hemi-body irradiation, per oral, vaginal cone irradiation) ..	BR
(77470 assumes that the procedure be performed one or more times during the course of therapy, in addition to daily or weekly patient management)	
77499 Unlisted procedure, therapeutic radiology clinical treatment management	BR

HYPERTHERMIA

Hypertemia treatments as listed in this section include external (superficial and deep) and interstitial and intravacitary. Radiation therapy when given concurrently is listed separately.

Hypertemia is used only as an adjunct to radiation therapy or chemotherapy. It may be induced by a variety of sources, e.g., microwave, ultrasound, low energy radiofrequency conduction, or by probes.

The listed treatments include management during the course of therapy and follow-up care for three months after completion. Preliminary consultation is not included (see medicine 90600-90630). Physics planning and interstitial insertion of temperature sensors, and use of external or interstitial heat generating sources are included.

		Unit Value	Unit Value
77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)	BR	(For T-4 thyroxine, CPB or resin uptake, see 84435)
77605	deep (i.e., heating to depths greater than 4 cm)	BR	(For TT-4 thyroxine, RIA, see 84436)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	BR	(For T-4 thyroxine, neonatal, see 84437)
77615	more than 5 interstitial applicators	BR	(For FT-4 thyroxine, free, RIA (unbound T-4 only), see 84439)
CLINICAL INTRACAVITARY HYPERTHERMIA			
77620	Hyperthermia generated by intracavitary probe(s)	20.0	((For calcitonin, RIA, see 82308) (78070 has been deleted. To report parathyroid imaging, use 78099))
CLINICAL BRACHYTHERAPY			
Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the the therapeutic radiologist. When a procedure requires the service of a surgeon in addition, the modifier '-66' or '-80' may be used (see modifiers in radiology guidelines, page 290). Services 77750-77799 include admission to the hospital and daily visits.			
DEFINITIONS: (Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement)			
Simple—application with one to four sources/ribbons			
Intermediate—application with five to ten sources/ribbons			
Complex—application with greater than ten sources/ribbons			
(((Procedures 77600-77699 have been deleted. To report, use 77332-77334 or 77399 as appropriate)			
(Procedures 77700-77749 have been deleted. To report, use 77300-77399 as appropriate)))			
(Professional service component only)			
77750	Infusion or instillation of radioelement solution of radioactive materials for therapy (includes handling and loading)	12.5	
(((Procedures 77755-77785 have been deleted. To report, use 77761-77799 as appropriate)))			
77761	Intracavitary radioelement application; simple	BR	
77762	intermediate	BR	
77763	complex	BR	
77776	Interstitial radioelement application; simple	BR	
77777	intermediate	BR	
77778	complex	BR	
77789	Surface application of radioelement	24.75	
77790	Supervision, handling, loading of radioelement	33.5	
77799	Unlisted procedure, clinical brachytherapy	BR	
((Procedure 77800 has been deleted. To report, use 77331)			
(Procedures 77805-77810 have been deleted. To report, use 77305-77321 or 77326-77328 as appropriate)			
(Procedure 77850 has been deleted. To report, use 77300, 77336 or 77370)			
(Procedure 77860 has been deleted. To report, use 77336)			
(Procedure 77999 has been deleted. To report, use 77399))			
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)			
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 calcitonin, RIA, see 82308)			
(For triiodothyronine, free (FT-3), RIA (unbound T-3 only), see 84481)			
78070	Parathyroid imaging		BR
(For parathormone (parathyroid hormone), RIA, see 83970)			
78075	Adrenal imaging, cortical		BR
(For adrenal cortex antibodies, RIA, see 86681)			
(For cortisol, RIA, plasma, see 82533)			
(For cortisol, RIA, urine, see 82534)			
(For aldosterone, double isotope technique, see 82087)			
(For aldosterone, RIA, blood, see 82088)			
(For aldosterone, RIA, urine, see 82089)			
(For 17-ketosteroids, RIA, see 83588)			
(For 17-OH ketosteroids, RIA, see 83599)			
(For 17-hydroxycorticosteroids, RIA, see 83491)			
(For insulin, RIA, see 83525)			
(For insulin antibodies, RIA, see 86337)			
(For insulin factor antibodies, RIA, see 86338)			
(For proinsulin, RIA, see 84206)			
(For glucagon, RIA, see 82943)			
(For adrenocorticotrophic hormone (ACTH), RIA, see 82024)			
(For human growth hormone (HGH), (somatotropin), RIA, see 83003)			
(For human growth hormone antibody, RIA, see 86277)			
(For thyroglobulin antibody, RIA, see 86800)			
(For thyroid microsomal antibody, RIA, see 86376)			
(For thyroid stimulating hormone (TSH), RIA, see 84443)			
(For thyrotropin releasing factor, RIA, see 84444)			
(For plus long-acting thyroid stimulator (LATS), see 84445)			
(For follicle stimulating hormone (FSH) component of pituitary gonadotropin), RIA, see 83001)			
(For luteinizing hormone (LH component of pituitary gonadotropin), (ICSH), RIA, see 83002)			
(For luteinizing releasing factor (LRH), RIA, see 83727)			
(For prolactin level (mammotropin), RIA, see 84146)			
(For oxytocin level, (oxytocinase), RIA, see 83949)			
(For vasopressin level (antidiuretic hormone), RIA, see 84588)			
(For estradiol, RIA, see 82670)			
(For progesterone, RIA, see 84144)			
(For testosterone, blood, RIA, see 84403)			
(For testosterone, urine, RIA, see 84405)			
(For etiocholanolone, RIA, see 82696)			
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)			
78099	Unlisted endocrine procedure, diagnostic nuclear medicine		BR
(For chemical analysis, RIA tests, see Chemistry and Toxicology section)			

		Unit Value			Unit Value
HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM			((78240 has been deleted. To report pancreas imaging, use 78299))		
78102	Bone marrow imaging; limited area	BR	78258	Esophageal motility	BR
78103	multiple areas	BR	78261	Gastric mucosa imaging	BR
78104	whole body	BR	78262	Gastroesophageal reflux study	BR
78110	Plasma volume, radionuclide-dilution technique; (separate procedure) single sampling	8.0	78264	Gastric emptying study	BR
78111	multiple sampling	BR+	78270	Vitamin B-12 absorption studies (e.g., Schilling test); without intrinsic factor	10.0
	(For dye method, see 84605, 84610)		78271	with intrinsic factor	20.0
78120	Red cell volume determination (separate procedure); single sampling	12.0	78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	25.0
78121	multiple sampling	BR+	78276	Gastrointestinal aspirate blood loss localization	BR
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radionuclide volume-dilution technique)	8.0	78278	Acute gastrointestinal blood loss imaging	BR
78130	Red cell survival study (e.g., radiochromium)	20.0	78280	Gastrointestinal blood loss study (e.g., stool counting)	16.0
78135	plus splenic and/or hepatic sequestration	30.0	78282	Gastrointestinal protein loss (e.g., radiochromium albumin)	12.0
78140	Red cell splenic and/or hepatic sequestration	20.0	((78285, 78286 have been deleted. To report gastrointestinal fat or fatty acid absorption studies, use 78299))		
78160	Plasma radio-iron turnover rate	16.0	(For gastrin, RIA, see 82941)		
78162	Radio-iron oral absorption	BR	(For intrinsic factor level, see 83528)		
78170	Radio-iron red cell utilization	24.0	(For carcinoembryonic antigen level (CEA), RIA, see 86151)		
78172	Chelatable iron for estimation of total body iron	BR	78290	Bowel imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	20.0
((78180 has been deleted. To report radioiron body distribution and storage pools, use 78199))			78291	Peritoneal-venous shunt patency test (e.g., for LeVeen shunt)	BR
(For hemosiderin, RIA, see 83071)			78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	BR
(For intrinsic factor antibodies, RIA, see 86340)			(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)		
(For cyanocobalamin (vitamin B-12), RIA, see 82607)			MUSCULOSKELETAL SYSTEM		
(For folic acid (folate) serum, RIA, see 82746)			(Bone and joint imaging can be used in the diagnosis of a variety of infectious inflammatory diseases, e.g., osteomyelitis, as well as for localization of primary and/or metastatic neoplasms)		
(For human hepatitis antigen, hepatitis associated agent (Australian antigen) (HAA), RIA, see 86287)			(((For positron method or other complex instrumentation, see WAC 296-20-010, Item 10)))		
(For hepatitis A antibody (HAAb), RIA, see 86296)			78300	Bone, imaging limited area (e.g., spine, pelvis, or skull, etc.)	25.0
(For hepatitis A virus antibody (HAVAb), see 86297)			78305	multiple areas	40.0
(For hepatitis B core antigen (HB _c Ag), RIA, see 86288)			78306	whole body	48.2
(For hepatitis B core antibody (HB _c Ab), RIA, see 86289)			78310	vascular flow only	BR
(For hepatitis B surface antigen (HB _s Ag), RIA, see 86287)			78315	by three phase technique	BR
(For hepatitis B surface antibody (HB _s Ab), RIA, see 86291)			78320	tomographic (SPECT)	BR
(For hepatitis Be antigen (HB _e Ag), RIA, see 86293)			78350	Bone density (mineral content) study single photon absorptiometry	BR
(For hepatitis Be antibody (HB _e Ab), RIA, see 86295)			78351	dual photon absorptiometry	BR
78185	Spleen imaging only; static	20.0	78380	Joint imaging; limited area	BR
	(If combined with liver study, use procedures 78215 and 78216)		78381	multiple areas	BR
78186	with vascular flow	25.0	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	BR
78191	Platelet survival	BR	CARDIOVASCULAR SYSTEM		
78192	White blood cell localization; limited area scanning	BR	((78401 has been deleted. To report, see 78402-78415)		
78193	whole body	BR	78402	Cardiac blood pool imaging with vascular flow assessment (sequential imaging with or without time activity curve evaluation)	25.0
78195	Lymphatics and lymph glands imaging	BR	78403	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	BR
78199	Unlisted hematopoietic, R-E and lymphatic procedure, diagnostic nuclear medicine	BR	78404	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)	BR
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)			(78409 has been deleted. To report, use 78403)		
GASTROINTESTINAL SYSTEM			78411	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	BR
78201	Liver imaging; static only	20.0	78412	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	BR
78202	with vascular flow	25.0	(78413 has been deleted. To report, use 78411)		
(For spleen imaging only, use 78185 and 78186)					
78205	Liver imaging (SPECT)	BR			
78215	Liver and spleen imaging; static only	25.0			
78216	with vascular flow of liver and/or spleen	30.0			
78220	Liver function study with hepatobiliary agents; with serial images	20.0			
((78221 has been deleted. To report liver function study with probe technique, use 78299))					
78223	Hepatobiliary ductal system imaging, including gallbladder	BR			
78225	Liver-lung study, imaging (e.g., subphrenic abscess)	BR			
78230	Salivary gland imaging; static	14.0			
78231	with serial views	16.0			
78232	Salivary gland function study	BR			

	Unit Value		Unit Value
<i>((78405, 78406-Myocardium imaging has been deleted. To report, use 78418-78424))</i>			
78414	BR	Determination of ventricular ejection fraction with probe technique	BR
78415		Cardiac blood pool imaging, functional imaging (e.g., phase and amplitude analysis)	1.6 BR
<i>((78418-Myocardium imaging, regional myocardial perfusion at rest</i>			
78419	BR	<i>regional myocardial perfusion at rest and 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</i>	BR
78420		<i>with quantitative evaluation (e.g., pharmacokinetic temporal assessment)</i>	22.0
78422	BR	<i>for evaluation of infarction (infarct avid imaging)</i>	BR
78424	BR))	<i>regional myocardial perfusion (redistribution resting or postexercise study)</i>	BR
78425	BR	Regurgitant index	10.0
78428	BR	Cardiac shunt detection	BR
78435	BR	Cardiac flow study, imaging (i.e., angiocardiology)	BR
78445	BR	Vascular flow study, imaging (i.e., angiography, venography)	BR
78455	BR	Venous thrombosis study (e.g., radioactive fibrinogen)	BR
78457	BR	Venous thrombosis imaging (e.g., venogram); unilateral	BR
78458	BR	bilateral	BR
78460	27.0	Myocardial imaging; resting only, quantitative, or qualitative	27.0
78461	30.0	<i>exercise and redistribution, qualitative or quantitative, with or without pharmacological intervention</i>	30.0
78464	BR	<i>tomographic (SPECT), at rest only, qualitative or quantitative</i>	BR
78465	BR	<i>tomographic (SPECT) with exercise and redistribution, qualitative or quantitative, with or without pharmacological intervention</i>	BR
78466	27.0	Myocardial imaging, infarct avid, at rest; qualitative	27.0
78467	27.0	quantitative	27.0
78468	35.0	with first pass technique	35.0
78469	50.0	with emission computed tomography	50.0
78470	BR	Cardiac output	BR
<i>((78490 has been deleted. To report tissue clearance studies, use 78499))</i>			
78471	21.0	Cardiac blood pool imaging, gated equilibrium, at rest, wall motion study plus ejection fraction	21.0
78472	23.0	Cardiac blood pool imaging, gated equilibrium, at rest, wall motion study plus regional ejection fraction	23.0
78474	25.0	quantitative wall motion study plus ejection fraction plus ventricular volume determination	25.0
78475	26.0	quantitative wall motion study, with exercise and/or pharmacological intervention	26.0
78476	27.0	quantitative wall motion study plus ejection fraction, with exercise and/or pharmacological intervention	27.0
78477	30.0	quantitative wall motion study plus ejection fraction plus ventricular volume determination, with exercise and/or pharmacological intervention	30.0
78479	25.0	serial studies, any combination	25.0
78481	20.0	Cardiac blood pool imaging, first pass technique, at rest; wall motion study with ejection fraction	20.0
78484	25.0	quantitative wall motion study plus ejection fraction plus ventricular volume determination	25.0
78485	26.0	quantitative wall motion study, with exercise and/or pharmacological intervention	26.0
78486	27.0	quantitative wall motion study plus ejection fraction, with exercise and/or pharmacological intervention	27.0
78487	30.0	quantitative wall motion study plus ejection fraction plus ventricular volume determination, with exercise and/or pharmacological intervention	30.0
78489	25.0	serial studies, any combination	25.0
(For digoxin, RIA, see 82643)			
(For digitoxin (digitalis), RIA, see 82640)			
(For cerebral blood flow study, see 78615)			
78499	BR	Unlisted cardiovascular procedure, diagnostic nuclear medicine	BR
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)			
RESPIRATORY SYSTEM			
78580	26.0	Pulmonary perfusion imaging; particulate	26.0
78581	BR	gaseous	BR
78582	BR	gaseous, with ventilation, rebreathing and washout	BR
78584		Pulmonary perfusion imaging, particulate, with ventilation; single breath	BR
78585		rebreathing and washout, with or without single breath	1.6 BR
78586		Pulmonary ventilation imaging, aerosol; single projection	BR
78587		multiple projections (e.g., anterior, posterior, lateral views)	BR
78591		Pulmonary ventilation imaging, gaseous, single breath, single projection	BR
78593		Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	22.0
78594		multiple projections (e.g., anterior, posterior, lateral views)	BR
78599		Unlisted respiratory procedure, diagnostic nuclear medicine	BR
NERVOUS SYSTEM			
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
78607		tomographic (ECT)	BR
78610		Brain imaging, vascular flow study only	10.0
78615		Cerebral blood flow(, inert radionuclide gas washout))	BR
78630		Cerebrospinal fluid flow, imaging; cisternography (not including introduction of material)	35.0
(For injection procedure, see 61000-61070; 62270-62294)			
78635		ventriculography	35.0
(For injection procedure, see 61000-61070; 62270-62294)			
<i>((78640 has been deleted. To report, use 78699))</i>			
<i>(For injection procedure, see 61000-61070; 62270-62294))</i>			
78645		shunt evaluation	35.0
(For injection procedure, see 61000-61070; 62270-62294)			
78650		CSF leakage detection and localization	32.0
(For injection procedure, see 61000-61070; 62270-62294)			
78652		tomographic (ECT)	BR
(For myelin basic protein, CSF, RIA, see 83873)			
78655		Eye tumor identification with radiophosphorus	BR
78660		Dacryocystography (lacrimal flow study)	BR
78699		Unlisted nervous system procedure, diagnostic nuclear medicine	BR
GENITOURINARY SYSTEM			
78700		Kidney imaging; static only	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)			
78710		Kidney imaging (SPECT)	BR
78715		Kidney vascular flow	BR
78725		Kidney function study only	BR
78726		with pharmacological intervention	BR
(For renin (angiotensin I), RIA, see 84244)			
(For angiotensin II, RIA, see 82163)			
(For beta-2 microglobulin, RIA, see 82231, 82232)			
78727		Kidney transplant evaluation	BR
78730		Urinary bladder residual study	BR
(For introduction of radioactive substance in association with cystostomy or cystostomy, see 51020; in association with cystourethroscopy, see 52250)			
78740		Ureteral reflux study (radionuclide voiding cystogram)	BR
(For estradiol, RIA, see 82670)			
(For estriol, RIA, see 82677, 84680)			
(For progesterone, RIA, see 84144)			
(For prostatic acid phosphatase, RIA, see 84066)			
78760		Testicular imaging	BR
78761		with vascular flow	BR
(For testosterone, blood, RIA, see 84403)			

	Unit Value		Unit Value
(For testosterone, urine, RIA, see 84405)		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
(For introduction of radioactive substance in association with ureteral endoscopy, see 50958, 50959, 50978)			
((78770, 78775 have been deleted. To report either placenta imaging or placenta localization, use 78799))		78891	complex manipulations and interpretation, exceeding 30 minutes
(For lactogen, placental (HPL) chorionic somatomammotropin, RIA, see 83632)			
((For chorionic gonadotropin, RIA, see 82998))			
(For chorionic gonadotropin beta subunit, RIA, see (84701) 84702, 84703)			
(For pregnanediol, RIA, see 84135)			
(For pregnantrial, RIA, see 84138)			
78799 Unlisted genitourinary procedure, diagnostic nuclear medicine	BR		
(For chemical analysis, RIA tests, see WAC 296-23-212 chemistry and toxicology)			
MISCELLANEOUS STUDIES			
78800 ((Tumor)) Radionuclide localization of tumor (e.g., gallium, selenomethionine); limited area	BR		
(For specific organ, see appropriate heading)			
(For eye tumor identification, see 78655)			
78801 multiple areas	BR		
78802 whole body	BR		
78803 Tumor localization (SPECT)	BR		
78805 ((Abscess)) Radionuclide localization of abscess; limited area	BR		
78806 whole body	BR		
(For imaging bone infectious inflammatory disease, see 78300-78381)			
(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)			
(For amikacin, see 82112)			
(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)) 82512)			
(For cocaine, quantitative, see 82520)			
(For diazepam, see 82636)			
(For dihydromorphinone, quantitative, see 82649)			
(For phenytoin (diphenylhydantoin), see 84045)			
(For flucytosine, see 82741)			
(For gentamicin, see 84695)			
((For glutethimide, see 82980))			
(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)			
		78990	Provision of diagnostic radionuclide(s)
		78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
			BR
AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)			
WAC 296-23-130 THERAPEUTIC.			
((Preliminary and follow-up diagnostic tests not included. For these services, see appropriate sections.			
The listed values do not include the cost of radioisotopes. Use 99070 to identify cost of isotopes.			
((For procedures involving radioactive sealed sources and surface application of radioactive material, see radiation therapy))			
		79000	Radionuclide therapy, hyperthyroidism, initial including evaluation of patient
		79001	subsequent, each therapy
			(For follow-up visit, see 90030-90080)
		79020	Radionuclide therapy, thyroid suppression, (euthyroid cardiac disease), ((including)) including evaluation of patient
		79030	Radionuclide ablation of gland for thyroid carcinoma
		79035	Radionuclide therapy for metastases of thyroid carcinoma
		79100	Radionuclide therapy, polycythemia vera, chronic leukemia, etc., each treatment
		79200	Intracavitary radioactive colloid therapy
		79300	Interstitial radioactive colloid therapy
		79400	Radionuclide therapy, nonthyroid, nonhematologic e.g., for metastases to bone
		79420	Intravascular radionuclide therapy, particulate
		79440	Intra-articular radionuclide therapy
		79900	Provision of therapeutic radionuclide(s)
		79999	Unlisted radionuclide therapeutic procedure
			BR
AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)			
WAC 296-23-200 PATHOLOGY GENERAL INFORMATION AND INSTRUCTION. Rules and billing procedure pertaining to all practitioners rendering service to injured workers are presented in general information section beginning with WAC 296-20-010. Some commonalities are repeated here for convenience of those doctors referring to pathology section. Definitions and rules to pathology are also included here.			
(1) The following values apply only when these services are performed by or under the responsible supervision of a physician. Unless otherwise specified, the listed values include the collection and handling of the specimens by the laboratory performing the procedure.			
(2) Lab reports must be attached to bills for lab services. See WAC 296-20-125 for further billing instruction.			
(3) Laboratory procedures performed by other than the billing physician shall be billed at the value charged that physician by the reference (outside) laboratory under the individual procedure number or the panel procedure number listed under "PANEL OR PROFILE TESTS" (see modifier -90).			
(4) The department or self-insurer may deny payment for lab procedures which are determined to be excessive or unnecessary for management of the injury or conditions.			

(5) ((Panel (profile) tests: Panel (profile) tests are defined as certain multiple tests performed on a single specimen of blood or urine. They are distinguished from the single or multiple test(s) performed on an "individual," "immediate" or "stat" reporting basis. . . . denotes test performed as part of a panel, see 80003-80013:)) By report: "BR" in the unit value column indicates that the value of the service is to be determined by report (BR) because the services is too unusual, variable, or new to be assigned a unit value. The report should provide an adequate definition or description of the services or procedure as discussed in WAC 296-23-01008. Whenever possible, list the nearest similar procedure code according to this schedule. The department or self-insurer may adjust BR procedures when such action is indicated.

(6) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23-20102 PATHOLOGY MODIFIER. 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. ((All modifiers and their respective codes are listed in Appendix A:)) Modifiers commonly used in PATHOLOGY AND LABORATORY 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. A report may also be appropriate. . . . BR
-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 professional component is reported separately, the service may be identified by adding the modifier '-26' to the usual procedure number. Payment is made on the basis of up to and including forty percent of the fee maximum.
-52 REDUCED SERVICES: Under certain circumstances a service or procedure is partially reduced or eliminated at the doctor'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 without disturbing the identification of the basic service.
-90 REFERENCE (OUTSIDE) LABORATORY: When laboratory procedures are performed by a party other than the treating or reporting doctor, the procedure may be identified by adding the modifier '-90' to the usual procedure number. The procedure shall be billed as charged to the ordering doctor. . . . BR

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

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 multi-channel equipment. For any combination of tests among those listed immediately below, use the appropriate number 80002-((80019)) 80021. 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)) WAC 296-23-200(5).

(For ((collection and)) handling of specimen, see 99000 and 99001)

- 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

Table with 3 columns: Code, Description, Unit Value. Lists codes 80002 through 80021 and their corresponding clinical chemistry test descriptions and unit values.

THERAPEUTIC DRUG MONITORING

(e.g., antiepilepsy drugs, cardiac drugs, antibiotics, sedatives)

Table with 3 columns: Code, Description, Unit Value. Lists codes 80031 through 80042 for therapeutic drug monitoring and serum antimicrobial level bioassay method.

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.

Table with 3 columns: Code, Description, Unit Value. Lists codes 80050 through 80064 for various health and organ panels.

	Unit Value
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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-208 URINALYSIS.

(For specific analyses, see appropriate section)

	Unit Value
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 has been deleted. To report, use 81099)))	
81010 concentration and dilution test	14.0
81011 water deprivation test	BR
81012 water deprivation test with vasopressin 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 87-18, filed 7/23/87)

WAC 296-23-212 CHEMISTRY AND TOXICOLOGY.

The material for examination can be from any source. Examination is quantitative unless specified. (For list of automated, multichannel 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 catecholamines, 82382-82384)	
82024 Adrenocorticotrophic hormone (ACTH), RIA	120.0
82030 Adenosine; 5'-diphosphate (ADP) and 5'-monophosphate (AMP), cyclic, RIA, blood	40.0
82035 5'-triphosphate, blood	40.0
82040 Albumin, serum	20.0
82042 urine, quantitative (specify method, e.g., Esbach)	20.0
(For albumin/globulin ratio, albumin/globulin 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 technique	120.0
82088 RIA blood	100.0
82089 RIA urine	100.0
82091 saline infusion test	BR
(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) dehydrogenase, see 83485, 83486)	
(Alphaketoglutarate, see 83584)	
(Alpha tocopherol (Vitamin E), see 84446)	
82108 Aluminum, blood (serum)	BR
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 chromatographic fractionation and quantitation, one or more	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
82159 Androsterone	50.0
82160 RIA	50.0
(See also 83593-83596)	
(Angiotensin I, see renin, 84244)	
82163 Angiotensin II, RIA	BR
82164 Angiotensin-converting enzyme	BR
82165 Aniline	BR

	Unit Value		Unit Value
(Antidiuretic hormone, RIA, see 84588)		82375 Carbon monoxide, (carboxyhemoglobin); quantitative	48.0
82168 Antihistamines	BR	82376 qualitative	48.0
82170 Antimony, urine	80.0	(Carbon tetrachloride, see 84600)	
(Antimony, screen, see 83015)		(Carboxyhemoglobin, see 82375, 82376)	
(Antitrypsin, alpha-1-, see 86329)		82380 Carotene, blood	40.0
82172 Apolipoprotein	BR	(Carotene plus Vitamin A, see 84595)	
82173 Arginine tolerance test	BR	82382 Catecholamines (dopamine, norepinephrine, epinephrine); total urine	BR
82175 Arsenic, blood, urine, gastric contents, hair or nails, quantitative	80.0	82383 blood	BR
(For heavy metal screening, see 83015)		82384 fractionated	BR
82180 Ascorbic acid (Vitamin C) blood	40.0	(For urine metabolites, see 83835, 84585)	
(Aspirin, see acetylsalicylic acid, 82011, 82012)		82390 Ceruloplasmin, chemical (copper oxidase), blood	40.0
(Atherogenic index, blood, ultracentrifugation, quantitative, see 83717)		(For gel diffusion technique, see 86331; immunodiffusion technique, see 86329)	
82205 Barbiturates quantitative	60.0	82400 Chloral hydrate, blood	60.0
82210 quantitative and identification	80.0	82405 urine	40.0
(For qualitative screen, see 82486, 82660, 82662, 82755, 84231)		82415 Chloramphenicol, blood	40.0
82225 Barium	BR	82418 Chlorazepate dipotassium	40.0
(Bence-Jones protein, 84185)		82420 Chlordiazepoxide, blood	60.0
82230 Beryllium, urine	80.0	82425 urine	60.0
82231 Beta-2 microglobulin, RIA; urine	BR	82435 Chlorides, blood, (specify chemical or electrometric)	((^A)) 20.0
82232 serum	BR	82436 urine, (specify chemical, electrometric or Fantus test)	20.0
82235 Bicarbonate excretion, urine	BR	82437 sweat (without iontophoresis)	20.0
82236 Bicarbonate loading test	BR	(For iontophoresis, see 89360)	
(Bicarbonate, see 82374)		82438 spinal fluid	20.0
82240 Bile acids, blood, fractionated	120.0	82441 Chlorinated hydrocarbons, screen	20.0
82245 Bile pigments, urine	8.0	82443 Chlorothiazide-hydrochlorothiazide	60.0
((^A))82250 Bilirubin, blood, total or direct	((^A)) 24.0	(Chlorpromazine, see 84021, 84022)	
82251 blood, total and direct	30.0	82465 Cholesterol, serum; total	22.0
82252 feces, qualitative	BR	82470 total and esters	30.0
82260 urine, quantitative	12.0	82480 Cholinesterase, serum	40.0
82265 amniotic fluid, quantitative	30.0	82482 RBC	60.0
82268 Bismuth	80.0	82484 serum and RBC	80.0
82270 Blood, feces, occult, screening	8.0	82485 Chondroitin B sulfate, quantitative	BR
82273 duodenal, gastric contents, qualitative	BR	(Chorionic gonadotropin, see gonadotropin, ((82996-83002)) 84702, 84703)	
(Blood urea nitrogen (BUN), see 84520-84525, 84545)		82486 Chromatography; gas-liquid, compound and method not elsewhere specified	BR
(Blood volume, see 84605-84610, 78110, 78111)		82487 paper, 1-dimensional, compound and method not elsewhere specified	BR
82280 Boric acid, blood	100.0	82488 paper, 2-dimensional, not elsewhere specified	BR
82285 urine	100.0	82489 thin layer, not elsewhere specified	BR
82286 Bradykinin	BR	((82490) Chromium, blood	100.0
82290 Bromides, blood	24.0	82495 Chromium, urine	100.0
82291 urine	40.0	((82505) Chymotrypsin, duodenal contents	30.0
(For bromsulphthalein (BSP), see 84382)		82507 Citric acid	80.0
82300 Cadmium, urine	100.0	82512 Clonazepam	BR
82305 Caffeine	60.0	82520 Cocaine, quantitative	60.0
82306 Calcifediol (25-OH Vitamin D-3), chromatographical technique	BR	(Cocaine, screen, see 82486, 82489, 82660, 82662, 82755, 84231)	
82307 Calciferol (Vitamin D) RIA	BR	(Codeine, quantitative, see 82096, 82101)	
82308 Calcitonin, RIA	80.0	(Complement, see ((86159-86162)) 86158-86164)	
82310 Calcium, blood, chemical	((^A)) 22.0	(Compound S, see 82634)	
82315 fluorometric	((^A)) 22.0	82525 Copper, blood	60.0
82320 emission flame photometry	22.0	82526 urine	60.0
82325 atomic absorption flame photometry	24.0	(Coprobilinogen, feces, ((84575)) 84577)	
82330 fractionated, diffusible	60.0	(Coproprophyrins, see 84118-84121)	
82331 after calcium infusion test	24.0	(Corticosteroids, see ((83492)) 83491-83496)	
82335 urine, qualitative (Sulkowitch)	11.0	82528 Corticosterone, RIA	BR
82340 quantitative timed specimen	32.0	(See also 83593-83597)	
((82345) feces, quantitative timed specimen	80.0	82529 Cortisol; fluorometric, plasma	36.0
82355 Calculus (stone) qualitative, chemical	40.0	82531 CPB, plasma	75.0
82360 quantitative, chemical	60.0	82532 CPB, urine	75.0
82365 infrared spectroscopy	60.0	82533 RIA, plasma	90.0
82370 X-ray diffraction	50.0	82534 RIA, urine	90.0
(Carbamates, see individual listings)		82536 after adrenocorticotrophic hormone (ACTH) Administration	BR
82372 Carbamazepine, serum	BR	82537 48 hours after continuous ACTH infusion	BR
82374 Carbon dioxide, combining power or content	10.0		
(See also 82801-82803, 82817)			

	Unit Value		Unit Value
82538 after metyrapone tartrate administration	BR		
82539 dexamethasone suppression test, plasma and/or urine	BR	82662 ((Enzyme)) Immunoassay technique for drugs((-EMHF))	30.0
82540 Creatine, blood	24.0	(For enzyme immunoassay for bacteria, use 86227)	
82545 urine	40.0	82664 Electrophoretic technique, not elsewhere specified	45.0
82546 Creatine and creatinine	50.0	82666 Epiandrosterone	BR
82550 Creatine phosphokinase (CPK), blood, timed kinetic ultraviolet method	26.0	(See also 83593((-83596)))	
82552 isoenzymes	30.0	(Epinephrine, see 82382-82384)	
82555 colorimetric	20.0	82668 Erythropoietin, bioassay	BR
82565 Creatinine, blood	20.0	(For HI method, see 86280)	
82570 urine	20.0	82670 Estradiol, RIA (placental)	90.0
82575 clearance	40.0	82671 Estrogens; fractionated	85.0
82585 Cryofibrinogen, blood	40.0	82672 total	60.0
82595 Cryoglobulin, blood	40.0	82673 Estriol; fluorometric	54.0
(Crystals, pyrophosphate vs. urate, see 84208)			
82600 Cyanide, blood	80.0	82674 GLC	45.0
82601 tissue	80.0	82676 Chemical	75.0
82606 Cyanocobalamin (Vitamin B-12); bioassay	70.0	82677 RIA	105.0
82607 RIA	45.0	(Estrogen receptor assay, see 84233)	
82608 unsaturated binding capacity	60.0	82678 Estrone; chemical	75.0
(Cyclic AMP, see 82030)			
(Cyclic GMP, see 83008)			
(Cyclosporine, see 83003)			
82614 Cystine, blood, qualitative	BR	82679 RIA	90.0
82615 Cystine, and homocystine, urine, qualitative	30.0	(Ethanol, see 82055-82075)	
82620 quantitative	40.0	82690 Ethchlorvynol (Placidyl), blood	60.0
82624 Cystine aminopeptidase	BR	82691 urine	60.0
(D hemoglobin, see 83053)			
(Delta-aminolevulinic acid (ALA), see 82135)			
82626 Dehydroepiandrosterone, RIA	BR	82692 Ethosuximide	BR
(See also 83593-83596)			
(Deoxycortisol, 11- (compound S), RIA, see 82634)			
82628 Desipramine	BR	(Ethyl alcohol, see 82055-82075)	
82633 Desoxycorticosterone, 11-RIA	BR	82694 Etiocholanolone	BR
(See also 83593-83596)			
82634 Desoxycortisol, 11-(compound S), RIA	80.0	(See also 83593((-83596)))	
(See also 83492)			
82635 Diacetic acid	18.0	(Evans blue, see blood volume, 84605-84610)	
(Diagnex blue, tubeless gastric, see 82939)			
(Diastase, urine, see 82156)			
82636 Diazepam	50.0	82696 Etiocholanolone, RIA	50.0
82638 Dibucaine number	34.0	82705 Fat or lipids, feces, screening	10.0
82639 Dicumarol	BR	82710 quantitative, 24 or 72 hour specimen	100.0
(Dichloroethane, see 84600)			
(Dichloromethane, see 84600)			
(Diethylether, see 84600)			
82640 Digitoxin digitalis, blood RIA	BR+	82715 Fat differential, feces, quantitative	BR
82641 urine	BR+	82720 Fatty acids, blood, esterified	40.0
82643 Digoxin, RIA	36.0	82725 nonesterified	40.0
82646 Dihydrocodinone	BR	82727 Ferric chloride, urine	BR
(Dihydrocodinone screen, see 82486-82489, 82662, 82755, 84231)			
82649 Dihydromorphanone, quantitative	75.0	82728 Ferritin, specify method (e.g., RIA, immunoradiometric assay)	BR
(Dihydromorphanone screen, see 82486((-))-82489, 82662, 82755, 84231)			
82651 Dihydrotestosterone (DHT)	BR	(Fetal hemoglobin, see hemoglobin ((83020)) 83030, 83033, and 85460)	
82652 Dihydroxy vitamin D, 1, 25	BR	(Fetoprotein, alpha-1, see 86329)	
82654 Dimethadione	BR	82730 Fibrinogen, quantitative	21.0
(Diphenylhydantoin, see 84045)			
(Dopamine, see 82382-82384)			
82656 Doxepin	BR	(See also 85371, 85377)	
82660 Drug screen (amphetamines, barbiturates, alkaloids)	65.0	82735 Fluoride, blood	100.0
(See also 82486-82489, 82662, 82755, 84231)			
(Duodenal contents, see individual enzymes; for intubation and collection, see 89100)			
		82740 urine	100.0
		82741 Flucytosine (5-fluorocytosine)	BR
		82742 Flurazepam	BR
		82745 Folic acid, (folate), blood bioassay	BR+
		82746 RIA	45.0
		(Follicle stimulating hormone (FSH), see 83000, 83001)	
		82750 Formimino-glutamic acid (FIGLU), urine	100.0
		82755 Free radical assay technique for drugs (FRAT)	BR
		82756 Free thyroxine index (T-7)	BR
		82757 Fructose, semen	BR
		(Fructose, TLC screen, see 84375)	
		82759 Galactokinase, RBC	BR
		82760 Galactose, blood	40.0
		82763 tolerance test	75.0
		82765 urine	40.0
		82775 Galactose-1-phosphate uridyl transferase	60.0
		(For TLC screen, see 84375)	
		82776 screen	18.0
		82780 Gallium	BR
		82784 Gammaglobulin, A, D, G, M nephelometric, each	12.0
		82785 Gammaglobulin, E, (e.g., RIA, EIA)	75.0
		82786 Gammaglobulin, salt precipitation method	21.0
		(Gammaglobulin by gel (immuno) diffusion, see 86329)	
		(Gamma-glutamyl transpeptidase (GGT), see 82977)	

	Unit Value		Unit Value
82790 Gases, blood, oxygen saturation; by calculation from pO ₂ . . .	40.0	83000 Gonadotropin, pituitary FSH; bioassay	90.0
82791 by manometry	40.0	83001 RIA	90.0
82792 by oximetry	20.0	83002 (LH)(ICSH)RIA	90.0
82793 by spectrophotometry	40.0	83003 Growth hormone (HGH), (somatotropin) RIA	48.0
82795 by calculation from pCO ₂	6.0	83004 after glucose tolerance test	48.0
82800 Gases, blood, pH, only	20.0		
82801 pCO ₂	24.0	(For growth hormone secretion after arginine tolerance test, see 82173)	
82802 pH, pCO ₂ by electrode	42.0	(For human growth hormone antibody, RIA, see 86277)	
82803 pH, pCO ₂ , pO ₂ simultaneous	54.0		
82804 pO ₂ by electrode	40.0	((83005 Guanase, blood 40.0))	
82812 pO ₂ by manometry	24.0	83008 Guanosine monophosphate (GMP) cyclic, RIA	BR
82817 pH, pCO ₂ by tonometry	24.0	83010 Haptoglobin, chemical	60.0
(For arterial puncture, see 36600)		83011 quantitative, electrophoresis	30.0
(For blood gas studies as a part of pulmonary function studies, see 94700-94710)		83012 phenotypes, electrophoresis	60.0
82926 Gastric acid, free and total; single specimen	11.2	83015 Heavy metal screen (arsenic, bismuth, mercury, antimony); chemical (e.g., Reinsch, Gutzeit)	30.0
82927 each additional specimen	9.0	83018 chromatography, DEAE column	BR
82928 Gastric acid, free or total; single specimen	9.0	83020 Hemoglobin, electrophoresis (includes A ₂ , S, C, etc.)	80.0
82929 each additional specimen	7.5	(Hemoglobin, carboxyhemoglobin (CO), see 82375, 82376; colorimetric, see 85018, 85031)	
82931 Gastric acid, pH titration; single specimen	24.0	83030 F (fetal), chemical	40.0
82932 each additional specimen	18.0	83033 F (fetal), qualitative (APT) test, fecal	56.0
(Gastric analysis, with stimulation, see 89140, 89141)		83036 glycosylated (Aic)	60.0
(Gastric analysis, pepsin, see 83974)		83040 methemoglobin, electrophoretic separation	80.0
(For gastric intubation, see 89130, 74340)		83045 qualitative	20.0
(For aspiration of specimens with insulin administration (Hollander test), see 91075)		83050 quantitative	40.0
82938 Gastrin (serum) after secretin stimulation (e.g., for gastrinoma, Zollinger-Ellison syndrome)	BR	83051 plasma	40.0
82941 Gastrin, RIA	48.0	83052 sickle, turbidimetric	34.0
(GGT, see 82977)		83053 solubility, S-D, etc.	40.0
(GLC, gas liquid chromatography, see 82486)		83055 sulfhemoglobin, qualitative	20.0
82942 Globulin, serum	10.5	83060 quantitative	40.0
(See also 82784, 82786, 84155-84200, 86329)		83065 thermolabile	BR
82943 Glucagon, RIA	BR	83068 unstable, screen	BR
82944 Glucosamine	6.0	83069 urine	BR
82946 Glucagon tolerance test	BR	83070 Hemosiderin, urine	12.0
82947 Glucose; except urine (e.g., blood, spinal fluid, joint fluid)	10.5	83071 Hemosiderin, RIA	25.6
82948 blood, stick test	8.2	(Heroin, screening, see 82660, 82486, 82662, 82755, 84231; quantitative, see 82096, 82101)	
82949 fermentation	22.5	(HIAA, see 83497)	
82950 post glucose dose (includes glucose)	13.5	83086 Histidine; blood, qualitative	BR
82951 tolerance test (GTT), three specimens (includes glucose)	37.5	83087 urine, qualitative	BR
82952 tolerance test, each additional beyond three specimens	10.5	83088 Histamine	100.0
(For intravenous glucose tolerance test, see 82961)		(Hollander test, see 91075)	
82953 tolbutamide tolerance test	15.0	(Homocystine, qualitative, see 82615)	
(For insulin tolerance test, see ((82937)) 83526)		(Homocystine, quantitative, see 82620)	
(For leucine tolerance test, see 83681)		83093 Homogentisic acid; blood, qualitative	BR
82954 urine	20.0	83094 Homogentisic acid, urine, qualitative	20.0
((For intubation, see 89130, 79340))		83095 quantitative	40.0
82955 Glucose-6-phosphate dehydrogenase, erythrocyte	60.0	(Hormones, see individual alphabetic listings in chemistry section)	
82960 screen	56.0	83150 Homo-vanillic acid (HVA), urine	80.0
82961 Glucose tolerance test, intravenous	BR	83485 Hydroxybutyric dehydrogenase, alpha (HBD), blood; kinetic ultraviolet method	22.0
(For glucose tolerance test with medication use 90784 in addition)		83486 colorimetric method	20.0
82963 Glucosidase, beta	BR	83491 Hydroxycorticosteroids, 17- (17-OHCS); RIA	64.1
82965 Glutamate dehydrogenase, blood	40.0	83492 ((Hydroxycorticosteroids, 17- (17-OHCS);)) gas liquid chromatography (GLC)	82.0
(Glutamic oxaloacetic transaminase (SGOT), see 84450-84455)		83493 blood, Porter-Silber type	45.0
(Glutamic pyruvic transaminase (SGPT), see 84460-84465)		83494 blood, fluorometric	38.0
82975 Glutamine (glutamic acid amide), spinal fluid	80.0	83495 urine, Porter-Silber type	52.0
82977 Glutamyl transpeptidase, gamma (GGT)	BR	83496 urine, fluorometric	52.0
82978 Glutathione	BR	(See also 82531-82534, 82634, 84409)	
82979 Glutathione reductase, RBC	BR	83497 Hydroxyindolacetic acid, 5-(HIAA), urine	60.0
82980 Glutethimide	56.2	(For HIAA, blood, see 84260)	
(Glycohemoglobin, see 83036)		83498 Hydroxyprogesterone, 17-d, RIA	105.0
82985 Glycoprotein electrophoresis	60.0	83499 Hydroxyprogesterone, 20-	BR
82995 Gold, blood	100.0	83500 Hydroxy-proline, urine, free only	100.0
((82996-82998, Gonadotropin, chorionic, have been deleted, use 84702-84703))		83505 total only	100.0
		83510 free and total	180.0
		83523 Imipramine	67.0
		(Immunoassay technique for drugs, use 82662)	
		(Immunoglobulines, see 82784, 82785, 82786, 86329, 86335)	
		83524 Indican, urine	35.0

	Unit Value		Unit Value
83525 Insulin, RIA	40.0	83705 fractionated (cholesterol, triglycerides, phospholipids)	60.0
83526 Insulin tolerance	80.0	(For feces, see 82705-82715)	
(For proinsulin, see 84206)		83715 Lipoprotein, blood; electrophoretic separation and quantitation phenotyping	60.0
83528 Intrinsic factor level	BR	83717 analytic ultracentrifugation separation and quantitation (atherogenic index)	100.0
(For intrinsic factor antibodies, RIA, see 86340)		83718 Lipoprotein high density cholesterol (HDL cholesterol) by precipitation method)	BR
83530 Inulin clearance	40.0	83719 Lipoprotein very low density cholesterol (VLDL cholesterol) by ultracentrifugation	BR
(For administration, see 36410, 99070)		83720 Lipoprotein cholesterol fractionation calculation by formula ..	BR
((83533, 83534 protein bound iodine have been deleted. To report, use 84999))		83725 Lithium, blood, quantitative	60.0
(For thyroxine, see 84435-84439)		(Luteinizing hormone (LH), see 83002)	
(For triiodothyronine (true T-3), RIA, see 84480)		83727 Luteinizing releasing factor (LRH), RIA	60.0
((For T-3 or T-4 radioactive resin uptake, see RT3U, 84250; for RT3U+thyroxine, see 84251))		83728 Lysergic acid diethylamide (LSD) RIA	BR
83540 Iron, serum, chemical	20.0	83730 (()) Macroglobulins (Sia test)	30.0
83545 automated	12.0	83735 Magnesium, blood(()); chemical	20.0
83546 radioactive uptake method	30.0	83740 fluorometric	20.0
83550 Iron binding capacity, serum; chemical	20.0	83750 atomic absorption	40.0
83555 automated	12.0	83755 urine(()); chemical	40.0
83565 radioactive uptake method	30.0	83760 fluorometric	40.0
83570 Isocitric dehydrogenase (IDH), blood, kinetic ultraviolet	26.0	83765 atomic absorption	40.0
83571 colorimetric	20.0	83775 Malate dehydrogenase, kinetic ultraviolet method	30.0
(Isopropyl alcohol, see alcohol 82076)		(Maltose tolerance, see 82951, 82952)	
83576 Isonicotinic acid hydrazide (INH)	105.0	(Mammotropin, see 84146)	
83578 Kanamycin	49.0	83785 Manganese, blood or urine	60.0
83582 Ketogenic steroids, urine; 17-(17-KGS)	45.0	83790 Mannitol clearance	BR
83583 11-desoxy: 11-oxy ratio	75.0	(Marijuana, see tetrahydrocannabinol THC, 84408)	
83584 Ketoglutarate, alpha	40.0	83795 Melanin, urine, quantitative	60.0
(Ketone bodies, see 82005-82010; urine, see 81000-81005)		83799 Meperidine, quantitative	54.0
83586 Ketosteroids, 17-(17-KS), blood; total	38.0	(For screen, see 82486, 82489, 82662, 82755, 84231)	
83587 fractionation, alpha/beta	75.0	83805 Meprobamate, blood or urine	60.0
83588 RIA	54.0	(For screen, see 82486, 82489, 84231)	
83589 Ketosteroids, 17-(17-KS), urine; total	36.0	83825 Mercury quantitative, blood	70.0
83590 fractionation, alpha/beta	60.0	83830 urine	70.0
83593 chromatographic fractionation	75.0	(Mercury screen, see 83015)	
((83596 D/A/E ratio has been deleted:))		83835 Metanephrines, urine	52.0
83597 11-desoxy: 11-oxy ratio	75.0	(For catecholamines, see 82382-82384)	
(See also 82528, ((82632:)) 82633, 82666, 82694)		83840 Methadone	60.0
83599 Ketosteroids, 17-OH, RIA	64.1	(Methamphetamine, see 82145)	
83600 Kynurenic acid	90.0	(Methanol, see 82078)	
83605 Lactate, lactic acid	40.0	83842 Methapyrilene	50.0
83610 Lactic dehydrogenase (LDH), RIA	33.7	83845 Methaqualone	90.0
83615 Lactic dehydrogenase (LDH), blood, kinetic ultraviolet method	26.0	((For metals, heavy, screening (Reisch test), see 82177))	
83620 colorimetric or fluorometric	20.0	83857 Methemalbumin	32.0
83624 heat or urea inhibition (total not included)	24.0	(Methemoglobin, see hemoglobin 83045-83050)	
83625 isozymes, electrophoretic separation and quantitation	60.0	83858 Methsuximide, serum	90.0
83626 chemical separation	20.0	(Methyl alcohol, see 82078)	
83628 Lactic dehydrogenase, liver (LLDH)	20.0	83859 Methyprylon	90.0
83629 Lactic dehydrogenase (LDH), urine	20.0	83860 Morphine, screening	80.0
83631 Lactic dehydrogenase (LDH), CSF	20.0	83861 quantitative	120.0
(For hydroxybutyric dehydrogenase (HBD), see 83485)		83862 RIA	82.0
83632 Lactogen, human placental (HPL) chorionic somatomammotropin, RIA	30.0	83864 Mucopolysaccharides, acid, blood	60.0
83633 Lactose, urine; qualitative	20.0	83865 Mucopolysaccharides, acid, urine quantitative	60.0
83634 quantitative	20.0	83866 screen	21.0
(For tolerance, see 82951-82952)		((83870 Mucoprotein, blood (seromucoid)	40.0)
(For TLC screen, see 84375)		83872 Mucin, synovial fluid (rope test)	21.0
83645 Lead, screening, blood	20.0	83873 Myeline basic protein, CSF, RIA	BR
83650 urine	20.0	(For oligoclonal bands, see 83916)	
83655 quantitative, blood	60.0	83874 Myoglobin, electrophoresis	30.0
83660 urine	60.0	83875 Myoglobin, urine	40.0
83661 Lecithin-sphingomyelin ratio (L/S ratio), amniotic fluid	75.0	83880 Nalorphine	60.0
83670 Leucine amino-peptidase (LAP), blood, kinetic ultraviolet method	26.0	83885 Nickel, urine	100.0
83675 colorimetric	20.0	83887 Nicotine	75.0
83680 urine	26.0	83895 Nitrogen, urine, total, 24 hour specimen	60.0
83681 Leucine tolerance test	26.0	83900 feces, 24 hour specimen	100.0
83685 Lidocaine	20.0	83910 Nonprotein nitrogen, blood	20.0
83690 Lipase, blood	30.0		
83700 Lipids, blood, total	30.0		

	Unit Value	Unit Value
(Norepinephrine, see 82382-82384)		
83912 Nucleic acid probe with electrophoresis, with examination and report	BR	
83915 Nucleotidase 5-	25.0	
83916 Oligoclonal immune globulin (Ig), CSF, by electrophoresis	BR	
(For myelin basic protein, CSF, see 83873)		
83917 Organic acids; screen, qualitative	30.0	
83918 quantitative	30.0	
83920 Ornithine carbonyl transferase, (OCT)	24.0	
83930 Osmolality, blood	20.0	
83935 urine	20.0	
83938 Ouabain	BR	
83945 Oxalate, urine	40.0	
(For alpha oxoglutarate, see 82120)		
83946 Oxazepam	40.0	
83947 Oxybutyric acid, beta	40.0	
83948 Oxycodone	52.0	
(Oxygen, see gases, blood, 82790-82817)		
83949 Oxytocinase, RIA	52.0	
(Para-aminohippuric acid, see 82134)		
83965 Paraldehyde, blood, quantitative	60.0	
83970 Parathormone (parathyroid hormone), RIA	165.0	
(((PBI, see 83533)))		
83971 Penicillin, urine	50.0	
83972 Pentazocine	60.0	
83973 Pentose, urine, qualitative	13.5	
(For TLC screen, see 84375)		
(83974 Pepsin, gastric	23.0)	
83975 Pepsinogen, blood	40.0	
83985 Pesticide, other than chlorinated hydrocarbons, blood, urine or other material	BR+	
(Pesticide, chlorinated hydrocarbons, see 82441)		
83986 pH, body fluid, except blood	BR	
(For blood, see 82800, 82802, 82803, 82817)		
83992 Phencyclidine (PCP)	38.0	
83995 Phenol, blood or urine	60.0	
84005 Phenolsulphonphthalein (PSP), urine	20.0	
(For injection procedure, see 36410 for provision of materials, see 99070)		
84021 Phenothiazine, urine	100.0	
(See also 82486 et seq.)		
84022 quantitative, chemical	BR	
(For also individual drugs)		
84030 Phenylalanine, blood, Guthrie	12.0	
(Phenylalanine-tyrosine ratio, see 84030, 84510)		
84031 fluorometric	12.0	
84033 Phenylbutazone	20.0	
84035 Phenylketones; blood, qualitative	20.0	
84037 urine, qualitative	20.0	
84038 Phenylpropanolamine	20.0	
84039 Phenylpyruvic acid; blood	20.0	
84040 Phenylpyruvic acid, urine	20.0	
(For qualitative chemical tests, urine, see 81005)		
84045 Phenytoin	61.0	
84060 Phosphatase, acid, blood	24.0	
84065 (prostatic) fraction	40.0	
84066 prostatic fraction, RIA	60.0	
84075 alkaline, blood	24.0	
84078 heat stable (total not included)	16.0	
84080 isoenzymes, electrophoretic method	BR	
84081 Phosphatidylglycerol	BR	
84082 Phosphates, tubular reabsorption of (TRP)	60.0	
(Phosphates, inorganic, see 84100-84105)		
(Phosphates, organic, see 82480-82484)		
84083 Phosphoglucomutase, isoenzymes	60.0	
84085 Phosphogluconate, 6-, dehydrogenase, RBC	18.0	
84087 Phosphohexose isomerase	30.0	
84090 Phospholipids, blood	30.0	
(See also 83705)		
(For lecithin/sphingomyelin ratio, see 83661)		
84100 Phosphorus, blood	*24.0	
84105 urine	*24.0	
(Pituitary gonadotropins, see 83000-83002)		
(PKU, see 81005, 84030, 84031)		
84106 Porphobilinogen, urine; qualitative	20.0	
84110 Porphobilinogen, urine, quantitative	20.0	
84118 Porphyrins, copro-, urine; quantitative	30.0	
84119 qualitative	24.0	
84120 Porphyrins((-urine)); copro- and uro-, fractionated ((uro-porphyrin and coproporphyrin)), urine	64.0	
84121 uro-, copro-, and porphobilinogen, urine	80.0	
(For porphyrin precursors, see 82630)		
84126 feces, quantitative	100.0	
84128 Porphyrins, plasma	82.0	
(For protoporphyrin, RBC, see 84202, 84203)		
84132 Potassium, blood	*24.0	
84133 urine	*24.0	
84135 Pregnanediol; RIA	BR	
84136 other method (specify)	BR	
84138 Pregnanetriol; RIA	BR	
84139 other method (specify)	BR	
84141 Primidone	60.0	
84142 Procainamide	60.0	
84144 Progesterone, any method	105.0	
(For proinsulin, RIA, see 84206)		
84146 Prolactin (mammothropin), RIA	225.0	
84147 Propoxyphene	60.0	
(For screen, see 82486 et seq.)		
84149 Propranolol	BR	
84150 Prostaglandin, any one, RIA	BR	
84155 Protein, total, serum(;;); chemical	*20.0	
84160 refractometric	12.0	
84165 electrophoretic fractionation and quantitation	60.0	
84170 Protein, total, and albumin/globulin ratio	*40.0	
(For serum albumin, see 82040, for serum globulin, 82942)		
84175 Protein, other sources, quantitative	24.0	
84176 Protein, special studies (e.g., monoclonal protein analysis)	BR	
84180 urine(;;); quantitative, 24 hour specimen	24.0	
84185 Bence-Jones	12.0	
84190 electrophoretic fractionation and quantitation	80.0	
84195 spinal fluid semi-quantitative (Pandy)	20.0	
84200 electrophoretic fractionation and quantitation	80.0	
(((For protein-bound iodine (PBI), see 83533)))		
84201 Protirelin, thyrotropin releasing hormone (TRH) test	BR	
84202 Protoporphyrin, RBC; quantitative	30.0	
84203 screen	20.0	
84205 Protiptylene	68.0	
84206 Proinsulin, RIA	60.0	
84207 Pyridoxine (Vitamin B-6)	BR	
84208 Pyrophosphate vs. urate, crystals (polarization)	12.0	
84210 Pyruvate, blood	30.0	
84220 Pyruvic-kinase, RBC	30.0	
84228 Quinine	30.0	
84230 Quinidine, blood	40.0	
84231 Radioimmunoassay (RIA) not elsewhere specified	BR	
(Reinsch test, see 83015)		
84232 Releasing factor	BR	
84233 Receptor assay; estrogen (estradiol)	BR	
84234 progesterone	BR	
84235 endocrine, other than estrogen or progesterone (specify hormone)	BR	
84236 progesterone and estrogen	BR	
84238 nonendocrine (e.g., acetylcholine) (specify receptor)	BR	
84244 Renin (Angiotensin I); (RIA)	60.0	
(See also 82163, angiotensin II)		
84246 furosemide test	BR	

	Unit Value		Unit Value
((84250, 84251 resin uptake have been deleted. To report, use 84479, 84435))		84448 sedative (acid and neutral drugs, volatiles)	45.0
84252 Riboflavin (Vitamin B-2)	BR	84450 Transaminase, blood, glutamic oxaloacetic (SGOT), timed kinetic ultraviolet method	24.0
(Salicylates, see 82011, 82012)		((A))84455 colorimetric or fluorometric	((A)) 20.0
(Saline infusion test, see 82091)		84460 glutamic pyruvic (SGPT), blood timed kinetic ultraviolet	24.0
(Secretin test, see 99070, 89100 and appropriate analyses)		((A))84465 colorimetric or fluorometric	((A)) 20.0
84255 Selenium, blood, urine or tissue	100.0	(Transferrin, see 86329)	
84260 Serotonin, blood	120.0	84472 Trichloroethanol	60.0
(For urine metabolites, see 83497)		84474 Trichloroacetic acid	36.0
84275 Sialic acid, blood	50.0	(Trichloroacetaldehyde, see 82400-82405)	
(Sickle hemoglobin, see 83020, 83052, 83053, 85660)		84476 Trifluoperazine	36.0
84285 Silica, blood, urine or tissue	100.0	84478 Triglycerides, blood	30.0
84295 Sodium, blood	°24.0	(See also 83705)	
84300 urine	°24.0	84479 Triiodothyronine (T-3), resin uptake	
(Somatomammotropin, see 83632)		84480 Triiodothyronine, true (TT-3), RIA	36.0
(Somatotropin, see 83003; chorionic, see 83632)		84481 Triiodothyronine, free (FT-3), RIA (unbound T-3 only)	BR
84310 Sorbitol dehydrogenase, serum	26.0	84483 Trimethadione	36.0
84315 Specific gravity (except urine)	8.0	84485 Trypsin, duodenal fluid	30.0
((84317 Starch, feces, screening	8.6))	84488 Trypsin, feces, quantitative, 24 hour specimen	30.0
84318 Stercobilin, qualitative, feces	BR	84490 quantitative	30.0
(For stone analysis see 82355-82370)		(Tubular reabsorption of phosphate, blood and urine, see 84082)	
84324 Strychnine	75.0	84510 Tyrosin, blood	40.0
(Sugar, see under glucose)		(Ultracentrifugation, lipoprotein, see 82190)	
84375 Sugars chromatographic separation	80.0	(Urate vs. pyrophosphate crystals, see 84208)	
(Sulfhemoglobin, see hemoglobin, 83055-83060)		84520 Urea nitrogen, blood (BUN); quantitative	°22.0
((84382 has been deleted)		84525 stick test	8.0
(For injection, see 36410, 99070))		84540 urine	°20.0
84395 Sulfonamide, blood chemical	20.0	84545 clearance	°40.0
((84397 has been deleted.))		84550 Uric acid, blood, chemical	°20.0
(T-3, see 84479-84481)		84555 uricase, ultraviolet method	26.0
(T-4, see 84435-84439)		84560 urine	20.0
((84401 has been deleted.))		84565 Urobilin, urine, qualitative	12.0
84403 Testosterone, blood, RIA	105.0	84570 quantitative, timed specimen	24.0
84405 Testosterone, urine, RIA	120.0	84575 feces, quantitative	60.0
84406 Testosterone, binding protein	BR	84577 Urobilinogen, feces, quantitative	30.0
84407 Tetracaine	BR	84578 Urobilinogen, urine, qualitative	24.0
84408 Tetrahydrocannabinol THC (marijuana)	BR	84580 quantitative, timed specimen	24.0
84409 Tetrahydrocortisone or tetrahydrocortisol	105.0	84583 semiquantitative	20.0
(See also 83492-83497)		84584 Uropepsin, urine	24.0
84410 Thallium, blood or urine	100.0	(Uroporphyrins, see 84120, 84121)	
84420 Theophylline, blood or saliva	60.0	84585 Vanillylmandelic acid (VMA), urine	24.0
84425 Thiamine (Vitamin B-1)	BR	84588 Vasopressin (antidiuretic hormone), RIA	BR
84430 Thiocyanate, blood	30.0	84589 Viscosity, fluid	10.0
84434 Thioridazine	40.0	84590 Vitamin A, blood	40.0
(Thyrotropin releasing hormone (TRH) test, see 84201)		84595 including carotene (see also 82380)	60.0
84435 Thyroxine, (T-4), CPB or resin uptake	33.0	(Vitamin B-1, see 84425)	
84436 Thyroxine, true (TT-4), RIA	21.0	(Vitamin B-2, see 84252)	
84437 Thyroxine (T-4), neonatal	20.0	(Vitamin B-6, see 84207)	
84439 Thyroxine, free (FT-4), RIA (unbound T-4 only)	45.0	(Vitamin B-12, blood, see 82606, 82607)	
((84441 Thyroxine (T-4) method unspecified has been deleted. To report, use 84435-84439)		(Vitamin B-12, absorption (Schilling), see 78270, 78271)	
84441 Thyroxine (T-4), specify method (e.g., CPB, RIA)	40.0))	(Vitamin C, see 82180)	
84442 Thyroxine binding globulin (TBG)	52.0	(Vitamin D, see 82306, 82307)	
(Thyroxine, free thyroxine index, T-7, see 82756)		(Vitamin E, see 84446)	
(Thyroid hormones, ((PBI)) thyroxine, etc., see ((84480, 84441, 84250)) 84435-84439, 84479-84481)		84597 Vitamin K	BR
84443 Thyroid stimulating hormone (TSH), RIA or EIA	60.0	(VMA, see 84585)	
84444 Thyrotropin releasing factor (TRF), RIA;	BR	84600 Volatiles (acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether)	45.0
84445 plus long acting (LATS)	BR	(For acetaldehyde, see 82000)	
84446 Tocopherol alpha (Vitamin E)	38.0	84605 Volume, blood, dye method (Evans blue)	30.0
(Tolbutamide tolerance, see ((82951-82952)) 82953)		84610 including total plasma and total blood cell volume	50.0
84447 Toxicology, screen; general	BR	(Volume, blood, RISA or Cr-51, see 78110, 78111)	
		84613 Warfarin	BR
		84615 Xanthurenic acid	BR
		84620 Xylose tolerance test, blood and/or urine	40.0
		84630 Zinc, quantitative, blood	100.0

	Unit Value		Unit Value
84635 urine	100.0	(See also 85021-85031, 89050)	
((84645 Zinc sulphate turbidity	20.0	85044 reticulocyte count	12.0
(84680 has been deleted. To report use 82677))		85048 white blood cell (WBC)	8.0
84681 C-peptide, any method	BR	(See also 85021-((85034)) 85031)	
84695 Gentamicin	38.5	<u>85060 Blood smear, peripheral, interpretation by physician with writ-</u>	
84702 Gonadotropin, chorionic; quantitative	30.0	<u>ten report</u>	BR
84703 qualitative	30.0	85095 Bone marrow smear and/or cell block; aspiration only	45.0
84800 Thyroid stimulating hormone (TSH), neonatal	60.0	((85096 has been deleted. For interpretation of smear, use 85097;	
84810 Tobramycin	BR	for cell block interpretation, see 88304, 88305))	
84999 Unlisted chemistry or toxicology procedure	BR	<u>85097 smear interpretation only, with or without differential cell</u>	
Note: 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.)		<u>count</u>	BR
		85100 ((Bone marrow;) aspiration, staining, and interpretation of smears	140.0
		(For special stains, see 85535, 85540, 85560, 88312-88313)	
		85101 aspiration and staining only ((smears))	75.0
		85102 Bone marrow needle biopsy ((core (needle)))	75.0
		(For trocar, see 20220)	
		85103 ((cell block or biopsy, stain) staining and interpretation ..	60.0
		85105 interpretation only	30.0
		85109 staining and preparation only	30.0
		((85120 bone marrow transplant has been deleted. To report see 38230-38240)	
		85150 Calcium clotting time	40.0
		85160 Calcium saturation clotting test	40.0
		85165 Capillary fragility test (Rumpel-Leede) (independent procedure)	20.0
		85170 Clot retraction screen	8.0
		85171 quantitative	45.0
		85172 inhibition by drugs	BR
		85175 Clot lysis time, whole blood dilution	40.0
		(Clotting factor I (fibrinogen), see 82730, 85371-85377)	
		85210 Clotting factor; II ((f))prothrombin ((assay)), specific	40.0
		(See also 85610-85618)	
		85220 factor V (AcG or pro-acclerin) labile factor	40.0
		85230 factor VII (proconverting stable factor)	40.0
		85240 factor VIII (AHG) one stage	40.0
		85242 factor VIII (AHG), two stage	40.0
		85244 factor VIII related antigen quantitation	BR
		85250 factor IX (PTC or Christmas)	40.0
		85260 factor X (Stuart-Prower)	40.0
		85270 factor XI (PTA)	40.0
		85280 factor XII (Hagemann)	40.0
		85290 factor XIII (fibrin stabilizing)	40.0
		85291 factor XIII (fibrin stabilizing), screen solubility	40.0
		85292 prekallikrein assay (Fletcher factor assay)	BR
		85293 high molecular weight kinninogen assay (Fitzgerald factor assay)	BR
		85300 Clotting inhibitors or anti-coagulants, anti-thrombin	40.0
		85301 antithrombin III, antigen assay	BR
		85302 protein C assay	BR
		85310 anti-thromboplastins	40.0
		85311 anti-prothrombinase	40.0
		85320 anti-prothromboplastins	40.0
		85330 anti-factor VIII	40.0
		85340 cross recalcification time (mixtures)	40.0
		85341 PTT inhibition test	BR
		85345 Coagulation time (Lee and White)	30.0
		85347 Coagulation time, activated	20.0
		85348 other methods	BR
		(Complete blood count, see ((85021-)) 85022-85025, 85031)	
		(Differential count, see 85007 et seq.)	
		(Drug inhibition, clot retraction, see 85172)	
		(Duke bleeding time, see 85000)	
		(Eosinophil count, direct, see 85012)	
		(Eosinophils, microscopic examination for, in various body fluids, see 89180)	
		(Ethanol gel, see 85363)	
		85360 Euglobulin lysis	40.0
		(Fetal hemoglobin, see 83030-83033, 85460)	
85000 Bleeding time Duke	10.0		
85002 Ivy or template	24.0		
((85003 Adelson-Crosby immersion method has been deleted. To report, use 85999))			
(Blood cell morphology only, see 85548)			
85005 Blood count; basophil count, direct	10.0		
85007 manual differential WBC count (includes RBC morphology and platelet estimation)	7.5		
(See also 85548, 85585)			
(For other fluids, e.g., CSF, see 89051, 89190)			
85009 differential WBC count, buffy coat	12.0		
85012 eosinophil count, direct	10.0		
(For nasal smear, see 89180)			
85014 hematocrit	8.0		
85018 hemoglobin, colorimetric	8.0		
(For other hemoglobin determination, see 83020-83068)			
85021 hemogram, automated RBC, WBC, Hgb, Hct and indices only)	10.5		
85022 hemogram, automated, and manual differential WBC count (CBC)	15.0		
85023 hemogram and platelet count, automated, and manual differential WBC count (CBC)	17.0		
85024 hemogram and platelet count, automated, and automated partial differential WBC (CBC)	17.0		
85025 hemogram and platelet count, automated, and automated complete differential WBC (CBC)	17.0		
85027 hemogram, automated, with platelet count	12.0		
((85028 has been deleted. To report, see 85023-85025))			
85029 Additional automated hemogram indices (e.g., red cell distribution width (RDW), mean platelet volume (MPV), red blood cell histogram, platelet histogram, white blood cell histogram); one to three indices	BR		
85030 four or more indices	BR		
85031 blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)	16.5		
85041 red blood cell (RBC) only	8.0		

	Unit Value
85362 Fibrin degradation (split) products (FDP)(FSP); agglutination, slide	12.0
85363 ethanol gel	10.0
85364 hemagglutination inhibition (Merskey), microtiter	36.0
85365 immunoelectrophoresis	BR
85367 precipitation	18.0
85368 protamine paracoagulation (PPP)	BR
85369 staphylococcal clumping	12.0
(Fibrinogen, quantitative, see 82730)	
85371 Fibrinogen, semiquantitative; latex	40.0
85372 turbidimetric	22.5
85376 Fibrinogen; thrombin with plasma dilution	24.0
85377 thrombin time dilution	36.0
85390 Fibrinolysis, screening	20.0
85392 with EACA control	BR
85395 ((semi-quantitative) <u>semiquantitative</u>)	30.0
((85396 has been deleted, use 85999)))	
85398 Fibrinolysis, quantitative	45.0
85400 Fibrinolytic mechanisms, plasmin	BR
85410 alpha-2 anti-plasmin	BR
85420 plasminogen	BR
85421 plasminogen, antigenic assay	BR
85426 von Willebrand factor assay	BR
(For plasminogen activator, see 85665)	
(Fragility, red blood cell, see 85547, 85555-85557)	
85441 Heinz bodies; direct	9.0
85445 induced, acetyl phenylhydrazine	19.5
(For hematocrit (pcv), see 85014, 85021-85031)	
(For hemoglobin, see 83020-((83060)) <u>83068</u> , ((85050)) <u>85018-85031</u>)	
85460 Hemoglobin, fetal, differential lysis (Kleihauer)	26.0
(See also 83030, 83033)	
(Hemogram, see 85021-85031)	
(Hemolysins, see 86006, 86281, 86282)	
85520 Heparin assay	60.0
85530 Heparin-protamine tolerance test	60.0
85535 Iron stain (RBC or bone marrow smears)	18.0
(Ivy bleeding time, see 85002)	
85538 Leder stain (esterase) blood or bone marrow	30.0
85540 Leucocyte alkaline phosphatase	20.0
85544 Lupus erythematosus (LE) cell prep	20.0
(Lysozyme, see 85549)	
85547 Mechanical fragility, RBC	30.0
85548 Morphology of red blood cells, only	9.0
85549 Muramidase, serum	52.0
((85550 Nitroblue tetrazolium test (NBT))	36.0)
85555 Osmotic fragility, RBC;	15.0
85556 incubated, qualitative	18.0
85557 incubated, quantitative	60.0
(Packed cell volume, see 85014)	
(Partial thromboplastin time, see 85730-85732)	
(Parasites, blood, e.g., malaria smears, see 87207)	
85560 Peroxidase stain, WBC	15.0
(Plasmin, see 85400)	
(Plasminogen, see 85420)	
(Plasminogen activator, see 85665)	
85575 Platelet; adhesiveness (in vivo)	45.0
85576 aggregation (in vitro), any agent	BR
85577 retention (in vitro), glass bead	30.0
85580 Platelet, count (Rees-Ecker)	14.0
85585 estimation on smear, only	10.0
(See also 85007)	
85590 phase microscopy	20.0
85595 electronic technique	20.0
85610 Prothrombin time	16.0
(See also 85618)	

	Unit Value
85612 Russell viper venom type (includes venom)	36.0
((85614 two-stage)	30.0)
85615 Prothrombin utilization (consumption)	40.0
85618 Prothrombin-Proconverin, P & P (Owren)	18.0
(Red blood cell count, see 85021((-)), 85031, <u>85041</u>)	
85630 Red blood cell size (Price-Jones)	40.0
85632 Red blood cell peroxide hemolysis	30.0
85635 Reptilase test	33.0
(Reticulocyte count, see 85044)	
(Rumpel-Leede test, see 85165)	
((85640 Reticulocyte count)	14.0)
85650 Sedimentation rate (esr) Wintrobe type	14.0
85651 Westergren type	10.5
85660 Sickling of red blood cells reduction slide method	14.0
(Sickling, electrophoresis, see 83020)	
(Sickling, solubility, S-D, see 83053)	
(Sickling, turbidimetric (Sicklelex dithionate), see 83052)	
(Siderocytes, see 85535)	
(Smears for parasites, malaria, etc., see 87207)	
(Staphylococcal clumping test, see 85369)	
85665 Streptokinase titer (plasminogen activator)	BR
85670 Thrombin time, plasma	20.0
85675 titer	12.0
((85680 Thrombo test)	20.0)
85700 Thromboplastin generation test, screening (Hicks-Pitney)	40.0
85710 definitive, with platelet substitute	45.0
85711 with patient's platelets	45.0
85720 all factors	BR+
(For individual clotting factors, see 85210 et seq.)	
85730 Thromboplastin time, partial (PTT) plasma or whole blood ..	30.0
85732 substitution plasma	30.0
(For thromboplastin inhibition test, see 85341)	
(For tourniquet test, see 85165)	
85810 Viscosity, blood	40.0
85820 serum or plasma	40.0
(WBC count, see 85021-85031, 85048, 89050)	
85999 Unlisted hematology procedure	BR

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-221 IMMUNOLOGY.

(Includes serology, immuno-hematology and blood banking)

(Acetylcholine anti-receptor antibody, see 86685)

(Acid hemolysins, see 86281)

(Actinomycosis, see 86000-86009((-~~86450~~)))

(Adrenal cortex antibodies, RIA, see 86681)

	Unit Value
86000 Agglutinins febrile, each antigen	14.0
86002 febrile panel (typhoid O & H, paratyphoid A & B, brucella and Proteus OX-19	45.0
86004 warm	36.0
(Agglutinins and autohemolysins, see 86004, 86011-86013, 86281-86283, 86006-86009)	
(Agglutinins, auto, see 86282-86283, 86011, 86013)	
(Agglutinins, cold, see 86006, 86013, 86282, 86283)	
(Alpha-1 antitrypsin, see 86329)	
(Alpha-1 feto-protein, see 86329)	
((Amebiasis, see 86171, 86280)))	
(Anti-AChR (acetylcholine receptor) antibody titer, see 86685)	
86006 Antibody, qualitative, not otherwise specified; first antigen, slide or tube	12.0

	Unit Value		Unit Value
86007 each additional antigen	7.5		
86008 Antibody, quantitative titer, not otherwise specified; first antigen	18.0		
86009 each additional antigen	12.0		
86011 Antibody, detection, leukocyte antibody	44.0	86079 <u>transmissible disease, interpretation and written report</u>	<u>BR</u>
86012 Antibody absorption, cold auto absorption; per serum	30.0	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>	<u>BR</u>
(For elution, see 86019)		86080 Blood typing; ABO only	12.0
86013 differential	45.0	86082 ABO and Rho(D)	18.0
86014 Antibody, platelet antibodies (agglutinins)	45.0	86090 M N	20.0
86016 Antibodies, RBC, saline; high protein and antihuman globulin technique	30.0	86095 Blood typing, RBC antigens other than ABO or Rho(D); antiglobulin technique, each antigen	10.5
(See also 86032)		86096 direct, slide or tube, including Rh subtypes, each antigen	10.5
86017 with ABO + Rh(D) typing (for holding blood instead of complete crossmatch)	24.0	86100 Blood typing; Rho(D) only	12.0
86018 enzyme technique including antihuman globulin	17.0	86105 Rh genotyping, complete	45.0
86019 elution, any method	45.0	(For Rho variant Du, see 86095)	
86021 Antibody identification; leukocyte antibodies	60.0	86115 anti-Rh immuno-globulin testing (Rhogam type)	68.0
86022 platelet antibodies	75.0	86120 special (Kell, Duffy, etc.)	BR
86023 platelet associated immunoglobulin assay	<u>BR</u>	86128 ((Blood autotransfusion, including) Collection, processing and storage of predeposited autologous whole blood or components ((45-0))	<u>BR</u>
86024 RBC antibodies (8-10 cell panel) standard techniques	38.0	86130 <u>Collection and processing for transfusion of inoperatively salvaged blood</u>	<u>BR</u>
86026 RBC antibodies (8-10 cell panel), with enzyme technique including antihuman globulin	52.0	(For therapeutic phlebotomy, see 99195)	
(For absorption and elution, see 86012-86013, 86019)		((86129, 86131, 86134, 86138, and 86139 have been deleted))	
86028 saline or high protein, each (Rh, AB, etc.)	12.0	(Bovine milk antibody, see 86008, 86009)	
(Antibody to specific nuclear antigen, use 86235)		(Brucellosis, see 86000-86002, 86470)	
(Anti-DNA, see 86225)		86140 C-reactive protein	20.0
(Anti-deoxyribonuclease titer, see 86215)		(Candidiasis, see 86008)	
86031 Antihuman globulin test; direct (Coombs) 1-3 dilutions	12.0	86149 Carcinoembryonic antigen; gel diffusion	60.0
86032 indirect, qualitative (broad, gamma or nongamma, each)	15.0	86151 RIA or EIA	60.0
86033 indirect, titer (broad, gamma or nongamma each)	12.0	((Cat scratch disease, see 86171, 86480))	
86034 enzyme technique, qualitative	30.0	86155 Chemotaxis assay, specify method	BR
86035 drug sensitization, identification (e.g., penicillin)	75.0	(Coccidioidomycosis, see 86006-86009, ((86171-)) 86490)	
(For antibody detection (screening), see 86016, 86017)		(Cold agglutinin or hemolysin, see 86006-86013, 86282, 86283)	
((Antihyaluronidase titer, see 86315))		86158 Complement; C'1 esterase	52.0
86038 Antinuclear antibodies (ANA), RIA	55.0	86159 C'2 esterase	52.0
(Antinuclear antibodies, fluorescent technique, see 86255, 86256)		86162 total (CH 50)	70.0
((86045 - Antistreptococcal carbohydrate, anti-A CHO	40-0))	86163 C's esterase	BR
(Antistreptococcal antibody, anti-DNAse, see 86215)		86164 C'4 esterase	BR
(Antistreptokinase titer, see 86590)		(For complement fractions, quantitative, see 86329)	
86060 Anti-streptolysin O titre	20.0	86171 Complement fixation tests, each ((e.g., cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis) - specify test) antigen	40.0
86063 screen	10.0	(Coombs test, see 86031-86035)	
86064 Antitrypsin, alpha-1; RIA	20.0	86185 Counterelectrophoresis, each antigen	24.0
86066 Pi (Protease inhibitor) typing	20.0	(For HAA, see ((86285, 86286)) 86287)	
86067 other method (specify)	20.0	(Crossmatch, see 86068-86076)	
(Autoagglutinins, see 86282, 86283)		((86201 and 86202 have been deleted))	
(Autoantibodies, see specific antigens)		(Cryptococcosis, see 86008, 86009, 86255, 86256)	
(Blastomycosis, see 86006-86009, 86460)		((Cysticercosis, see 86280))	
86068 Blood, crossmatch, complete standard technique, includes typing and antibody screening of recipient and donor; first unit	60.0	86215 Deoxyribonuclease, antibody	36.0
86069 each additional unit	45.0	86225 Deoxyribonucleic acid (DNA) antibody	36.0
86072 Blood crossmatch; enzyme technique	10.5	((Diphtheria, see 86280))	
86073 screening for compatible unit saline and/or high protein	26.0	(Direct antiglobulin test (Coombs), see 86031)	
86074 antiglobulin technique	15.0	(Donath-Landsteiner screen, see 86008, 86009)	
(For enzyme technique, see 86018)		(Drug sensitization, RBC, see 86035)	
86075 Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening; first unit	44.0	(Echinococcosis, see 86171, 86280, 86500)	
86076 each additional unit	27.0	((86227 - Enzyme immunoassay for infectious agent antigen	<u>BR</u>)
(For incompatibility problems, see 86004, 86011-86014, 86016-86026, 86031-86035, 86068-86076)		(For ((precipitin-or) particle agglutination rapid test for infectious agent, use 86403)	
(For typing, antibody screening and blood in lieu of crossmatch, see 86017)		((For enzyme immunoassay for drugs, use 82662)	
(For blood transfusion, see ((36430)) 36400-36460, 36510, 36660)		86228 - Enzyme immunoassay for infectious agent antibody	<u>BR</u>)
86077 <u>Blood bank physician services; difficult crossmatch and/or evaluation of irregular antibody(s), interpretation and written report</u>	<u>BR</u>	(For ((HTLV-II)) HIV antibody tests, see 86312-86314)	
86078 <u>investigation of transfusion reaction including suspicion of</u>	<u>BR</u>	((86229 - Enzyme immunoassay for chemical constituent	<u>BR</u>)

	Unit Value		Unit Value
(Eosinophils, nasal smear, use 89190)		((86315 has been deleted))	
86235 Antibody to specific nuclear antigen, any method, each	30.0	86316 <u>Immunoassay for tumor antigen (e.g., prostate specific antigen, cancer antigen 125)</u>	<u>BR</u>
((86240 and 86241 have been deleted))		86317 <u>Immunoassay for infectious agent antigen or antibody, each</u>	<u>BR</u>
86243 Fc receptor assay, specify method	BR	<u>(For particle agglutination rapid test for infectious agent antigen, use 86403)</u>	
86244 Feto-protein, alpha-1, RIA or EIA	57.0	86318 <u>Immunoassay for chemical constituent</u>	<u>BR</u>
((86245 has been deleted))		86320 <u>Immuno-electrophoresis, serum, each specimen (plate)</u>	<u>100.0</u>
(Filariasis, see 86280)		86325 <u>other fluids (e.g., urine) with concentration, each specimen</u>	<u>100.0</u>
86255 <u>Fluorescent antibody; screen</u>	<u>24.0</u>	86327 <u>crossed (2 dimensional assay)</u>	<u>BR</u>
86256 <u>titer</u>	<u>36.0</u>	86329 <u>Immunodiffusion; quantitative, each IgA, IgG, IgM, ceruloplasmin, transferrin, alpha-2, macroglobulin, complement fractions, alpha-1 antitrypsin, or other (specify)</u>	<u>30.0</u>
(Fluorescent technique for antigen identification in tissue, see 88346)		86331 <u>gel diffusion, qualitative (Ouchterlony) <u>each antigen or antibody</u></u>	<u>30.0</u>
86265 Frozen blood, preparation for freezing, each unit including processing and collection;	BR	<u>(For ceruloplasmin by chemical method, see 83290)</u>	
86266 <u>with thawing</u>	<u>BR</u>	<u>(IgE, RIA, see 82785; RIST, see 86423)</u>	
86267 <u>with freezing and thawing</u>	<u>BR</u>	86332 <u>Immune complex assay; Clq binding cell</u>	<u>BR</u>
(FTA, see 86650)		86333 <u>Raji cell</u>	<u>BR</u>
(Gc grouping, see 86335)		86334 <u>Immunofixation electrophoresis</u>	<u>BR</u>
(Gel (agar) diffusion tests, see 86331)		86335 <u>Immunoglobulin typing (Gc, Gm, Inv), each</u>	<u>BR</u>
(Gm grouping, see 86335)		<u>(Insulin antibody, see 86016)</u>	
((Gonadotropins, chorionic, see 82996-82998)		86337 <u>Insulin antibodies, RIA</u>	<u>BR</u>
(86272 and 86273 have been deleted)		86338 <u>Insulin factor antibodies, RIA</u>	<u>32.0</u>
(86274 has been deleted. For passive immunization with specific hyperimmune serum, see 90742)		86340 <u>Intrinsic factor antibodies, RIA</u>	<u>32.0</u>
(Gm grouping, see 86335)		<u>(Intrinsic factor, antibody (fluorescent), see 86255, 86256)</u>	
(Gonadotropins, chorionic, see 82996-82998))		<u>(Inv grouping, see 86335)</u>	
86277 <u>Growth hormone, human (HGH), antibody, RIA</u>	<u>BR</u>	<u>(Latex fixation, see ((individual antigen or antibody, also 86006, 86007)) 86403)</u>	
((HAA, see 86285-86287))		<u>(LE cell preparation, see 85544)</u>	
(Ham test, see 86281)		<u>(LE factor, see 86006, 86007, 86255, 86256)</u>	
86280 <u>Hemagglutination inhibition tests (HAI), each (e.g., ((amebiasis); rubella, viral)</u>	<u>60.0</u>	((Leishmaniasis, see 86280))	
86281 <u>Hemolysins, acid (for paroxysmal hemoglobinuria) (Ham test)</u>	<u>24.0</u>	<u>(Leptospirosis, see 86006-86009, 86171)</u>	
86282 <u>Hemolysins and agglutinins, auto, screen, each;</u>	<u>30.0</u>	<u>(Leukoagglutinins, see 86013, 86021)</u>	
86283 <u>incubated with glucose (e.g., ATP)</u>	<u>75.0</u>	86343 <u>Leukocyte histamine release test (LHR)</u>	<u>BR</u>
(Cold, see 86006-86009, warm 86004, acid 86281)		86344 <u>Leukocyte phagocytosis</u>	<u>BR</u>
((86285 Hepatitis B surface antigen (HB_sAg) (Australian antigen, HAA), counter-electrophoresis method	18.0	((86345, 86346, and 86347 have been deleted))	
86286 <u>counter-electrophoresis with concentration of serum</u>	24.0	86349 <u>Leukocyte transfusion (leukapheresis)</u>	<u>BR</u>
86287 <u>Hepatitis B surface antigen (HB_sAg) (Australian antigen, HAA), RIA or EIA</u>	<u>36.0</u>	<u>(Lymphocyte culture, see 86353)</u>	
(For gel diffusion technique, see ((86331; CF, see 86171;)) HAI, (see) 86280)		((86351 has been deleted))	
86288 <u>Hepatitis B core antigen (HB_cAg), RIA</u>	<u>BR</u>	86353 <u>Lymphocyte transformation, ((PHA or other)) <u>spontaneous blastogenesis or phyto mitogen (phytohemagglutinin, PHA) or other mitogen culture (MC) (e.g., tuberculin, candida)</u></u>	<u>120.0</u>
86289 <u>Hepatitis B core antibody (HB_cAb), RIA or EIA</u>	<u>BR</u>	86357 <u>Lymphocytes; T & B differentiation</u>	<u>165.0</u>
86290 <u>IgM antibody (e.g., RIA, EIA, RPHA)</u>	<u>BR</u>	86358 <u>B-cell evaluation</u>	<u>BR</u>
86291 <u>Hepatitis B surface antibody (HB_sAb), (e.g., RIA, EIA, RPHA)</u>	<u>BR</u>	<u>(Malaria, see 87207)</u>	
86293 <u>Hepatitis Be antigen (HB_eAg), (e.g., RIA, EIA)</u>	<u>BR</u>	((86365 has been deleted)	
86295 <u>Hepatitis Be antibody (HB_eAb), (e.g., RIA, EIA)</u>	<u>BR</u>	(Meloidosis, see 86280))	
86296 <u>Hepatitis A antibody (HAAb), (e.g., RIA, EIA)</u>	<u>BR</u>	86376 <u>Microsomal antibody (thyroid); RIA</u>	<u>BR</u>
((86297 Hepatitis A virus antibody has been deleted. To report, use 86296))		86377 <u>other method (specify)</u>	<u>30.0</u>
86298 <u>IgG antibody</u>	<u>BR</u>	86378 <u>Migration inhibitory factor test (MIF)</u>	<u>BR</u>
86299 <u>IgM antibody</u>	<u>BR</u>	<u>(Milk antibody, anti-bovine, see 86008-86009)</u>	
86300 <u>Heterophile antibodies, screening (includes mono-type test) slide or tube</u>	<u>20.0</u>	<u>(Mitochondrial antibody, liver, see 86255)</u>	
86305 <u>quantitative titer</u>	<u>30.0</u>	<u>(Mononucleosis screening slide, see 86006-86007)</u>	
86310 <u>plus titers after absorption, beef cells and guinea pig kidney</u>	<u>30.0</u>	86382 <u>Neutralization test, viral</u>	<u>BR</u>
(Histoplasmosis, see 86006-86009, 86171)		86384 <u>Nitroblue tetrazolium dye test (NTD)</u>	<u>BR</u>
(HLA typing, see 86597)		<u>(Ouchterlony diffusion, see 86331)</u>	
(For hormones, see individual alphabetic listing in chemistry section)		<u>(Parietal cell antibody, see 86255, 86256)</u>	
86312 ((HTLV-III)) <u>HIV antibody detection; ((ELISA)) <u>immunoassay</u></u>	<u>BR</u>	86385 <u>Paternity testing, ABO + Rh factors + MN (per individual);</u>	<u>37.5</u>
86314 <u>confirmatory test (e.g., Western blot)</u>	<u>BR</u>	86386 <u>each additional antigen system</u>	<u>15.0</u>
(Human growth hormone antibody, RIA, see 86277)		<u>(Penicillin antibody RBC, see 86035)</u>	
		((86388, 86389, and 86391 have been deleted))	

	Unit Value		Unit Value
(Platelet antibodies (agglutinins), see 86014)		86662 Treponema pallidum test, other, specify (e.g., TPIA, TPA, TPMB, TPCF, RPCF)	BR
((86392, 86393, and 86398 have been deleted))		(Trichinosis, see 86006-86009)	
(Platelet associated immunoglobulin assay, see 86023)		(Trypanosomiasis, see 86171, 86280)	
(86402 Precipitin determination, gel diffusion, in aspergillosis, bagassosis, farmer lung, pigeon breeder disease, silo filler disease, other alveolitis (specify)	BR))	(Tuberculosis, see 86580, 86585, 87116-87118, 87190)	
86403 ((Precipitin (e.g., latex bead) or) Particle agglutination, rapid test for infectious agent antigen, each antigen	BR	(Vaccinia immune globulin, see ((86274)) 90742)	
86405 Precipitin test for blood (species identification)	BR	(VDRL, see 86592((-86593))	
(Pregnancy test, see ((82996, 82997)) 84702, 84703, 86006-86009)		(Viral antibodies, see 86171, 86280, 86382)	
((86415 and 86416 have been deleted)		(Visceral larval migrans, see 86280)	
(Psittacosis, CF, see 86171))		(Warm agglutinins, see 86004)	
86421 Radioallergosorbent test ((t) in vitro testing for allergen-specific IgE (e.g., RAST, MAST, FAST, IP, PRIST, etc.); up to 5 (antigens) tests	BR	((86670 has been deleted))	
86422 6 or more ((antigens) tests	BR	86681 Adrenal cortex antibodies, RIA	31.0
86423 Radioimmunosorbent test (RIST) IgE, quantitative	BR	86685 Anti-AChR (acetylcholine receptor) antibody titer	BR
(Rapid plasma reagin test (RPR), see 86592)		86800 Thyroglobulin antibody, RIA	31.0
((86424, 86425, 86426, and 86427 have been deleted))		((86810 Tissue typing, for organ transplantation, including pretransplant crossmatch (donor) lymphocyte vs recipient serum for nonspecific antibodies	BR))
86430 ((t)Rheumatoid factor((t)) latex fixation	12.0	TISSUE TYPING	
(RIST, see 86423)		(For pretransplant crossmatch, use appropriate code(s))	
(RPR, see 86592)		86805 Lymphocytotoxicity assay, visual crossmatch; with titration ..	BR
(Rubella, CF, see 86171; HAI, see 86280)		86806 without titration	BR
((Schistosomiasis agglutination, see 86006-86009))		86807 Serum screening for cytotoxic percent reactive antibody (PRA); standard method	BR
(Serologic test for syphilis (STS), see 86171, 86592, 86593)		86808 quick method	BR
86455 Skin test; anergy testing, one or more antigens		(86810 has been deleted)	
86490 coccidioidomycosis	20.0	86812 Tissue typing; HLA typing, A, B, or C (e.g., A10, B7, B27), single antigen	BR
86510 histoplasmosis	20.0	86813 HLA typing, A, B, and/or C (e.g., A10, B7, B27), multiple antigens	BR
86540 mumps	20.0	86816 HLA typing, DR, single antigen	BR
86580 tuberculosis, intradermal	20.0	86817 HLA typing, DR, multiple antigen	BR
86585 tuberculosis, tine test	12.0	86821 Lymphocyte culture, mixed (MLC)	BR
((Skin tests 86450, 86460, 86470, 86480, 86495, 86500, 86520, 86530, 86550, 86565, and 86570 have been deleted))		86822 Lymphocyte culture, primed (PLC)	BR
(For skin tests for allergy testing, see 95005-95199, medicine section)		((86800	BR))
(Smooth muscle antibody, see 86255, 86256)		86999 Unlisted immunology procedure	BR
(Sporotrichosis, see 86006-86009)			
((Streptococcus MG, see 86171))		AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)	
86590 Streptokinase, antibody	27.0	WAC 296-23-224 MICROBIOLOGY.	
((Streptolysin) Streptolysin O antibody, see anti-((streptolysin) streptolysin O, 86060-86061)		(Includes bacteriology, mycology, parasitology and virology)	
(Streptobacillus, see 86008, 86009)		87001 Animal inoculation, small animal; with observation	36.0
86592 Syphilis, ((precipitation or flocculation tests,) test; qualitative (e.g., VDRL, RPR, ART)	9.0	87003 with observation and dissection	45.0
((Sec also 89006, 89007))		87015 Concentration (any type) for parasites, ova or tubercle bacillus (T.B. AFB)	20.0
86593 ((Syphilis, precipitation or flocculation tests,) quantitative ...	15.0	87040 Culture, bacterial, definitive ((aerobic;)) blood ((may)); includes anaerobic screen((t))	48.0
((Syphilis serology, see also 86171))		87045 stool	25.0
(Tetanus, see 86280)		87060 throat or nose	20.0
(Thyroglobulin antibody, see 86006-86009, 86171)		87070 any other source	16.0
(Thyroglobulin antibody, RIA, see 86800)		(For urine, see 87086-87088)	
(Thyroglobulin RIA, use 86318)		87072 Culture((-presumptive, pathogenic) or direct bacterial identification method, each organism(s), by commercial kit, any source except urine ((For urine, see 87087))	BR
86594 Thyroid autoantibodies	BR	87075 Culture, bacterial, any source; anaerobic (isolation)	36.0
86595 Tissue; culture	BR	87076 definitive identification((;)) each anaerobic organism including gas chromatography ((in addition to anaerobic culture))	60.0
((86597 tissue typing has been deleted. To report, use 86810-86822))		87081 Culture, bacterial, screening only, for single organisms	15.0
86600 Toxoplasmosis dye test	80.0	87082 Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	BR
(For CF, see 86171; IFA, see 86255, 86256)		87083 multiple organisms	BR
86630 Transfer factor test (TFT)	BR	87084 with colony estimation from density chart ((includes throat cultures))	BR
86650 Treponema antibodies, fluorescent, absorbed (FTA-abs)	30.0	87085 with colony count	BR
((86660 Treponema pallidum immobilization (FTI)	80.0)	((For urine colony count, see 87086))	
		87086 Culture, bacterial, urine; quantitative, colony count	15.0
		87087 commercial kit	12.0
		87088 identification, in addition to quantitative or commercial kit	12.0
		87101 Culture, fungi, isolation; skin	15.0
		87102 other source (except blood)	18.0

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-228 ANATOMIC PATHOLOGY.

	Unit Value
87103	<u>BR</u>
87106	30.0
87109	75.0
87110	<u>BR</u>
87116	18.0
87117	30.0
87118	30.0
87140	20.0
87143	45.0
87145	40.0
87147	20.0
87151	20.0
87155	12.0
87158	20.0
((87163) Culture, special extensive definitive diagnostic studies, beyond usual definitive studies)	25.0))
87163	<u>BR</u>
87164	60.0
87166	30.0
((87173) Endotoxin, bacterial (pyrogens); animal inoculation)	36.0))
87174	24.0
87175	<u>BR</u>
87176	15.0
87177	36.0
(Individual smears and procedures, see 87015, 87208-87211)	
(Trichrome, iron hemotoxylin and other special stains, see 88312)	
87178	<u>BR</u>
<u>(For nucleic acid probes in cytologic material, use 88365)</u>	
87181	40.0
87184	24.0
87186	45.0
87187	<u>BR</u>
87188	30.0
87190	60.0
87192	<u>BR</u>
87197	<u>BR</u>
87205	12.0
87206	18.0
87207	24.0
87208	12.0
(For concentration, see 87015; complete examination, see 87177)	
(For complex special stains, see 88312-88313)	
(For fat, meat, fibers, nasal eosinophils, and starch, see miscellaneous section)	
87210	12.0
87211	18.0
87220	<u>BR</u>
87230	<u>BR</u>
87250	12.0
87252	12.0
87253	6.0
(For electron microscopy, see 88348)	
(For inclusion bodies in tissue sections, see 88304-88309; in smears, see 87207-87210; in fluids, see 88106)	
((87300) autogenous vaccine has been deleted. To report, use 87999-))	
87999	<u>BR</u>

POSTMORTEM EXAMINATION

(Procedures 88000 through 88099 represent physician services only. See modifier -90 for outside laboratory services.)

88000	Necropsy (autopsy) without CNS, gross examination only	400.0
88005	with brain	500.0
88007	with brain and spinal cord	600.0
88012	infant with brain	300.0
88014	stillborn or newborn with brain	300.0
88016	macerated stillborn	400.0
88020	Necropsy (autopsy) without CNS, gross and microscopic examination	800.0
88025	with brain	900.0
88027	with brain and spinal cord	1000.0
88028	infant with brain	700.0
88029	stillborn or newborn with brain	700.0
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	<u>BR</u>
88037	single organ	<u>BR+</u>
88040	Necropsy (autopsy); forensic examination	<u>BR</u>
88045	coroner's call	<u>BR</u>
88099	Unlisted necropsy (autopsy) procedure	<u>BR</u>

CYTOPATHOLOGY

88104	Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears with interpretation	45.0
88106	filter method only with interpretation	45.0
88107	smears and filter preparation with interpretation	60.0
88108	concentration technique, smears and interpretation (e.g., Saccamanno technique)	<u>BR</u>
((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 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 by technician under physician supervision, up to three smears;	<u>BR</u>
88151	requiring interpretation by physician	<u>BR</u>
88155	with definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index)	40.0
88160	Cytopathology, any other source (e.g., sputum), screening and interpretation	36.0
88161	preparation, screening and interpretation	<u>BR</u>
88162	extended study involving over 5 slides and/or multiple stains	<u>BR</u>
(For obtaining specimen, see percutaneous needle biopsy under individual organ in surgery)		
(For aerosol collection of sputum, see 89350)		
(For special stains, see 88312, 88313)		
88170	Fine needle aspiration with or without preparation of smears; superficial tissue (e.g., thyroid, breast, prostate)	<u>BR</u>
<u>(For percutaneous needle biopsy, see 60100 for thyroid, 19100 for breast, 55700 for prostate)</u>		
88171	deep tissue under radiologic guidance	<u>BR</u>
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic guidance use 76000)		
<u>(For percutaneous needle biopsy, see 32405 for lung, 47000 for liver, 48102 for pancreas, 49180 for abdominal or retroperitoneal mass)</u>		
88172	Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s)	<u>BR</u>
88173	interpretation and report	<u>BR</u>
88180	Flow cytometry; each cell surface marker	<u>BR</u>
88182	cell cycle or DNA analysis	<u>BR</u>
88199	Unlisted cytopathology procedure	<u>BR</u>

	Unit Value		Unit Value
(For electron microscopy, see 88348, 88349)		88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)	BR
CYTOGENETIC STUDIES		88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each	BR
(For acetylcholinesterase, see 82013)		88323 Consultation and report on referred material requiring preparation of slides	BR
(For alpha-fetoprotein, Serum or amniotic fluid, see 86244)		88331 with frozen section(s), single specimen	90.0
88230 Tissue culture for chromosome analysis; lymphocyte	BR	88332 each additional tissue block with frozen section(s)	30.0
88233 skin or other solid tissue biopsy	BR	88342 Immunocytochemistry (including tissue immunoperoxidase); each antibody	BR
88235 amniotic fluid or chorionic villus cells	BR	(88345 has been deleted. To report, use 88346)	
88237 bone marrow (myeloid) cells	BR	88346 Immunofluorescent study, each antibody	BR
88239 other tissue	BR	88348 Electron microscopy, diagnostic	BR
88245 Chromosome analysis for breakage syndromes; score 25 cells (SCE study), count 5 cells, 1 karyotype, with banding (e.g., Bloom syndrome)	BR	88349 scanning	BR
88248 score 100 cells, count 20 cells, 2 karyotypes, with banding, (e.g., ataxia telangiectasia, Fanconi anemia)	BR	88350 Morphometric analysis, skeletal muscle	BR
88250 Chromosome analysis for fragile X associated with fragile X-linked mental retardation; score 100 cells, count 20 cells, 2 karyotypes, with banding	BR	88356 nerve	BR
88260 Chromosome analysis(= lymphocytes, count 1-4 cells, screening) for fragile X associated with fragile X-linked mental retardation; score 100 cells, count 20 cells, 2 karyotypes, with banding	((+80.0)) BR	(88360 whole organ sections has been deleted. To report use 88399)	
88261 count ((+4)) 5 cells, 1 karyotype, with banding	((375.0)) BR	(88370 has been deleted. To report, use 88342)	
88262 count ((+20)) 15-20 cells ((for mosaicism)), 2 karyotypes, with banding	((525.0)) BR	(For physician interpretation of peripheral blood smear, use 85060)	
((88265 Chromosome analysis, myeloid cells, 2 karyotypes (Philadelphia chromosome)	225.0)	88399 Unlisted surgical pathology procedure	BR))
88263 Count 45 cells for mosaicism, 2 karyotypes, with banding	675.0	NEW SECTION	
88267 Chromosome analysis; amniotic fluid, or chorionic villus count ((+4)) 15 cells, 1 karyotype, with banding	600.0	WAC 296-23-231 ANATOMIC PATHOLOGY.	
((88268 skin, count 1-4 cells, 1 karyotype	600.0		
88270 other tissue cells, count 1-4 cells, 1 karyotype	BR))	SURGICAL PATHOLOGY	
88269 Chromosome analysis; count 5 cells, screening with banding	BR	(Procedures 88300 through 88399 include accession, handling and reporting)	
88280 Chromosome analysis; additional karyotyping, each study	75.0	NOTE: Only one of the numbers 88300-88309 should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure.	
88283 additional specialized banding technique (e.g., NOR, C-banding)	BR	88300 Surgical pathology, gross examination only	20.0
88285 additional cells counted, each study	15.0	88302 Surgical pathology, gross and microscopic examination of presumptively normal tissue(s), for identification and record purposes	60.0
88289 additional high resolution study	BR	88304 Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen	75.0
88299 Unlisted cytogenetic study	BR	88305 single complicated or multiple uncomplicated specimen(s), without complex dissection	105.0
((SURGICAL PATHOLOGY		88307 single complicated specimen requiring complex dissection or multiple complicated specimens	150.0
(Procedures 88300 through 88399 include accession, handling and reporting)		88309 complex diagnostic problem with or without extensive dissection	BR
88300 Surgical pathology, gross examination only	20.0	(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)	
NOTE: Only one of the numbers 88302-88309 should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure:		88311 Decalcification procedure. (List separately in addition to code for surgical pathology examination)	12.0
88302 Surgical pathology, gross and microscopic examination of presumptively normal tissue(s), for identification and record purposes	60.0	88312 Special stains (list separately in addition to code for surgical pathology examination); Group I for microorganisms, (e.g., Gridley, acid fast, methenamine silver), each	25.0
88304 Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen	75.0	88313 Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each	12.0
88305 single complicated or multiple uncomplicated specimen(s), without complex dissection	105.0	(For immunocytochemistry and immunoperoxidase tissue studies, use 88342)	
88307 single complicated specimen requiring complex dissection or multiple complicated specimens	150.0	88314 Histochemical staining with frozen section(s)	BR
88309 complex diagnostic problem with or without extensive dissection	BR	88317 Interpretation and report by treating physician of previously diagnosed histologic slide (without consultation)	BR
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)		88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)	BR
88311 decalcification procedure. (List separately in addition to code for surgical pathology examination)	12.0	88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each	BR
88312 Special stains (list separately in addition to code for surgical pathology examination); Group I for microorganisms, (e.g., Gridley, acid fast, methenamine silver), each	25.0	88321 Consultation and report on referred slides prepared elsewhere	BR
88313 Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each	12.0	88323 Consultation and report on referred material requiring preparation of slides	BR
(For immunocytochemistry and immunoperoxidase tissue studies, use 88342)		88325 Consultation, comprehensive, with review of records and specimens, with report on referred material	BR
88314 Histochemical staining with frozen section(s)	BR	88329 Consultation during surgery	BR
(88316 preparation of duplicate slides has been deleted. To report, use 99070)		88331 with frozen section(s), single specimen	90.0
		88332 each additional tissue block with frozen section(s)	30.0
		88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody	BR
		88346 Immunofluorescent study, each antibody	BR
		88348 Electron microscopy; diagnostic	BR

	Unit Value
88349 scanning	BR
88355 Morphometric analysis; skeletal muscle	BR
88356 nerve	BR
88358 tumor	BR
88362 Nerve teasing preparations	BR
(For physician interpretation of peripheral blood smear, use 85060)	
88365 Tissue in situ hybridization, interpretation and report	BR
88399 Unlisted surgical pathology procedure	BR

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23-232 MISCELLANEOUS.

	Unit Value
((Basal metabolic rate has been deleted. If necessary to report, use 89399))	
(89005-89007 have been deleted)	
89050 Cell count, miscellaneous body fluids (except blood) (e.g., CSF, joint fluid, etc.)	12.0
89051 with differential count	20.0
89060 Crystal identification by compensated polarizing lens analysis, synovial fluid	BR
((89070 has been deleted)	
(89080 has been deleted)	
89100 Duodenal intubation and aspiration single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure	40.0
89105 collection of multiple fractional specimens, with pancreatic or gallbladder stimulation, single or double lumen tube	BR
(For chemical analyses, see Chemistry and Toxicology)	
(For electrocardiogram, see 93000-93279)	
(For radiological localization, see 74340)	
(Esophagus acid perfusion test (Bernstein), see 91030)	
89125 Fat stain, feces, urine, sputum	15.0
89130 Gastric intubation and aspiration diagnostic, each specimen, for chemical analyses or cytopathology;	20.0
89132 after stimulation	45.0
89135 Gastric intubation, aspiration, and fractional collections; for one hour (e.g., gastric secretory study)	60.0
89136 two hours	90.0
89140 two hours including gastric stimulation (e.g., histalog, pentagastrin)	105.0
89141 three hours, including gastric stimulation	120.0
(For gastric lavage, therapeutic, see 96150)	
(For radiologic localization of gastric tube, see 74340)	
(For chemical analyses, see 82926-82932)	
(For joint fluid chemistry, see Chemistry and Toxicology, this section)	
89160 Meat fibers, feces	12.0
((89180 has been deleted. To report, use 89190))	
89190 Nasal smear for eosinophils	BR
89205 Occult blood, any source except feces	10.5
(Occult blood, feces, see 82270)	
(Paternity tests, see 86385, 86386)	
((89210 has been deleted))	
89300 Semen analysis, presence and/or sperm motility including Huhner test	12.0
89310 motility and count	40.0
89320 complete (volume, count, motility and differential)	80.0
(For skin test, see 86455-86585 and 95005-95199)	
89325 Sperm evaluation; hamster penetration test	BR
(For medicolegal identification of sperm, see 88125)	
89329 Sperm evaluation; hamster penetration test	BR
89330 cervical mucus penetration test, with or without spinnbarkeit test	BR
(For complete spinal fluid examination, see 89070)	

	Unit Value
((89345 has been deleted))	
89350 Sputum, obtaining specimen, aerosol induced technique (separate procedure)	20.0
89355 Starch granules, feces	10.5
89360 Sweat collection by iontophoresis	BR
(For chloride and sodium analysis, see 82437, 84295)	
(Tissue culture, see 86595)	
(Tissue typing, see 86810-86822)	
89365 Water load test	BR
89399 Unlisted miscellaneous pathology test	BR

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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 bitewings)	
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 Bitewing—two films	
00273 Bitewings—three films	
00274 Bitewing—four films	
00275 Bitewings—each additional film	
00290 Posteroanterior ((and) or lateral skull and facial bone survey film	
((00310))	
00315 Sialography	
00320 Temporomandibular joint arthrogram, including injection	
00321 Other temporomandibular joint, films	
00330 Panoramic—maxilla and mandible film	
00340 Cephalometric film	
00400 TESTS AND LABORATORY EXAMINATIONS	
((00410))	
00415 Bacteriologic ((cultures)) studies for determination of pathologic agents	
((00420))	
00425 Caries susceptibility tests	
((00450 Histopathologic examination))	
00460 Pulp vitality tests	
00470 Diagnostic casts	
00471 Diagnostic photographs	
00501 Histopathologic examinations	
00502 Other oral pathology procedures	
00999 Unspecified diagnostic procedure.	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-430 PREVENTIVE SERVICES.

((01100)) DENTAL PROPHYLAXIS	
01110 Adult((s))	
01120 ((Children)) Child	
((01200)) FLUORIDE TREATMENTS	
01201 Topical application of fluoride (including prophylaxis)—((children)) child	
((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—treatment excluding prophylaxis
~~01221~~ Topical application of stannous fluoride—treatment including prophylaxis
~~01230~~ Topical application of acid fluoride phosphate—treatment excluding prophylaxis
~~01231~~ Topical application of acid fluoride phosphate—treatment including prophylaxis))
 01203 Topical application of fluoride (excluding prophylaxis)—child
 01204 Topical application of fluoride (excluding prophylaxis)—adult
 01205 Topical application of fluoride (including prophylaxis)—adult

((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 (f))~~
 01351 Sealants—per ((quadrant)) tooth

((01500)) SPACE MANAGEMENT THERAPY

- 01510 Space maintainer; fixed—unilateral type
 01515 fixed—bilateral
 01520 removable—unilateral
 01525 removable—bilateral
 01550 Recementation of space maintainer.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-440 RESTORATIVE SERVICES.

((02100)) AMALGAM RESTORATIONS (INCLUDING POLISHING)

- 02110 Amalgam—one surface, ((~~deciduous~~)) primary
 02120 Amalgam—two surfaces, ((~~deciduous~~)) primary
 02130 Amalgam—three surfaces, ((~~deciduous~~)) primary
 02131 Amalgam—four surfaces, ((~~deciduous~~)) primary
 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—four or more surfaces or ((f))involving incisal angle((f))
~~02340 Acid etch for restorations))~~
 02380 Resin—one surface, posterior—primary
 02381 Resin—two surfaces, posterior—primary
 02382 Resin—three surfaces, posterior—primary
 02385 Resin—one surface, posterior—permanent
 02386 Resin—two surfaces, posterior—permanent
 02387 Resin—three surfaces, posterior—permanent

((02400)) GOLD FOIL RESTORATIONS

- 02410 Gold foil—one surface
 02420 Gold foil—two surfaces
 02430 Gold foil—three surfaces

((02500—GOLD)) INLAY RESTORATIONS

- 02510 Inlay—((gold)) metallic, one surface
 02520 Inlay—((gold)) metallic, two surfaces
 02530 Inlay—((gold)) metallic, three surfaces
 02540 ((Onlay—{onlay})) Onlay metallic—per tooth (in addition to ((foregoing)) inlay)

((02600—PORCELAIN)) INLAY RESTORATIONS

- 02610 Inlay—porcelain/ceramic—one surface
 02620 Inlay—porcelain/ceramic—two surfaces
 02630 Inlay—porcelain/ceramic—three surfaces

02700((=02899)) CROWNS—SINGLE RESTORATIONS ONLY

- 02710 Crown ((plastic (acrylic))—resin (laboratory))
~~((02711) Crown plastic—prefabricated))~~
 02720 ((Plastic with)) Crown—resin with high noble metal (gold)
 02721 Crown ((plastic))—resin with predominantly base (nonprecious) metal
 02722 Crown ((plastic))—resin with noble (semi-precious) metal
 02740 Porcelain/ceramic substrate
 02750 Porcelain ((with gold)) fused to high noble metal (gold)
 02751 ((Crown)) Porcelain ((with)) fused to predominantly base (nonprecious) metal
 02752 ((Crown)) Porcelain ((with)) fused to noble (semi-precious) metal
 02790 ((Gold f)) Full cast ((f)) high noble metal (gold)
 02791 ((Crown)) Full cast predominantly base (nonprecious) metal ((full cast))
 02792 Full cast noble (semi-precious) metal ((full cast))
 02810 ((Gold f)) 3/4 cast ((f)) metallic
~~((02830) Prefabricated stainless steel—primary)~~
~~02840 Crown—temporary (fractured tooth)~~
~~02891 Cast post and core in addition to crown~~
~~02892 Prefabricated post and core in addition to crown~~

02900)) OTHER RESTORATIVE SERVICES

- 02910 Recement inlays
 02920 Recement crowns
 02931 Prefabricated stainless steel crown—primary
 02932 Prefabricated resin crown
 02940 Fillings (sedative)
 02950 Crown buildup, pin retained
 02951 Pin retention, per tooth, in addition to restoration
 02952 Cast post and core in addition to crown
 02953 Cast post as part of crown
 02954 Prefabricated post and core in addition to crown
 02960 Labial veneer (laminare)
 02961 Labial veneer (resin laminate), laboratory
 02962 Labial veneer (porcelain laminate), laboratory
 02970 Temporary crown (fractured tooth)
 02980 Crown repair
 02999 Unspecified restorative procedure.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-450 ENDODONTICS.

((03100)) PULP CAPPING

- 03110 Pulp cap—direct (excluding final restoration)
 03120 Pulp cap—indirect (excluding final restoration)

((03200)) PULPOTOMY (EXCLUDING FINAL RESTORATION)

- 03220 ((Vital)) Therapeutic pulpotomy

((03300)) ROOT CANAL THERAPY (INCLUDES TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE)

- 03310 ((Anterior)) One canal (excludes final restoration)
 03320 ((Bicuspid)) Two canals (excludes final restoration)
 03330 ((Molar)) Three canals (excludes final restoration)
 03340 Four canals (excludes final restoration)
 03350 Apexification (treatment may extend over period of 6 to 18 months), per treatment visit

((03400)) PERIAPICAL SERVICES

- 03410 Apicoectomy—((performed as separate surgical procedure)) (per tooth)—first root((f))
 03420 Apicoectomy—((performed in conjunction with endodontic procedure)) (per tooth)—each additional root((f))
 03430 Retrograde filling, per root

- 03440 Apical curettage
03450 Root ((resection)) amputation, per root
03460 Endodontic endosseous implants

((03900)) OTHER ENDODONTIC PROCEDURES

- 03910 Surgical procedure for isolation of tooth with rubber dam
03920 Hemisection
03940 Recalcification of repair (perforations, root resorption, etc.)
03950 Canal preparation and fitting of preformed dowel or post
03960 Bleaching of ((nonvital)) discolored tooth
03999 Unspecified endodontic procedure.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-460 PERIODONTICS.

Includes all necessary diagnostic, surgical and adjunctive services:

- 1 All necessary diagnostic procedures
- 2 Training in personal preventive dental care
- 3 Mouth preparation procedures
- 4 Routine finishing procedures
- 5 Post-treatment evaluation
- 6 Occlusal adjustment (if necessary)
- 7 Surgical procedures including curettage, gingivectomy, flap entry, osseous procedures and complex techniques

((04200)) SURGICAL SERVICES (INCLUDING THE USUAL POST-OPERATIVE SERVICES)

- 04210 Gingivectomy or gingivoplasty—per quadrant
04211 Gingivectomy or gingivoplasty—per tooth
04220 Gingival curettage(—per quadrant)
04240 Gingival flap procedure including root planning—per quadrant
((04250 ~~Mucogingival surgery—per quadrant~~)
04260 Osseous surgery (including flap entry and closure)—per quadrant
04261 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 grafts
04271 Free soft tissue grafts (including donor site)
04272 ((Vestibuloplasty)) Apically repositioned flap procedure
((04280 ~~Periodontal pulpal procedures~~)

04300)) ADJUNCTIVE PERIODONTAL SERVICES (IN CONJUNCTION WITH TOTAL PERIODONTAL TREATMENT)

- 04320 Provisional splinting—intracoronal
04321 Provisional splinting—extracoronal
((04330 ~~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))~~
04345 Periodontal scaling performed in the presence of gingival inflammation
((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 maintenance procedures ((periodontal prophylaxis)) following active therapy
04920 Unscheduled dressing change (by someone other than treating dentist)
04999 Unspecified periodontal procedure.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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)) including any conventional clasps and rests, acrylic base
05212 Lower, ((excluding)) including any conventional clasps and rests, acrylic base
05213 Upper—predominantly base cast ((chrome-base;)) with acrylic saddles, ((excluding)) including any conventional clasps and rests
05214 Lower—predominantly base cast ((chrome-base;)) with acrylic saddles, ((excluding)) including any conventional clasps and rests
05215 ((Partial)) Upper denture—((with two gold clasps with rests;)) high noble cast base with acrylic ((base)) saddles (including any conventional clasps and rests)
05216 ((Partial-upper)) Lower denture—((with two chrome clasps with rests;)) high noble cast base with acrylic ((base)) saddles (including any conventional clasps and rests)

((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 [palatal] bar and two clasps, cast base)~~

05280 Removable unilateral partial denture—one piece gold (high noble) casting, clasp attachments, per unit including pontics

05281 Removable unilateral partial denture—one piece ((chrome)) predominantly base 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 — upper

05411 Adjustment to complete denture — lower

05421 Adjustment to upper partial denture

05422 Adjustment to lower partial denture

((05600)) REPAIRS TO DENTURES

05510 Repair broken complete denture base

05520 Replace missing or broken teeth, complete denture (each tooth)

- 05610 Repair ~~((broken complete or))~~ partial denture—~~((no teeth damaged))~~ acrylic saddle or base
- 05620 Repair ~~((broken complete or))~~ partial denture—~~((replace one broken tooth))~~ cast framework
- 05630 Repair or replace ~~((additional teeth each tooth))~~ broken clasp
- 05640 Replace broken teeth—per tooth ~~((on denture no other repairs))~~
- 05650 Adding tooth to existing partial denture ~~((to replace extracted tooth each tooth (not involving clasp or abutment tooth)))~~
- 05660 Adding ~~((tooth))~~ clasp to existing 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 (REBASE PROCEDURES)**
- 05710 Duplicate complete upper ~~((or lower complete))~~ denture
- 05711 Duplicate complete lower denture
- 05720 Duplicate upper ~~((or lower))~~ partial denture
- 05721 Duplicate lower partial denture
- DENTURE RELINING**
- 05730 Relining complete upper ~~((or lower complete))~~ denture~~((s))~~ ~~((in office (reline)))~~
- 05731 Relining complete lower denture ~~((in office))~~
- 05740 Relining upper ~~((or lower))~~ partial denture ~~((in office))~~
- 05741 Relining lower partial denture ~~((in office))~~
- 05750 Relining upper ~~((or lower))~~ complete denture (laboratory)
- 05751 Relining lower complete denture (laboratory)
- 05760 Relining upper ~~((or lower))~~ partial denture (in laboratory)
- 05761 Relining lower partial denture (laboratory)
- ~~((05800)) OTHER REMOVABLE 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, per denture unit
- 05860 Overdenture complete (by report)
- 05861 Overdenture partial (by report)
- 05862 Precision attachment (by report)
- 05899 Unspecified removable prosthodontic procedure (by report).

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-480 PROSTHODONTICS, FIXED.

(Each abutment and each pontic constitute a unit in a bridge)

~~((06200)) BRIDGE PONTICS~~

- 06210 Bridge pontic cast, high noble metal (gold)
- 06211 Bridge pontic, cast predominantly base metal (nonprecious)
- 06212 Bridge pontic, cast noble metal (semiprecious)
- ~~((06220 Slotted facing~~
- ~~06230 Slotted pontic~~
- ~~06235 Pin facing))~~
- 06240 Porcelain fused to high noble metal (gold)
- 06241 Porcelain fused to predominantly base (nonprecious) metal
- 06242 Porcelain fused to noble (semiprecious) metal
- 06250 ~~((Plastic processed to gold))~~ Resin with high noble metal (gold)
- 06251 ~~((Plastic processed to nonprecious))~~ Resin with predominantly base metal
- 06252 ~~((Plastic processed to semiprecious))~~ Resin with noble metal

~~((06500)) RETAINERS~~

- 06520 ~~((Retainer gold))~~ Inlay—metallic—two surfaces
- 06530 ~~((Retainer gold))~~ Inlay—metallic—three or more surfaces
- 06540 ~~((Retainer gold))~~ Inlay ~~((f))~~—metallic—onlaying cusps~~((f))~~
- 06545 Cast metal retainer for acid etch bridge

~~((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)) BRIDGE RETAINERS—CROWNS

- 06720 ~~((Plastic processed to))~~ Crown—resin with high noble metal—gold
- 06721 ~~((Plastic processed to))~~ Crown—resin with predominantly base metal—nonprecious metal
- 06722 ~~((Plastic processed to))~~ Crown—resin with noble metal—semiprecious metal
- ~~((06740 Porcelain))~~
- 06750 Porcelain fused to gold—high noble metal
- 06751 Porcelain to nonprecious metal ~~((crown/bridge))~~—predominantly base metal
- 06752 Porcelain fused to semiprecious metal—noble metal
- ~~((06760 Reverse pin facing and metal))~~
- 06780 ~~((Gold f))~~ Crown—3/4 cast~~((f))~~ high noble metal
- 06790 ~~((Gold f))~~ Crown—full cast~~((f))~~ high noble metal
- 06791 ~~((Nonprecious metal f))~~ Crown—full cast~~((f))~~ predominantly base metal
- 06792 ~~((Semiprecious metal f))~~ Crown—full cast~~((f))~~ noble metal

~~((06900)) OTHER FIXED PROSTHETIC SERVICES~~

- 06930 Recement bridge
- 06940 Stress breaker
- 06950 Precision attachment
- 06970 Cast post and core in addition to bridge retainer
- 06971 Cast post as part of bridge retainer
- 06972 Prefabricated post and core in addition to bridge retainer
- 06980 Bridge repair (by report)
- 06999 Unspecified fixed prosthodontic procedure (by report).

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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

OTHER ORTHODONTIC DEVICES

- 08650 Treatment of the atypical or extended skeletal case
 08750 Post-treatment stabilization
 08999 Unspecified orthodontic procedure (by report).

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-490 ORAL SURGERY.

~~((07100))~~ EXTRACTIONS—INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE

- 07110 Single tooth
 07120 Each additional tooth
 07130 Root removal—exposed roots

~~((07200))~~ SURGICAL EXTRACTIONS—INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE

- 07210 Surgical ~~((removal))~~ extractions of erupted tooth, requires elevation of mucoperiosteal flap and removal of bone and/or section of tooth
 07220 ~~((Impaction that requires incision of overlying))~~ Removal of impacted tooth, 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))~~ Removal of impacted tooth—partially bony
 07240 ~~((Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, and sectioning of the tooth for))~~ Removal of impacted tooth—completely bony
 07241 ~~((Impaction requiring incision of overlying soft tissue, elevation of a flap,))~~ Removal of ~~((bone, sectioning of))~~ impacted tooth ~~((for removal and/or presents))~~—completely bony, with unusual ~~((difficulties and circumstances))~~ surgical complications
 07250 ~~((Root recovery))~~ Surgical removal of residual tooth roots ~~((cutting procedure))~~
 07260 Oral antral fistula closure ~~((and/or antral root recovery~~

OTHER SURGICAL PROCEDURES))

- 07270 Tooth ~~((replantation))~~ reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus
 07271 Tooth implantation
 07272 Tooth transplantation
 07280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons—including ~~((wire))~~ orthodontic 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
 07320 Per quadrant—not in conjunction with extractions

~~((STOMATOPLASTY))~~ VESTIBULOPLASTY—including revision of soft tissue on ridges, muscle reattachment, tongue, palate, and other oral soft tissues

- 07340 ~~((Stomatoplasty per arch uncomplicated))~~ Vestibuloplasty—ridge extension (secondary epithelialization)
 07350 ~~((Stomatoplasty per arch complicated))~~ Vestibuloplasty—ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)

~~((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 pericoronar gingiva~~

~~EXCISION))~~ REMOVAL 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 soft tissue
 07520 Incision and drainage of abscess—extraoral soft tissue
 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
 07880 Occlusal orthotic appliance

~~((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

OTHER REPAIR PROCEDURES

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((?))
 07945 Osteotomy—body of mandible
 07946 Lefort I (maxilla, total)
 07948 Lefort II or Lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion without bone graft)
 07947 Lefort I (maxilla, segmented)
 07949 Lefort II or Lefort III, with bone graft
 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
 07971 Excision of pericoronal gingiva
 07980 Sialolithotomy
 07981 Excision of salivary gland
 07982 Sialodochoplasty
 07983 Closure of salivary fistula
 07990 Emergency tracheotomy
 07991 Coronoidectomy
 07992 Eminectomy
 07993 Implant, facial bones
 07994 Implant, other than facial bones
 07999 Unspecified oral surgery procedure (by report).

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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 ((f)) anesthesia not in conjunction with operative or surgical procedures((?))
 09211 Regional block anesthesia
 09212 Trigeminal division block
 09220 General anesthesia; first 30 minutes
 09221 each additional 15 minutes
 09230 Analgesia
 09240 Intravenous sedation

~~((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)
 09940 Occlusal guards (by report)
 09950 Occlusion analysis (mounted case)
 09951 Occlusal adjustment, limited
 09952 Occlusal adjustment, complete
 09960 Completion of claim form
 09999 Unspecified (by report to be described by statement of attending dentist).

AMENDATORY SECTION (Amending Order 86-36, filed 10/1/86, effective 11/1/86)

WAC 296-23-900 LICENSED NURSING RULES. (1) Registered nurses and licensed practical nurses may perform private duty nursing care in industrial injury cases when the attending physician deems this care necessary. (See WAC 296-20-091 for home nursing rules.)

(2) Certified registered nurses (CRNs) and advanced registered nurse practitioners (ARNPs) may perform advanced and specialized levels of nursing care on a fee for service basis in industrial injury cases within the limitations of subsections (3) and (4) of this section.

(3) Advance approval must be obtained from the department to treat industrial injury cases. To be eligible to treat industrial injuries, the registered nurse must:

(a) Be recognized by the Washington state board of nursing as a certified registered nurse (CRN) or advanced registered nurse practitioner (ARNP).

(b) Provide the department with evidence of a reliable and rapid system of obtaining physician consultation.

(4) The scope of practice for certified registered nurses or advanced registered nurse practitioners under the industrial insurance program is limited to the following, based on CRN or ARNP speciality as approved by the state board of nursing:

(a) Preparing reports of accident and progress reports for the supervising physician's signature. The supervising physician's L & I Provider No. must be entered in Box 48 on the Accident Report form.

(b) Emergency treatment of serious injuries to include initial wound care, administration of medication and support of life functions.

(c) Treatment of minor injuries to include suturing of minor lacerations not involving tendons, nerves or bones.

(d) Removal of sutures.

(e) Removal of foreign bodies from eyes.

(f) Removal of slivers or foreign bodies where bones, nerves and tendons are not involved.

(g) Prescribing legend drugs when so authorized by state board of nursing.

(h) Nursing type follow-up care (i.e., dressing changes, etc.)

(i) Accompanying ambulance to the site of injury and/or to the hospital with the injured workman.

(j) Home visits to evaluate claimant's condition when attendant care is being rendered for the injured worker by persons other than the nurse practitioner, may be authorized when the request is received in advance of the visit.

(k) Administration of biofeedback as per WAC 296-21-0501.

(5) BILLING PROCEDURES

Billing procedures outlined in WAC 296-20-125 apply. Certified registered nurses and advanced nurse practitioners must obtain provider account numbers from the department.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 296-23-07904 THORAX.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-205 BILLING PROCEDURES. (1) Department billing instructions appear in WAC 296-20-125. Hospital billing information and instructions appear in WAC 296-23A-100, 296-23A-105, and 296-23A-150.

(2) Fee maximums for radiology services are listed for the combined professional and technical components.

(3) Hospitals are reimbursed only for the technical component at a rate up to and including sixty percent of the fee maximum.

(4) Hospitals should bill their usual and customary rates for the technical component of outpatient radiology services.

(5) Radiology procedures performed by other than the billing hospital shall be billed at the value charged the hospital by the reference (outside) radiology department. When possible, the service should be billed under the same procedure code as billed by the reference radiology department.

(6) "BR" in the unit value column indicates that the value of this service is to be determined by report (BR) because the service is too unusual, variable, or new to be assigned a unit value. The report should provide an adequate definition or description of the services or procedures as discussed in WAC 296-23A-235. Whenever possible, list the nearest similar procedure code according to this schedule. The department or self-insurer may adjust BR procedures when such action is indicated.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-240 HEAD AND NECK.

	Unit Value
(((70002, 70003 have been deleted. To report, use 76499)))	
70011 Myelography, posterior fossa; complete procedure	BR
70016 Cisternography, positive contrast; complete procedure	BR
(For injection procedure only for cisternography, see 61053)	
(((70020, 70021 have been deleted. To report, use 76499)))	
(70022 has been deleted. To report CT guidance for stereotactic localization, use 76355))	
70030 Radiologic examination, eye, for detection of foreign body	8.8
(((70040 for localization of foreign body (does not include detection) .. 14.0	
70050 for detection and localization of foreign body .. 18.0))	
(70040 and 70050 have been deleted)	
70100 Radiologic examination, mandible; partial, less than four views	6.0
70110 complete, minimum of four views	10.0
70120 Radiologic examination, mastoids; less than three views per side	6.0
70130 complete, minimum of three views per side	12.0
70134 Radiologic examination, internal auditory meati, complete	12.0
70140 Radiologic examination, facial bones; less than three views	6.0
70150 complete, minimum of three views	10.0
70160 Radiologic examination, nasal bones, complete, minimum of three views	6.4
70171 Dacryocystography nasolacrimal, complete procedure	10.0
70190 Radiologic examination; optic foramina	6.0
70200 orbits, complete, minimum of four views	8.0

	Unit Value
70210 Radiologic examination, sinuses, paranasal, less than three views	5.0
70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views	8.8
(((70230, 70231 have been deleted. To report, use 76499)))	
70240 Radiologic examination, sella turcica	5.0
70250 Radiologic examination, skull; less than four views, with or without stereo	6.0
70260 complete, minimum of four views, with or without stereo	12.0
70300 Radiologic examination, teeth; single view	2.0
70310 partial examination, less than full mouth	4.0
70320 complete, full mouth	8.0
70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	6.0
70330 bilateral	8.8
70333 Temporomandibular joint arthrotomography (includes a contrast arthrogram and appropriate laminographic studies); complete procedure	21.1
70336 Magnetic resonance (e.g., proton) imaging, temporomandibular joint	120.0
70350 Cephalogram, orthodontic	4.0
70355 Orthopantomogram	10.0
70360 Radiologic examination, neck; soft tissue	4.0
70370 pharynx or larynx, including fluoroscopy and/or magnification technique	8.0
70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording	BR
70374 Laryngography, contrast; complete procedure	24.0
70380 Radiologic examination, salivary gland for calculus	6.4
70391 Sialography; complete procedure	8.0
(((70400 and 70401 have been deleted. To report, use 76499)))	
70450 Computerized axial tomography, head or brain; without contrast material	58.0
70460 with contrast material(s)	64.0
70470 without contrast material, followed by contrast material(s) and further sections	71.0
(For coronal, sagittal, and/or oblique sections, see 76375)	
70480 Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	58.0
70481 with contrast material(s)	64.0
70482 without contrast material, followed by contrast material(s) and further sections	71.0
(For coronal, sagittal, and/or oblique sections, see 76375)	
70486 Computerized axial tomography, maxillofacial area; without contrast material	58.0
70487 with contrast material(s)	64.0
70488 without contrast material, followed by contrast material(s) and further sections	71.0
(For coronal, sagittal, and/or oblique sections, see 76375)	
70490 Computerized axial tomography, soft tissue neck; without contrast material	BR
70491 with contrast material(s)	BR
70492 without contrast material followed by contrast material(s) and further sections	BR
(For coronal, sagittal, and/or oblique sections, see 76375)	
(For cervical spine, see 72125, 72126)	
70540 Magnetic resonance (e.g., proton) imaging; orbit, face, and neck	120.0

		Unit Value			Unit Value
			72070	Radiologic examination, spine; thoracic, antero-posterior and lateral	9.0
			72072	thoracic, anteroposterior and lateral, including swimmer's view of the cervicothoracic junction	12.0
			72074	thoracic, complete, including obliques, minimum of four views	16.0
			72080	thoracolumbar, anteroposterior and lateral	9.0
			72090	scoliosis study, including supine and erect studies	6.0
			72100	Radiologic examination, spine, lumbosacral; anteroposterior and lateral	9.0
			72110	complete with oblique views	16.0
			72114	complete, including bending views	18.5
			72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	10.0
			72125	Computerized axial tomography, cervical spine; without contrast material	62.4
			72126	with contrast material	72.8
			72127	without contrast material, followed by contrast material(s) and further sections	BR
			72128	Computerized axial tomography, thoracic spine; without contrast material	62.4
			72129	with contrast material	72.8
			72130	without contrast material, followed by contrast material(s) and further sections	BR
			72131	Computerized axial tomography, lumbar spine; without contrast material	60.0
			72132	with contrast material	70.0
				(For coronal, sagittal, and/or oblique sections, see 76375)	
			72133	without contrast material, followed by contrast material(s) and further sections	BR
				((72140 has been deleted. To report see 72141-72144))	
			72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents ((two sequences or standard examination)) ; cervical	120.0
			72143	thoracic	120.0
			72144	lumbar	120.0
				(72145 has been deleted. To report, see 72125-72132)	
			72170	Radiologic examination, pelvis; anteroposterior only	5.0
			72180	stereo	6.4
			72190	complete, minimum of three views	8.0
				(For pelvimetry, see 74710)	
			72192	Computerized axial tomography, pelvis; without contrast material(s)	BR
			72193	with contrast material(s)	BR
			72194	without contrast material, followed by contrast material(s) and further sections	BR
				(For coronal, sagittal, and/or oblique sections, see 76375)	
			72196	<u>Magnetic resonance (e.g., proton) imaging, pelvis</u>	<u>120.0</u>
			72200	Radiologic examination, sacroiliac joints; less than three views	5.0
			72202	three or more views	8.0
			72220	Radiologic examination, sacrum and coccyx, minimum of two views	6.4
			72241	Myelography, cervical; complete procedure	18.0
			72256	Myelography, thoracic; complete procedure	18.0
			72266	Myelography, lumbosacral; complete procedure	18.0
			72271	Myelography, entire spinal canal; complete procedure	30.0
			72286	Diskography, cervical; complete procedure	20.0
			72296	Diskography, lumbar; complete procedure	20.0
<p>((70550, 70552 have been deleted. To report, see 70551))</p>					
70551	brain (including brain stem)	120.0			
<p><u>AMENDATORY SECTION</u> (Amending Order 86-47, filed 1/8/87)</p> <p>WAC 296-23A-242 CHEST.</p>					
<p>((71000 Chest minifilm has been deleted))</p>					
71010	Radiologic examination, chest; single view, frontal	4.0			
71015	stereo, frontal	5.0			
71020	two views, frontal and lateral	7.0			
71021	apical lordotic procedure	7.2			
71022	oblique projections	7.2			
71023	with fluoroscopy	BR			
71030	Radiologic examination, chest, complete, minimum of four views	8.0			
71034	with fluoroscopy	10.0			
<p>(For separate chest fluoroscopy, see 76000)</p>					
71035	Radiologic examination, chest, special views, e.g., lateral decubitus, Bucky studies	BR			
71036	Fluoroscopic localization for needle biopsy of intrathoracic lesion, including follow-up films	BR			
71038	Fluoroscopic localization for transbronchial biopsy or brushing	BR			
71041	Bronchography, unilateral; complete procedure	14.0			
71061	Bronchography, bilateral; complete procedure	22.0			
71100	Radiologic examination, ribs, unilateral; two views	7.2			
71101	including posteroanterior chest, minimum of three views	11.2			
71110	Radiologic examination, ribs, bilateral; three views	10.0			
71111	including posteroanterior chest, minimum of four views	14.0			
71120	Radiologic examination; sternum, minimum of two views	6.0			
71130	sternoclavicular joint or joints, minimum of three views	6.0			
71250	Computerized axial tomography, thorax; without contrast material	77.0			
71260	with contrast material(s)	84.0			
71270	without contrast material, followed by contrast material(s) and further sections	90.0			
<p>(For coronal, sagittal, and/or oblique sections, see 76375)</p>					
71550	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy)	120.0			
<p><u>AMENDATORY SECTION</u> (Amending Order 87-18, filed 7/23/87)</p> <p>WAC 296-23A-244 SPINE AND PELVIS.</p>					
		Unit Value			
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	16.0			
72020	Radiologic examination, spine, single view, specify level	6.5			
72040	Radiologic examination, spine, cervical; anteroposterior and lateral	6.0			
72050	minimum of four views	10.0			
72052	complete, including oblique and flexion and/or extension studies	15.2			

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23A-246 UPPER EXTREMITIES.

	Unit Value
73000 Radiologic examination; clavicle, complete	4.8
73010 scapula, complete	6.0
73020 Radiologic examination, shoulder; one view	4.0
73030 complete, minimum of two views	6.0
73041 Radiologic examination, shoulder, arthrography; complete procedure	10.0
73050 Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	7.0
73060 humerus, minimum of two views	4.8
73070 Radiologic examination, elbow; anteroposterior and lateral views	4.8
73080 complete, minimum of three views	6.0
73086 Radiologic examination, elbow, arthrography; complete procedure	10.0
73090 Radiologic examination; forearm, anteroposterior and lateral views	4.8
73100 Radiologic examination, wrist; anteroposterior and lateral views	4.0
73110 complete, minimum of three views	6.0
73116 Radiologic examination, wrist, arthrography; complete procedure	10.0
73120 Radiologic examination, hand; two views	4.0
73130 minimum of three views	6.0
73140 Radiologic examination, finger or fingers, minimum of two views	3.6
73200 Computerized axial tomography, upper extremity; without contrast material	58.0
73201 with contrast material(s)	64.0
73202 without contrast material, followed by contrast material(s) and further sections	71.0
73220 Magnetic resonance (e.g., proton) imaging, upper extremity, <u>other than joint</u>	120.0
<u>73221 Magnetic resonance (e.g., proton) imaging, any joint of upper extremity</u>	<u>120.0</u>

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-248 LOWER EXTREMITIES.

	Unit Value
73500 Radiologic examination, hip; unilateral, one view	5.0
73510 complete, minimum of two views	7.0
73520 Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	9.6
73526 Radiologic examination, hip, arthrography; complete procedure	BR
73530 Radiologic examination, hip, during operative procedure	16.0
(((73531 has been deleted. To report, use 73530)))	
73550 Radiologic examination, femur, anteroposterior and lateral views	6.0
73560 Radiologic examination, knee; anteroposterior and lateral views	4.4
73562 anteroposterior and lateral, with oblique(s), minimum of three views	6.4
73564 complete, including oblique(s), and/or tunnel, and/or patellar, and/or standing views	8.4
(((73570 Minimum of three views has been deleted. Report using 73562, 73564)))	
73581 Radiologic examination, knee, arthrography; complete procedure	16.0
73590 Radiologic examination; tibia and fibula, anteroposterior and lateral views	4.8
73592 lower extremity, infant, minimum of two views	4.0
73600 Radiologic examination, ankle; anteroposterior and lateral views	4.4

73610 complete, minimum of three views	6.0
73616 Radiologic examination, ankle, arthrography; complete procedure	10.0
73620 Radiologic examination, foot; anteroposterior and lateral views	4.0
73630 complete, minimum of three views	5.6
73650 Radiologic examination; calcaneus, minimum of two views	4.4
73660 toe or toes, minimum of two views	3.6
73700 Computerized axial tomography, lower extremity; without contrast material	58.0
73701 with contrast material(s)	64.0
73702 without contrast materials, followed by contrast material(s) and further sections	71.0
(For coronal, sagittal, and/or oblique sections, see 76375)	
73720 Magnetic resonance (e.g., proton) imaging, lower extremity, <u>other than joint</u>	120.0
<u>73721 Magnetic resonance (e.g., proton) imaging, any joint of lower extremity</u>	<u>120.0</u>

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23A-252 GASTROINTESTINAL TRACT.

	Unit Value
74210 Radiologic examination; pharynx and/or cervical esophagus	8.8
74220 esophagus	8.8
74230 Swallowing function, pharynx and/or esophagus, with cineradiography and/or video	12.0
74235 Removal of foreign body(s), esophageal, with use of balloon catheter under fluoroscopic guidance	BR
74240 Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	14.0
74241 with or without delayed films, with KUB	15.2
74245 with small bowel, includes multiple serial films	17.6
74246 Radiologic examination, 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 or without delayed film, with KUB	BR
74249 with small bowel follow through	BR
74250 Radiologic examination, small bowel, includes multiple serial films	14.0
74260 Duodenography, hypotonic	BR
74270 Radiologic examination; colon; barium enema	12.0
(((74275 has been deleted. If necessary to report, use 76499)))	
74280 air contrast with high density barium, with or without glucagon	14.0
(((74285 has been deleted. To report, see 74270, 74280)))	
74290 Cholecystography, oral contrast	9.6
74291 additional or repeat examination or multiple day examination	4.8
74300 Cholangiography and/or pancreatography; during surgery	10.0
74301 additional set during surgery	3.0
74305 postoperative	12.0
(For biliary duct stone extraction, percutaneous, see 74327)	
74310 intravenous	16.0
74315 oral contrast	12.0
(74310, 74315 have been deleted. To report, use 76499)	
74321 Cholangiography, percutaneous, transhepatic; complete procedure	16.0

		Unit Value	AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)	Unit Value
			WAC 296-23A-256 GYNECOLOGICAL AND OBSTETRICAL.	
			(For abdomen and pelvis, see 74000-74170, 72170-72190)	
74327	Postoperative biliary duct stone removal, percutaneous via T-tube tract, basket or snare (e.g., Burhenne technique) fluoroscopic monitoring and radiography	BR	74710 Pelvimetry, with or without placental localization	10.0
74328	Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography	BR	74720 Radiologic examination, abdomen, for fetal age, fetal position and/or placental localization; single view	4.0
74329	Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography	BR	74725 multiple views	6.0
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography	BR	((74731 Placentography with contrast cystography, complete procedure BR))	
74340	Introduction of long gastrointestinal tube, (e.g., Miller-Abbott), with multiple fluoroscopies and films	BR	(74731 has been deleted. To report, use 76499)	
74351	Percutaneous placement of gastrostomy tube; complete procedure	BR	74741 Hysterosalpingography; complete procedure	10.8
74356	Percutaneous placement of enteroclysis tube; complete procedure	BR	((74460, 74461 have been deleted. To report, use 76499))	
74361	Intraluminal dilation of strictures and/or obstructions (e.g., esophagus or biliary tree); complete procedure	BR	74775 Perincogram (e.g., vaginogram, for sex determination or extent of anomalies)	BR
			AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)	
			WAC 296-23A-258 VASCULAR SYSTEM.	
			HEART	
		Unit Value	75501 Angiocardiography by cineradiography; complete procedure	22.0
74400	Urography (pyelography) intravenous, with or without KUB	15.2	75506 Angiocardiography by serialography, single plane; complete procedure	23.0
74405	with special hypertensive contrast concentration and/or clearance studies	16.0	75509 Angiocardiography by serialography, multiplane; complete procedure	46.0
74410	Urography, infusion, drip technique and/or bolus technique	20.0	((75510, 75511 CO2 or positive contrast angiocardiology has been deleted. To report, use 76499))	
74415	with nephrotomography	26.0		
74420	Urography, retrograde, with or without kidneys, ureters, and bladder	12.0	75520 Cardiac radiography, selective cardiac catheterization, right side; complete procedure	43.0
74426	Urography, antegrade, (pyelostogram, nephrostogram, loopogram); complete procedure	BR	75524 Cardiac radiography, selective cardiac catheterization, left side; complete procedure	21.5
74431	Cystography, minimum of three views; complete procedure	8.8	75528 Cardiac radiography, selective cardiac catheterization, right and left side; complete procedure	55.0
74441	Vasography, vesiculography, or epididymography; complete procedure	8.8	75552 Magnetic resonance (e.g., proton) imaging, myocardium	120.0
74446	Corpora cavernosography; complete procedure	BR		
74451	Urethrocytography, retrograde; complete procedure	9.6	AORTA AND ARTERIES	
74456	Urethrocytography, voiding; complete procedure	14.0	75601 Aortography, thoracic, without serialography; complete procedure	20.0
			75606 Aortography, thoracic, by serialography; complete procedure	30.0
			75621 Aortography, abdominal, translumbar, without serialography; complete procedure	32.0
74471	Radiologic examination, renal cyst study, translumbar, contrast visualization; complete procedure	10.0	75623 Aortography, abdominal, catheter, without serialography; complete procedure	32.0
74476	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, with fluoroscopic monitoring and radiography; complete procedure	BR	75626 Aortography, abdominal, translumbar, by serialography; complete procedure	40.0
74481	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, with fluoroscopic monitoring and radiography; complete procedure	BR	75628 Aortography, abdominal, catheter, by serialography; complete procedure	48.0
74486	Dilation of nephrostomy or ureters with fluoroscopic monitoring and radiography; complete procedure	BR	75631 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; complete procedure	BR
			75651 Angiography, cervicocerebral, catheter, including vessel origin; complete procedure	40.0
			75653 Angiography, cervicocerebral, selective catheter, including vessel origin; one vessel, complete procedure	36.0
			75655 two vessels, complete procedure	38.0
			75657 three or four vessels, complete procedure	40.0

	Unit Value		Unit Value
75956		76089	Mammary ductogram or galactogram, multiple ducts; complete procedure 26.5
	BR	76090	Mammography, unilateral 8.8
75961		76091	bilateral 13.2
	BR		(For xeromammography, list 76150 in addition to code for mammography)
75963		76096	Localization of breast nodule or calcification; before operation, with marker and confirmation of its position with appropriate imaging (e.g., ultrasound or radiologic) 14.6
	BR		each additional localization 7.3
75965		76097	Radiologic examination, breast surgical specimen BR
	BR	76098	Radiologic examination, single plane body section, (e.g., tomography), other than ((kidney)) with urography 13.2
75967		76100	Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than ((kidney)) with urography; unilateral 19.3
	BR		bilateral 35.0
75969			(For nephrotomography, see 74415)
	BR	76102	Cineradiography, except where specifically included 13.2
75971		76125	Cineradiography to complement routine examination 7.0
75979			((76127 has been deleted. The use of photographic media is not reported separately but is considered to be a component of the basic procedure))
	BR		(76130-76137 have been deleted. To report, use code for specific radiologic examination))
75981		76150	Xeroradiography 6.0
	BR		((76300 has been deleted. For thermography of the breast, use 76499))
75983		76350	Subtraction in conjunction with contrast studies BR
	BR	76355	Computerized tomography guidance for stereotactic localization BR
75985		76361	Computerized tomography guidance for needle biopsy; complete procedure BR
	BR	76366	Computerized tomography guidance for cyst aspiration; complete procedure BR
75990		76370	Computerized tomography guidance for placement of radiation therapy fields BR
	BR	76375	Computerized tomography, coronal, sagittal, multiplanar, ((and/or)) oblique and/or 3 dimensional reconstruction 23.5
		76400	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply 120.0
		76499	Unlisted diagnostic radiologic procedure BR
			AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)
			WAC 296-23A-260 MISCELLANEOUS.
			(For arthrography of shoulder, see 73041, elbow, see 73086, wrist, see 73116, hip, see 73526, knee, see 73581, ankle, see 73616)
76000	3.0		Fluoroscopy (separate procedure) up to one hour physician time, other than 71023 or 71034
76001			Fluoroscopy, physician time more than one hour, assisting a nonradiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) BR
76003			Fluoroscopic localization for needle biopsy or fine needle aspiration BR
76020	6.0		Bone age studies
76040	10.0		Bone length studies (orthoroentgenogram, scanogram)
			((76060 Osseous survey has been expanded into 76061, 76062))
76061	15.2		((Radiological)) Radiologic examination, osseous survey; limited (e.g., for metastases)
	BR		complete (axial and appendicular skeleton)
76062	13.2		Radiologic examination; osseous survey, infant
76065			Joint survey, single view, one or more joints (specify) BR
76066			Computerized tomography, bone density study BR
76070			Radiologic examination, fistula or sinus tract study; complete procedure 12.0
76081			Mammary ductogram or galactogram, single duct; complete procedure 15.8
76087			AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)
			WAC 296-23A-262 DIAGNOSTIC ULTRASOUND.
			Notes
		A-mode:	Implies a one-dimensional ultrasonic measurement procedure
		M-mode:	Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures
		B-scan:	Implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display
		Real-time scan:	Implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time

	Unit Value		Unit Value
HEAD AND NECK			
((76500 Echoencephalography, A-mode, diencephalic midline	7.7	76815 limited (fetal growth rate, heart beat, anomalies, placental location)	9.7
(76505 has been deleted. To report complete A-mode echoencephalography, use 76999))		76816 follow-up or repeat (((e.g., for follicles)))	BR
76506 Echoencephalography, B-scan and/or real time with image documentation (gray scale) (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	((75818))	
76511 Ophthalmic ultrasound, echography; A-mode ((spectral analysis)) with amplitude quantitation.	22.9	76818 Fetal biophysical profile	BR
76512 contact B-scan	22.9	76825 Echocardiography, fetal heart in utero	BR
76513 immersion (water bath) B-scan	22.9	76855 Echography, pelvic area (Doppler)	11.4
((76515 has been deleted. To report, use 76999))		76856 Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete	BR
76516 Ophthalmic biometry by ultrasound echography, A-mode	15.4	76857 limited or follow-up (e.g., for follicles)	BR
((76517 has been deleted. To report, use 76999))		GENITALIA	
76519 with intraocular lens power calculation	BR	76870 Echography, scrotum and contents	BR
76529 Ophthalmic ultrasound foreign body localization	BR	EXTREMITIES	
((76530 has been deleted. To report A-mode echography of thyroid, use 76999))		76880 Echography, extremity, B-scan and/or real time with image documentation	BR
(76535 has been deleted. To report, use 76536))		VASCULAR STUDIES	
76536 Echography, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation	BR	76925 Imaging, peripheral ((imaging)), (e.g., B-scan, Doppler or real-time scan)	BR
		76926 Imaging, head and trunk (e.g., Duplex Doppler)	BR
HEART			
((76601 has been deleted. To report, use 76999))		ULTRASONIC GUIDANCE PROCEDURES	
76604 Echography, chest, B-scan (includes mediastinum) and/or real time with image documentation	11.4	76931 Ultrasonic guidance for pericardiocentesis; complete procedure	BR
76620 Echocardiography, M-mode; complete	15.4	76935 Ultrasonic guidance for thoracentesis; complete procedure	5.0
76625 limited, (e.g., follow-up or limited study)	7.7	76939 Ultrasonic guidance for cyst (any location) or renal pelvis aspiration; complete procedure	2.0
76627 Echocardiography, real time with image documentation (2D); complete	11.4	76943 Ultrasonic guidance for needle biopsy; complete procedure	6.0
76628 limited	9.7	((76945 Ultrasonic guidance for abscess or collection drainage; complete procedure	BR))
76629 Echocardiography, M-mode ((and/or)) real time with image documentation (2D)	BR	(76945 has been deleted. See 75990)	
76632 Doppler echocardiography	BR	76947 Ultrasonic guidance for amniocentesis; complete procedure	6.0
(Procedure 76632 is often performed in combination with M-mode or 2-dimensional echocardiography)		76949 Ultrasonic guidance for aspiration of ova; complete procedure	BR
((76640 has been deleted. To report A-mode echography of the breast, use 76999))		76950 Echography for placement of radiation therapy fields, B-scan	17.1
76645 Echography, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	19.2	76960 Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	14.3
ABDOMEN AND RETROPERITONEUM			
76700 Echography, abdominal, B-scan and/or real time with image documentation; complete study	22.9	MISCELLANEOUS	
76705 limited (e.g., single organ, quadrant, follow-up)	15.4	76970 Ultrasound study follow-up (specify)	10.0
76770 Echography, retroperitoneal (e.g., renal, aorta, nodes) B-scan and/or real time with image documentation; complete	22.9	((76980 has been deleted. To report, use code for specific ultrasound examination)	
76775 limited	19.2	(76985 has been deleted. To report, use 76986))	
PELVIS			
76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete	21.2	76986 Echography, intraoperative	BR
		((76990 has been deleted. To report, use 76999))	
		76991 Intraluminal ultrasound study (e.g., transrectal, ((transvesical)) transvaginal)	BR
		76999 Unlisted ultrasonic procedure	BR
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			
WAC 296-23A-264 THERAPEUTIC RADIOLOGY. Listings of therapeutic radiology provide for teletherapy and brachytherapy to include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during course of treatment and for three months following its completion.			
		77299 Unlisted procedure, therapeutic radiology clinical treatment planning	
		77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices	

77499 Unlisted procedure, therapeutic radiology clinical treatment management

77799 Unlisted procedure, clinical brachytherapy

(For treatment by injectable or ingestible isotopes, see subsection NUCLEAR MEDICINE)

CONSULTATION: CLINICAL MANAGEMENT

Preliminary consultation, evaluation of patient prior to decision to treat, or full medical care (in addition to treatment management) when provided by the therapeutic radiologist may be identified by the appropriate procedure codes from medicine or surgery sections.

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

The clinical treatment planning process is a complex service including interpretation of special testing, tumor localization, treatment volume determination, treatment time/dosage determination, choice of treatment modality, determination of number and size of treatment ports, selection of appropriate treatment devices, and other procedures.

DEFINITIONS:

Simple—planning requiring single treatment area of interest encompassed in a single port or simple parallel opposed ports with simple blocking.

Intermediate—planning requiring three or more converging ports, two separate treatment areas, special blocking, or special time dose constraints.

Complex—planning requiring highly complex blocking, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations.

((Procedures 77260, 77265, 77270, 77275 have been deleted. To report, use 77261-77263))

Bill procedure codes 77261-77299 only if a technical component has been performed.

Table with 2 columns: Code, Description. Includes codes 77261, 77262, 77263, 77280, 77285, 77290, 77299.

MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

Table with 2 columns: Code, Description. Includes codes 77300, 77305, 77310, 77315.

((Procedures 77320, 77325, 77330, 77335, 77340 have been deleted. To report, use 77300-77399 as appropriate))

Table with 2 columns: Code, Description. Includes codes 77321, 77326.

Table with 2 columns: Code, Description. Includes codes 77327, 77328, 77331, 77332, 77333, 77334, 77336, 77370, 77399.

((Procedures 77345-77360 have been deleted. To report, use 77300-77399 as appropriate))

CLINICAL TREATMENT MANAGEMENT

Except where specified, assumes a treatment on a daily basis (4 or 5 fractions per week) with the use of megavoltage photon or high energy particle sources. Daily and weekly clinical treatment management are mutually exclusive for the same dates.

DEFINITIONS: Simple—single treatment area, single port or parallel opposed ports, simple blocks.

Intermediate—two separate treatment areas, three or more ports on a single treatment area, use of special blocks.

Complex—three or more separate treatment areas, highly complex blocking (mantle, inverted Y, tangential ports, wedges, compensators, or other special beam considerations).

Bill procedure codes 77400-77499 only if a technical component has been performed.

Table with 2 columns: Code, Description. Includes codes 77400, 77405, 77410, 77415, 77420, 77425, 77430.

((Procedures 77435-77460 have been deleted. To report, use 77400-77499 as appropriate))

Table with 2 columns: Code, Description. Includes codes 77465, 77470.

(77470 assumes that the procedure be performed one or more times during the course of therapy, in addition to daily or weekly patient management)

Table with 2 columns: Code, Description. Includes code 77499.

HYPERTHERMIA

Hypertthermia treatments as listed in this section include external (superficial and deep) and interstitial. Radiation therapy when given concurrently is listed separately.

Hyperthermia is used only as an adjunct to radiation therapy or chemotherapy. It may be induced by a variety of sources, e.g., microwave, ultrasound, low energy radio-frequency conduction, or by probes.

The listed treatments include management during the course of therapy and follow-up care for three months after completion. Preliminary consultation is not included (see WAC 296-21-030). Physics planning and interstitial insertion of temperature sensors, and use of external or interstitial heat generating sources are included.

The following descriptors are included in the treatment schedule:

	Unit Value
77600 Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)	BR
77605 deep (i.e., heating to depths greater than 4 cm)	BR
77610 Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	BR
77615 more than 5 interstitial applicators	BR

CLINICAL INTRACAVITARY HYPERTHERMIA

<u>77620 Hyperthermia generated by intracavitary probe(s)</u>	<u>BR</u>
---	-----------

CLINICAL BRACHYTHERAPY

Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest.

DEFINITIONS: (Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement)

Simple—application with one to four sources/ribbons

Intermediate—application with five to ten sources/ribbons

Complex—application with greater than ten sources/ribbons

~~((Procedures 77600-77699 have been deleted. To report, use 77332-77334 or 77399 as appropriate))~~

~~((Procedures 77700-77749 have been deleted. To report, use 77761-77799 as appropriate))~~

	Unit Value
77750 Infusion or instillation of radioelement solution	12.5
((Procedures 77755-77785 have been deleted. To report, use 77761-77799 as appropriate))	
77761 Intracavitary radioelement application; simple	BR
77762 intermediate	BR
77763 complex	BR
77776 Interstitial radioelement application; simple	BR
77777 intermediate	BR
77778 complex	BR
77789 Surface application of radioelement	24.75
77790 Supervision, handling, loading of radioelement	33.5
77799 Unlisted procedure, clinical brachytherapy	BR

~~((Procedures 77800 has been deleted. To report, use 77331))~~

~~((Procedures 77805-77810 have been deleted. To report, use 77305-77321 or 77326-77328 as appropriate))~~

~~((Procedures 77850 has been deleted. To report, use 77300, 77336, 77370))~~

~~((Procedures 77860 has been deleted. To report, use 77336))~~

~~((Procedures 77999 has been deleted. To report, use 77399))~~

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23A-266 NUCLEAR MEDICINE.

Notes: Listed procedures may be performed independently or in the course of overall medical care.

Radioimmunoassay tests are found in the clinical pathology section (codes 82000-84999). These codes can be appropriately used by any specialist performing such tests in a laboratory licensed and/or certified for radioimmunoassays. The reporting of these tests is not confined to clinical pathology laboratories alone.

DIAGNOSTIC

	Unit Value
<u>ENDOCRINE SYSTEM</u>	
78000 Thyroid uptake, single determination	6.0
78001 multiple determinations	8.0
78003 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)	25.0
78017 multiple areas	BR
78018 whole body	BR

(For triiodothyronine (true TT-3), RIA, see 84480)

(For calcitonin, RIA, see 82308)

(For triiodothyronine, fee (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, fee, RIA (unbound T-4 only), see 84439)

~~((78070 has been deleted. To report parathyroid imaging, use 78099))~~

(For parathormone (parathyroid hormone), RIA, see 83970)

<u>78070 Parathyroid imaging</u>	<u>BR</u>
<u>78075 Adrenal cortical imaging</u>	<u>BR</u>

(For adrenal cortex antibodies, RIA, see 86681)

(For cortisol, RIA, plasma, see 82533)

(For cortisol, RIA, urine, see 82534)

(For aldosterone, double isotope technique, see 82087)

(For aldosterone, RIA, blood, see 82088)

(For aldosterone, RIA, urine, see 82089)

(For 17-ketosteroids, RIA, see 83588)

(For 17-OH ketosteroids, RIA, see 83599)

(For 17-hydroxycorticosteroids, RIA, see 83491)

(For insulin, RIA, see 83525)

(For insulin antibodies, RIA, see 86337)

(For insulin factor antibodies, RIA, see 86338)

(For proinsulin, RIA, see 84206)

(For glucagon, RIA, see 82943)

	Unit Value		Unit Value
(For adrenocorticotrophic hormone (ACTH), RIA, see 82024)		(For hemosiderin, RIA, see 83071)	
(For human growth hormone (HGH), (somatotropin), RIA, see 83003)		(For intrinsic factor antibodies, RIA, see 86340)	
(For human growth antibody, RIA, see 86277)		(For cyanocobalamin (vitamin B-12), RIA, see 82607)	
(For thyroglobulin antibody, RIA, see 86800)		(For folic acid (folate) serum, RIA, see 82746)	
(For thyroid microsomal antibody, RIA, see 86376)		(For human hepatitis antigen, hepatitis associated agent (Australian antigen) (HAA), RIA, see 86287)	
(For thyroid stimulating hormone (TSH), RIA, see 84443)		(For hepatitis A antibody (HAAb), RIA, see 86296)	
(For thyrotropin releasing factor, RIA, see 84444)		(For hepatitis A virus antibody (HAVAb), see 86297)	
(For plus long-acting thyroid stimulator (LATS), see 84445)		(For hepatitis B core antigen (HB _c Ag), RIA, see 86288)	
(For follicle stimulating hormone (FSH component of pituitary gonadotropin), RIA, see 83001)		(For hepatitis B core antibody (HB _c Ab), RIA, see 86289)	
(For luteinizing hormone (LH component of pituitary gonadotropin), (ICSH), RIA, see 83002)		(For hepatitis B surface antigen (HB _s Ag), RIA, see 86287)	
(For luteinizing releasing factor (LRH), RIA, see 83727)		(For hepatitis B surface antibody (HB _s Ab), RIA, see 86291)	
(For prolactin level (mammotropin), RIA, see 84146)		(For hepatitis Be antigen (HB _e Ag), RIA, see 86293)	
(For oxytocin level, (oxytocinase), RIA, see 83949)		(For hepatitis Be antibody (HB _e Ab), RIA, see 86295)	
(For vasopressin level (antidiuretic hormone), RIA, see 84588)		78185 Spleen imaging only	20.0
(For estradiol, RIA, see 82670)		(If combined with liver study, use procedures 78215 and 78216)	
(For progesterone, RIA, see 84144)		78186 with vascular flow	25.0
(For testosterone, blood, RIA, see 84403)		78191 Platelet survival	BR
(For testosterone, urine, RIA, see 84405)		78192 White cell localization; limited area scanning	BR
(For etiocholanolone, RIA, see 82696)		78193 whole body	BR
78099 Unlisted endocrine procedure, diagnostic nuclear medicine	BR	78195 Lymphatics and lymph glands imaging	BR
(For chemical analysis, RIA tests, see Chemistry and Toxicology section)		78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	BR
		(For chemical analysis, RIA tests, see Chemistry and Toxicology section)	
HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM			
78102 Bone marrow imaging; limited area	BR	GASTROINTESTINAL SYSTEM	
78103 multiple areas	BR	78201 Liver imaging; static only	20.0
78104 whole body	BR	78202 with vascular flow	25.0
78110 Blood or plasma volume, radionuclide-dilution technique; (separate procedure) single sampling	8.0	78205 Liver imaging (SPECT)	BR
78111 multiple samplings	BR	(For spleen imaging only, use 78185 and 78186)	
(For dye method, see 84605, 84610)		78215 Liver and spleen imaging; static only	25.0
78120 Red cell volume determination (separate procedure) single sampling	12.0	78216 with vascular flow	30.0
78121 multiple samplings	BR	78220 Liver function study with hepatobiliary agents; with serial images	20.0
78122 Whole blood volume determination including separate measurement of plasma volume and red cell volume (radionuclide volume-dilution technique)	8.0	((78221 has been deleted. To report liver function study with probe technique, use 78299))	
(For dye method, see 84610)		78223 Hepatobiliary ductal system imaging, including gallbladder	BR
78130 Red cell survival study	20.0	78225 Liver-lung imaging (e.g., subphrenic abscess)	BR
78135 with splenic and/or hepatic sequestration	30.0	78230 Salivary gland imaging	14.0
78140 Red cell splenic and/or hepatic sequestration	20.0	78231 with serial images	16.0
78160 Plasma radioiron disappearance (turnover) rate	16.0	78232 Salivary gland function study	BR
78162 Radioiron oral absorption	BR	((78240 has been deleted. To report pancreas imaging, use 78299))	
78170 Radioiron red cell utilization	24.0	78258 Esophageal motility	BR
78172 Chelatable iron for estimation of total body iron	BR	78261 Gastric mucosa imaging	BR
(78180 has been deleted. To report radioiron body distribution and storage pools, use 78199)		78262 Gastroesophageal reflux study	BR
		78264 Gastric emptying study	BR
		78270 Vitamin B-12 absorption studies (e.g., Schilling test); without intrinsic factor (e.g., Schilling test)	10.0

	Unit Value		Unit Value
78271 with intrinsic factor (e.g., Schilling test)	20.0	stress at submaximal or maximal levels	BR
78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor	25.0	(78413 has been deleted. To report, use 78411)	
78276 Gastrointestinal aspirate blood loss localization . .	BR	(78405, 78406 Myocardium imaging has been deleted. To report, use 78418-78424))	
78278 Acute gastrointestinal blood loss imaging	BR		
78280 Gastrointestinal blood loss study	16.0		
78282 Gastrointestinal protein loss	12.0	78414 Determination of ventricular ejection fraction with probe technique	BR
((78285, 78286 have been deleted. To report gastrointestinal fat or fatty acid absorption studies, use 78299))		78415 Cardiac blood pool imaging, functional imaging (e.g., phase and amplitude analysis)	BR
(For gastrin, RIA, see 82941)		((78418 Myocardium imaging, regional myocardial perfusion at rest	BR
(For intrinsic factor level, see 83528)		78419 with exercise and/or pharmacological 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	BR
(For carcinoembryonic antigen level (CEA), RIA, see 86151)		78420 Myocardium imaging, with quantitative evaluation (e.g., pharmacokinetic temporal assessment) . .	BR
78290 Bowel imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	20.0	78422 for evaluation of infarction (infarct avid imaging)	BR
78291 Peritoneal-venous shunt patency test (e.g., for LeVeen shunt)	BR	78424 regional myocardial perfusion (redistribution resting or postexercise study)	BR))
78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine	BR	(78418-78424 have been deleted. See 78460-78469)	
(For chemical analysis, RIA tests, see Chemistry and Toxicology section)			
MUSCULOSKELETAL SYSTEM			
(Bone and joint imaging can be used in the diagnosis of a variety of infectious inflammatory diseases, e.g., osteomyelitis, as well as for localization of primary and/or metastatic neoplasms)		78425 Cardiac regurgitant index	BR
78300 Bone imaging, limited area (e.g., skull, pelvis) . . .	25.0	78428 Cardiac shunt detection	BR
78305 multiple areas	40.0	78435 Cardiac flow imaging (i.e., angiocardigraphy) . .	BR
78306 whole body	48.2	78445 Vascular flow imaging (i.e., angiography, venography)	BR
78310 vascular flow only	BR	78455 Venous thrombosis study (e.g., radioactive fibrinogen)	BR
78315 by three phase technique	BR	78457 Venous thrombosis imaging (e.g., venogram); unilateral	BR
78320 tomographic (SPECT)	BR	78458 bilateral	BR
78350 Bone density (bone mineral content) study; single photon absorptionmetry	BR	78460 Myocardial imaging; resting only, quantitative, or qualitative	BR
78351 dual photon absorptionmetry	BR	78461 exercise and redistribution, qualitative or quantitative, with or without pharmacological intervention	BR
78380 Joint imaging; limited area	BR	78462 quantitative, at rest only	BR
78381 multiple areas	BR	78463 quantitative, at rest plus exercise and/or pharmacological intervention	BR
78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine	BR	78464 tomographic (SPECT), at rest only, qualitative or quantitative	BR
CARDIOVASCULAR SYSTEM			
(78401 ((has))-78412 have been deleted. To report, see ((78402-78415)) 78471-78489)		78465 tomographic (SPECT) with exercise and redistribution, qualitative or quantitative, with or without pharmacological intervention	BR
((78402 Cardiac blood pool imaging with vascular flow assessment (sequential imaging with or without time activity curve evaluation)	25.0	78466 Myocardial imaging, infarct avid, at rest; qualitative	BR
78403 Cardiac blood pool imaging by gated equilibrium blood pool 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	BR	78467 quantitative	BR
78404 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	BR	78468 with first pass technique	BR
78407 with determination of ventricular volume (specify right, left, or both)	BR	78469 with emission computed tomography	BR
(78409 has been deleted. To report, use 78403)		78470 Cardiac output	BR
78411 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	BR	78471 Cardiac blood pool imaging, gated equilibrium, at rest, wall motion study plus ejection fraction	BR
78412 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		78472 Cardiac blood pool imaging, gated equilibrium, at rest, wall motion study plus regional ejection fraction	BR
		78474 quantitative wall motion study plus ejection fraction plus ventricular volume determination	BR
		78475 quantitative wall motion study, with exercise and/or pharmacological intervention	BR
		78476 quantitative wall motion study plus ejection fraction, with exercise and/or pharmacological intervention	BR
		78477 quantitative wall motion study plus ejection fraction plus ventricular volume determination, with exercise and/or pharmacological intervention	BR
		78479 serial studies, any combination	BR
		78481 Cardiac blood pool imaging, first pass technique, at rest; wall motion study with ejection fraction . .	BR
		78484 quantitative wall motion study plus ejection fraction plus ventricular volume determination . .	BR

	Unit Value		Unit Value
78485		78704 with function study (i.e., imaging renogram) ..	23.0
		78707 with vascular flow and function study	30.0
78486	<u>BR</u>	78710 <u>Kidney imaging (SPECT)</u>	<u>BR</u>
		78715 Kidney vascular flow only	<u>BR</u>
78487	<u>BR</u>	78725 Kidney function study only	<u>BR</u>
		78726 with pharmacological intervention	<u>BR</u>
		(For renin (angiotensin I), RIA, see 84244)	
		(For angiotensin II, RIA, see 82163)	
78489	<u>BR</u>	(For beta-2 microglobulin, RIA, see 82231, 82232)	
		78727 Kidney transplant evaluation	<u>BR</u>
		78730 Urinary bladder residual study	<u>BR</u>
		78740 Ureteral reflux study (radionuclide voiding cystogram)	<u>BR</u>
		(For estradiol, RIA, see 82670)	
		(For estriol, RIA, see 82677)	
78499	<u>BR</u>	(For progesterone, RIA, see 84144)	
		(For prostatic acid phosphatase, RIA, see 84066)	
		78760 Testicular imaging	<u>BR</u>
		78761 with vascular flow	<u>BR</u>
		(For testosterone, blood, RIA, see 84403)	
		(For testosterone, urine, RIA, see 84405)	
		((78770, 78775 have been deleted. To report either placenta imaging or placenta localization, use 78799))	
		(For lactogen, human placental (HPL) chorionic somatomammotropin, RIA, see 83632)	
		((For chorionic gonadotropin, RIA, see 82998))	
		(For chorionic gonadotropin beta subunit, RIA, see ((84701)) 84702, 84703)	
		(For pregnanediol, RIA, see 84135)	
		(For pregnanetriol, RIA, see 84138)	
		78799 Unlisted genitourinary procedure, diagnostic nuclear medicine	<u>BR</u>
		(For chemical analysis, RIA tests, see Chemistry and Toxicology section)	
RESPIRATORY SYSTEM			
78580	26.0		
78581	<u>BR</u>		
78582	<u>BR</u>		
78584	<u>BR</u>		
78585	1.6		
78586	<u>BR</u>		
78587	<u>BR</u>		
78591	<u>BR</u>		
78593	22.0		
78594	<u>BR</u>		
78599	<u>BR</u>		
NERVOUS SYSTEM			
78600	26.0		
78601	31.0		
78605	30.0		
78606	35.0		
78607	<u>BR</u>		
78610	10.0		
78615	<u>BR</u>	78800 ((Tumor) Radionuclide localization of tumor; limited area	<u>BR</u>
78630	35.0	(For specific organ, see appropriate heading)	
78635	35.0	(For eye tumor identification, see 78655)	
((78640 myelography	<u>BR</u>)	78801 multiple areas	<u>BR</u>
		78802 whole body	<u>BR</u>
		78803 Tumor localization (SPECT)	<u>BR</u>
		78805 Abscess localization; limited area	<u>BR</u>
		78806 whole body	<u>BR</u>
		(For imaging bone infectious inflammatory disease, see 78300-78381)	
		(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)	
		(78640 has been deleted. Use 78699)	
78645	35.0		
78650	32.0		
78652	<u>BR</u>		
		(For myelin basic protein, CSF, RIA, see 83873)	
78655	<u>BR</u>		
78660	<u>BR</u>		
78699	<u>BR</u>		
GENITOURINARY SYSTEM			
78700	18.0		
78701	20.0		

	Unit Value	
(For alpha-1 fetoprotein, RIA, see 86244)		
(For antinuclear antibodies, RIA, see 86038)		
(For lactic dehydrogenase, RIA, see 83610)		
(For amikacin, see 82112)		
(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)) 82512)		
(For cocaine, quantitative, see 82520)		
(For diazepam, see 82636)		
(For dihydromorphinone, quantitative, see 82649)		
(For phenytoin (diphenylhydantoin), see 84045)		
(For flucytosine, see 82741)		
(For gentamicin, see 84695)		
(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)) 84810)		
(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)	12.0	
78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine	BR	

The technical component represents the expenses of the nonpathologist personnel, materials, facilities and space, used for diagnostic or therapeutic services rendered.

The professional component represents the professional services supplied by physicians. See WAC 296-23-200 to 296-23-232 for billing the professional component.

((Panel (profile) tests. These are certain multiple tests performed on a single specimen of blood or urine. They are distinguished from the single or multiple test(s) performed on an "individual," "immediate," or "stat" reporting basis:)) By report: "BR" in the unit value column indicates that the value of the service is to be determined by report (BR) because the service is too unusual, variable, or new to be assigned a unit value. The report should provide an adequate definition or description of the services or procedure as discussed in WAC 296-23A-315. Whenever possible, list the nearest similar procedure code according to this schedule. The department or self-insurer may adjust BR procedures when such action is indicated.

It is appropriate to designate separate or multiple procedures that are rendered on the same date by separate entries.

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23A-325 PANEL OR PROFILE TESTS.

The following list contains those tests that can be and are frequently done as groups and combinations ("profiles") on automated multi-channel equipment. For any combination of tests among those listed immediately below, use the appropriate number 80002-((~~80019~~)) 80021. 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 in WAC 296-23A-300.

Albumin		
Albumin/globulin ratio		
Bilirubin, direct		
Bilirubin, total		
Calcium		
Carbon dioxide content		
Chlorides		
Cholesterol		
Creatinine		
Globulin		
Glucose (sugar)		
Lactic dehydrogenase (LDH)		
Phosphatase, alkaline		
Phosphorus (organic phosphate)		
Potassium		
Protein, total		
Sodium		
Transaminase, glutamic oxaloacetic (SGOT)		
Transaminase, glutamic pyruvic (SGPT)		
Urea nitrogen (BUN)		
Uric acid		
80002 Automated multichannel test; 1 or 2 clinical chemistry test(s)		21.0
80003 3 clinical chemistry tests		28.0
80004 4 clinical chemistry tests		32.0
80005 5 clinical chemistry tests		36.0
80006 6 clinical chemistry tests		40.0
80007 7 clinical chemistry tests		44.0
80008 8 clinical chemistry tests		48.0
80009 9 clinical chemistry tests		52.0
80010 10 clinical chemistry tests		56.0
80011 11 clinical chemistry tests		60.0
80012 12 clinical chemistry tests		64.0
80016 13-16 clinical chemistry tests		66.8
80018 17-18 clinical chemistry tests		69.6
80019 19-24 clinical chemistry tests		72.4
80020 25-30 clinical chemistry tests		75.2
80021 31 or more clinical chemistry tests		78.0

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-300 GENERAL INFORMATION—HOSPITAL OUTPATIENT PATHOLOGY AND LABORATORY. Rules and billing procedures pertaining to all practitioners rendering services to injured workers are presented in the general instructions section beginning with WAC 296-20-010. Some of the similarities are repeated here for the convenience of those hospitals referring to the pathology and laboratory section. Pathology and laboratory fees for nonhospital providers are covered in chapter 296-23 WAC.

The following procedures and fee maximums apply only when these services are performed by or under the supervision of a physician.

Unless otherwise specified, the fee maximums include the collection and handling of the specimens by the laboratory performing the procedure.

The department or self-insurer may deny payment for pathology or laboratory procedures which are determined to be excessive, unrelated, or unnecessary for management of the accepted industrial illness or injury.

	Unit Value
THERAPEUTIC DRUG MONITORING	
(e.g., antiepilepsy drugs, cardiac drugs, antibiotics, sedatives)	
80031 Therapeutic quantitative drug monitoring in ((blood)) body fluids and/or ((urine)) excreta; 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
80042 Serum antimicrobial level, bioassay method	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.

	Unit Value
80050 General health screen panel	BR
80056 Amenorrhea profile	BR
80057 Male infertility and/or gynecomastia 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
80089 Muscle panel	BR
80090 Antibody panel (e.g., TORCH: Toxoplasma IFA, rubella HI, cytomegalovirus CF, herpes virus CF)	BR
80099 Unlisted panel	BR

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-330 URINALYSIS.

(For specific analyses, see appropriate section)

	Unit Value
81000 Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy	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 has been deleted. To report, use 81099))

81010 concentration and dilution test	14.0
81011 water deprivation test	BR
81012 water deprivation test with vasopressin response ..	BR
81015 microscopic only	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 87-18, filed 7/23/87)

WAC 296-23A-335 CHEMISTRY AND TOXICOLOGY.

Notes: The material for examination may be from any source. Examination is quantitative unless specified. (For list of automated, multichannel tests, see 80003-80019)

Clinical pathology includes radioimmunoassay as one method of performing many chemistry tests. These codes can be appropriately used by any specialist performing such tests in a laboratory licensed and/or certified for radioimmunoassays. The reporting of these tests is not confined to clinical pathology laboratories alone.

	Unit Value
82000 Acetaldehyde, blood	40.0
82003 Acetaminophen, urine	40.0
(Acetic anhydride, see volatiles, 84600)	
82005 Acetoacetic acid	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 catecholamines, 82382-82384)	
82024 Adrenocorticotrophic hormone (ACTH), RIA	120.0
82030 Adenosine; 5'-diphosphate (ADP) and 5'-monophosphate (AMP), cyclic, RIA, blood	40.0
82035 5'-triphosphate, blood	40.0
82040 Albumin serum	20.0
82042 urine, quantitative (specify method, e.g., Esbach)	20.0
(For albumin/globulin ratio, albumin/globulin ratio by electrophoretic method, see 84155-84200)	
82055 Alcohol (ethanol), blood; chemical	30.0
82060 by gas-liquid chromatography	40.0
82065 Alcohol (ethanol), urine; chemical	30.0
82070 by gas-liquid chromatography	40.0
82072 Alcohol (ethanol) gelation	30.0
82075 Alcohol (ethanol), 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 technique	120.0
82088 RIA blood	100.0
82089 RIA urine	100.0

	Unit Value		Unit Value
82091 saline infusion test	BR		
(Alkaline phosphatase, see 84075-84080)		(For qualitative screen, see 82486, 82660, 82755, 84231)	
82095 Alkaloids, tissue; screening	80.0	82225 Barium	BR
82096 quantitative	120.0	(Bence-Jones protein, 84185)	
82100 Alkaloids, urine, screening	80.0	82230 Beryllium, urine	80.0
82101 quantitative	120.0	(Beta-glucosidase, see 82963)	
(See also 82486, 82600, 82662, 82755, 84231)		82231 Beta-2 microglobulin, RIA; urine	BR
(Alpha amino acid nitrogen, see 82126)		82232 serum	BR
(Alpha-hydroxybutyric (HBD) dehydrogenase, see 83485, 83486)		82235 Bicarbonate excretion, urine	BR
(Alphaketoglutarate, see 83584)		82236 Bicarbonate loading test	BR
(Alpha tocopherol (Vitamin E), see 84446)		(Bicarbonate, see 82374)	
82108 Aluminum, blood (serum)	BR	82240 Bile acids, blood, fractionated	120.0
82112 Amikacin	BR	82245 Bile pigments, urine	8.0
(Amikacin serum radioimmunoassay, see 80040)		82250 Bilirubin; blood, total or direct	24.0
82126 amino acid nitrogen, alpha	50.0	82251 blood, total and direct	30.0
82128 Amino acids, qualitative	40.0	82252 feces, qualitative	BR
82130 Amino acids, urine or plasma, chromatographic fractionation and quantitation, one or more	180.0	82260 urine, quantitative	12.0
82134 Aminohippurate, para (PAH)	30.0	82265 amniotic fluid, quantitative	30.0
82135 Aminolevulinic acid, delta (ALA)	50.0	82268 Bismuth	80.0
82137 Aminophylline	60.0	82270 Blood; occult, feces, screening	8.0
82138 Amitriptyline	60.0	82273 duodenal, gastric contents, qualitative	BR
82140 Ammonia; blood	40.0	(Blood urea nitrogen (BUN), see 84520-84525, 84545)	
82141 urine	40.0	(Blood volume, see 84605-84610, 78110, 78111)	
82142 Ammonium chloride loading test	40.0	82280 Boric acid; blood	100.0
82143 Amniotic fluid scan (spectrophotometric)	50.0	82285 urine	100.0
(For L/S ratio, see 83661)		82286 Bradykinin	BR
(Amobarbital, see 82205-82210)		82290 Bromides; blood	24.0
82145 Amphetamine or methamphetamine, chemical, quantitative	80.0	82291 urine	40.0
82150 Amylase, serum	30.0	82300 Cadmium, urine	100.0
(82155 isoenzymes electrophoretic	BR)	82305 Caffeine	60.0
<u>(82155 has been deleted)</u>		82306 Calcifediol (25-OH Vitamin D-3), chromatographic technique	BR
82156 Amylase, urine (diastase)	30.0	82307 Calciferol (Vitamin D), RIA	BR
82157 Androstenedione RIA	80.0	(For 1, 25-Dihydroxyvitamin D, use 82652)	
82159 Androsterone	50.0	82308 Calcitonin, RIA	80.0
82160 RIA	50.0	82310 Calcium, blood; chemical	22.0
(See also 83593-83596)		82315 fluorometric	22.0
(Angiotensin I, see renin, 84244)		82320 emission flame photometry	22.0
82163 Angiotensin II, RIA	BR	82325 atomic absorption flame photometry	24.0
82164 Angiotensin-converting enzyme	BR	82330 fractionated, diffusible	60.0
82165 Aniline	BR	82331 after calcium infusion test	24.0
(Antidiuretic hormone, RIA, see 84588)		82335 Calcium, urine; qualitative (Sulkowitch)	11.0
82168 Antihistamines	BR	82340 quantitative, timed specimen	32.0
82170 Antimony, urine	80.0	(82345 Calcium, feces, quantitative, timed specimen	80.0)
(Antimony, screen, see 83015)		<u>(82345 has been deleted)</u>	
(Antitrypsin, alpha-1-, see 86329)		82355 Calculus (stone), qualitative; chemical	40.0
82172 Apolipoprotein	BR	82360 Calculus (stone), quantitative; chemical	60.0
82173 Arginine tolerance test	BR	82365 infrared spectroscopy	60.0
82175 Arsenic, blood, urine, gastric contents, hair or nails, quantitative	80.0	82370 X-ray diffraction	50.0
(For heavy metal screening, see 83015)		(Carbamates, see individual listings)	
82180 Ascorbic acid (Vitamin C), blood	40.0	82372 Carbamazepine, serum	BR
(Aspirin, see acetylsalicylic acid, 82011, 82012)		82374 Carbon dioxide, combining power or content	10.0
(Atherogenic index, blood, ultracentrifugation, quantitative, see 83717)		(See also 82801-82803, 82817)	
82205 Barbiturates; quantitative	60.0	82375 Carbon monoxide, (carboxyhemoglobin); quantitative	48.0
82210 quantitative and identification	80.0	82376 qualitative	48.0
		(Carbon tetrachloride, see 84600)	
		(Carboxyhemoglobin, see 82375, 82376)	
		82380 Carotene, blood	40.0
		(Carotene plus Vitamin A, see 84595)	
		82382 Catecholamines (dopamine, norepinephrine, epinephrine); total urine	BR

	Unit Value		Unit Value
82383 blood	BR	82534 RIA, urine	90.0
82384 fractionated	BR	82536 after adrenocorticotrophic hormone (ACTH) administration	BR
(For urine metabolites, see 83835, 84585)			
82390 Ceruloplasmin, chemical (copper oxidase), blood	40.0	82537 48 hours after continuous ACTH infusion	BR
(For gel diffusion technique, see 86331; immunodiffusion technique, see 86329)			
82400 Chloral hydrate; blood	60.0	82538 after metyrapone tartrate administration	BR
82405 urine	40.0	82539 dexamethasone suppression test, plasma and/or urine	BR
82415 Chloramphenicol; blood	40.0	82540 Creatine; blood	24.0
82418 Chlorazepate dipotassium	40.0	82545 urine	40.0
82420 Chlordiazepoxide; blood	60.0	82546 Creatine and creatinine	50.0
82425 urine	60.0	82550 Creatine phosphokinase (CPK), blood; timed kinetic ultraviolet method	26.0
82435 Chlorides; blood (specify chemical or electrometric)	20.0	82552 isoenzymes	30.0
82436 urine (specify chemical, electrometric or Fantus test)	20.0	82555 colorimetric	20.0
82437 sweat (without iontophoresis)	20.0	82565 Creatinine; blood	20.0
82438 spinal fluid	20.0	82570 urine	20.0
82441 Chlorinated hydrocarbons, screen	20.0	82575 clearance	40.0
82443 Chlorothiazide-hydrochlorothiazide	60.0	82585 Cryofibrinogen, blood	40.0
(Chlorpromazine, see 84021, 84022)			
82465 Cholesterol, serum; total	22.0	82595 Cryoglobulin, blood	40.0
82470 total and esters	30.0	(Crystals, pyrophosphate vs. urate, see 84208)	
82480 Cholinesterase; serum	40.0	82600 Cyanide; blood	80.0
82482 RBC	60.0	82601 tissue	80.0
82484 serum and RBC	80.0	82606 Cyanocobalamin (Vitamin B-12); bioassay	70.0
82485 Chondroitin B sulfate, quantitative	BR	82607 RIA	45.0
(Chorionic gonadotropin, see gonadotropin, ((82996-83002) 84702, 84703))			
82486 Chromatography; gas-liquid, compound and method not elsewhere specified	BR	82608 unsaturated binding capacity	60.0
82487 paper, 1-dimensional, compound and method not elsewhere specified	BR	(Cyclic AMP, see 82030)	
82488 paper, 2-dimensional, not elsewhere specified	BR	(Cyclic GMP, see 83008)	
82489 thin layer, not elsewhere specified	BR	(Cyclosporine, see 83003)	
((82490 Chromium, blood) 100.0)		82614 Cystine, blood, qualitative	BR
(82490 has been deleted)			
82495 urine	100.0	82615 Cystine and homocystine, urine; qualitative	30.0
((82505 Chymotrypsin, duodenal contents) 30.0)		82620 quantitative	40.0
(82505 has been deleted)			
82507 Citrate	80.0	82624 Cystine aminopeptidase	BR
82512 Clonazepam	BR	(D hemoglobin, see 83053)	
82520 Cocaine, quantitative	60.0	(Delta-aminolevulinic acid (ALA), see 82135)	
(Cocaine, screen, see 82486-82489, 82660, 82662, 82755, 84231)			
(Codeine, screen, see 82486-82489, 82660, 82662, 82755, 84231)			
(Codeine, quantitative, see 82096, 82101)			
(Complement, see ((86159-86162) 86154-86158))			
(Compound S, see 82634)			
82525 Copper; blood	60.0	82626 Dehydroepiandrosterone (DHEA), RIA	BR
82526 urine	60.0	(See also 83593)	
(Coprobilinogen, feces, ((84575) 84577))			
(Coprotoporphyrins, see 84118-84121)			
(Corticosteroids, see ((83492) 83491-83496))			
82528 Corticosterone, RIA	BR	(Deoxycortisol, 11-(compound S), RIA, see 82634)	
(See also 83593-83597)			
82529 Cortisol; fluorometric, plasma	36.0	82628 Desipramine	BR
82531 CPB, plasma	75.0	82633 Desoxycortosterone, 11-RIA	BR
82532 CPB, urine	75.0	82634 Desoxycortisol, 11-(compound S), RIA	80.0
82533 RIA, plasma	90.0	(see also 83492)	
(Dexamethasone suppression test, see 82539)			
82635 Diacetic acid		82635 Diacetic acid	18.0
(Diastase, urine, see 82156)			
82636 Diazepam		82636 Diazepam	50.0
82638 Dibucaine number		82638 Dibucaine number	34.0
82639 Dicumarol		82639 Dicumarol	BR
(Dichloroethane, see 84600)			
(Dichloromethane, see 84600)			
(Diethylether, see 84600)			
82640 Digitoxin (digitalis); blood, RIA		82640 Digitoxin (digitalis); blood, RIA	BR
82641 urine		82641 urine	BR
82643 Digoxin, RIA		82643 Digoxin, RIA	36.0
82646 Dihydrocodinone		82646 Dihydrocodinone	BR
(Dihydrocodinone screen, see 82486-82489, 82662, 82755, 84231)			
82649 Dihydromorphinone, quantitative		82649 Dihydromorphinone, quantitative	75.0
(Dihydromorphinone screen, see 82486(;-)-82489, 82662, 82755, 84231)			
82651 Dihydrotestosterone (DHT)		82651 Dihydrotestosterone (DHT)	BR

	Unit Value		Unit Value
82652 Dihydroxyvitamin D, 1, 25-.....	BR		
82654 Dimethadione	BR	(Follicle stimulating hormones (FSH), see 83000, 83001)	
(Diphenylhydantoin, see 84045)		82750 Formiminoglutamic acid (FIGLU), urine	100.0
(Dopamine, see 82382-82384)		82755 Free radical assay technique for drugs (FRAT) ...	BR
82656 Doxepin	BR	82756 Free thyroxine index (T-7)	BR
82660 Drug screen (amphetamines, barbiturates, alkaloids)	65.0	82757 Fructose, semen	BR
(See also 82486-82489, 82662, 82755, 84231)		(Fructose, TLC screen, see 84375)	
(Duodenal contents, see individual enzymes; for intubation and collection, see 89100)		(Furosemide test, see 84246)	
(Endocrine receptor assays, see 84233-84235)		82759 Galactokinase, RBC	BR
82662 ((Enzyme)) Immunoassay technique for drugs((; EMHT))	30.0	82760 Galactose; blood	40.0
(For enzyme immunoassay for bacteria, use 86227)		82763 tolerance test	75.0
82664 Electrophoretic technique, not elsewhere specified .	45.0	82765 urine	40.0
82666 Epiandrosterone	BR	(For TLC screen, see 84375)	
(See also 83593((-83596)))		82775 Galactose-1-phosphate uridyl transferase; quantitative	60.0
(Epinephrine, see 82382-82384)		82776 screen	18.0
82668 Erythropoietin, bioassay	BR	82780 Gallium	BR
(For HI method, see 86280)		82784 Gammaglobulin, A, D, G, M nephelometric, each .	12.0
82670 Estradiol, RIA (placental)	90.0	82785 Gammaglobulin, E, (e.g., RIA, EIA)	75.0
82671 Estrogens; fractionated	85.0	82786 Gammaglobulin, salt precipitation method	21.0
82672 total	60.0	(Gammaglobulin by gel (immuno) diffusion, see 86329)	
82673 Estriol; fluorometric	54.0	(Gamma-glutamyl transpeptidase (GGT), see 82977)	
82674 GLC	45.0	82790 Gases, blood, oxygen saturation; by calculation from pO ₂	40.0
82676 Chemical	75.0	82791 by manometry	40.0
82677 RIA	105.0	82792 by oximetry	20.0
(Estrogen receptor assay, see 84233)		82793 by spectrophotometry	40.0
82678 Estrone; chemical	75.0	82795 by calculation from pCO ₂	6.0
82679 RIA	90.0	82800 Gases, blood; pH, only	20.0
(Ethanol, see 82055-82075)		82801 pCO ₂	24.0
82690 Ethchlorvynol; blood	60.0	82802 pH, pCO ₂ by electrode	42.0
82691 urine	60.0	82803 pH, pCO ₂ , pO ₂ simultaneous	54.0
82692 Ethosuximide	BR	82804 pO ₂ by electrode	40.0
(Ethyl alcohol, see 82055-82075)		82812 pO ₂ by manometry	24.0
82694 Etiocholanolone	BR	82817 pH, pCO ₂ by tonometry	24.0
(See also 83593((-83596)))		82926 Gastric acid, free and total; single specimen	11.2
(Evans Blue, see blood volume, 84605-84610)		82927 each additional specimen	9.0
82696 Etiocholanolone, RIA	50.0	82928 Gastric acid, free or total; single specimen	9.0
82705 Fat or lipids, feces; screening	10.0	82929 each additional specimen	7.5
82710 quantitative, 24 or 72 hour specimen	100.0	82931 Gastric acid, pH titration; single specimen	24.0
82715 Fat differential, feces, quantitative	BR	82932 each additional specimen	18.0
82720 Fatty acids, blood; esterified	40.0	((82939 has been deleted. If necessary to report use 84999))	
82725 nonesterified	40.0	(Gastric analysis, with stimulation, see 89140, 89141, 91052)	
82727 Ferric chloride, urine	BR	(Gastric analysis, pepsin, see 83974)	
82728 Ferritin, specify method (e.g., RIA, immunoradiometric assay)	BR	(For gastric intubation, see 89130, 74340)	
(Fetal hemoglobin, see hemoglobin ((83020)) 83030, 83033, and 85460)		82938 Gastrin(serum) after secretin stimulation (e.g., for gastrinoma, Zollinger-Ellison syndrome)	BR
(Fetoprotein, alpha-1, see 86329)		82941 Gastrin, RIA	48.0
82730 Fibrinogen, quantitative	21.0	(Gentamicin, see 84695)	
(See also 85371, 85377)		(GGT, see 82977)	
82735 Fluoride; blood	100.0	(Gentamicin serum radioimmunoassay, see 80040)	
82740 urine	100.0	(GLC, gas liquid chromatography, see 82486)	
82741 Flucytosine (5-fluorocytosine)	BR	82942 Globulin, serum	10.5
82742 Flurazepam	BR	(See also 82784, 82786, 84155-84200, 86329)	
82745 Folic acid (folate), blood; bioassay	BR	82943 Glucagon, RIA	BR
82746 RIA	45.0	82944 Glucosamine	6.0
		82946 Glucagon tolerance test	BR
		82947 Glucose; except urine (e.g., blood, spinal fluid, joint fluid)	10.5
		82948 blood, stick test	8.2
		82949 fermentation	22.5

	Unit Value		Unit Value
83570		83720	
Isocitric dehydrogenase (IDH), blood; kinetic ultraviolet	26.0	Lipoprotein cholesterol fractionation calculation by formula	BR
83571		83725	
colorimetric	20.0	Lithium, blood, quantitative	60.0
(Isopropyl alcohol, see alcohol 82076)		(Luteinizing hormone (LH), see 83002)	
83576		83727	
Isonicotinic acid hydrazide (INH)	105.0	Luteinizing releasing factor (LRH), RIA	60.0
83578		83728	
Kanamycin	49.0	Lysergic acid diethylamide (LSD), RIA	BR
83582		83730	
Ketogenic steroids, urine; 17-(17-KGS)	45.0	(Macroglobulins (Sia) test)	30.0
83583		(Macroglobulins, alpha-2-Sia, see 86329)	
11-desoxy: 11-oxy ratio	75.0	83735	
83584		Magnesium, blood; chemical	20.0
Ketoglutarate, alpha	40.0	83740	
(Ketone bodies, see 82005-82010; urine, see 81000-81005)		fluorometric	20.0
83586		83750	
Ketosteroids 17-(17-KS), blood; total	38.0	atomic absorption	40.0
83587		83755	
fractionation, alpha/beta	75.0	Magnesium, urine, chemical	40.0
83588		83760	
RIA	54.0	fluorometric	40.0
83589		83765	
Ketosteroids, 17-(17-KS), urine; total	36.0	atomic absorption	40.0
83590		83775	
fractionation, alpha/beta	60.0	Malate dehydrogenase, kinetic ultraviolet method	30.0
83593		(Maltose tolerance, see 82951, 82952)	
chromatographic fractionation	75.0	(Mammotropin, see 84146)	
(((83596 D/A/E ratio has been deleted)))		83785	
83597		Manganese, blood or urine	60.0
11-desoxy: 11-oxy ratio	75.0	83790	
(See also 82528, ((82632,)) 82633, 82666, 82694)		Mannitol clearance	BR
83599		(Marijuana, see tetrahydrocannabinol THC, 84408)	
Ketosteroids, 17-OH, RIA	64.1	83795	
83600		Melanin, urine, qualitative	60.0
Kynurenic acid	90.0	83799	
83605		Meperidine, quantitative	54.0
Lactate, (lactic acid)	40.0	(For screen, see 82486, 82489, 82662, 82755, 84231)	
83610		83805	
Lactic dehydrogenase (LDH), RIA	33.7	Meprobamate, blood or urine	60.0
83615		(For screen, see 82486, 82489, 84231)	
Lactic dehydrogenase (LDH), blood; kinetic ultraviolet method	26.0	83825	
83620		Mercury, quantitative; blood	70.0
colorimetric or fluorometric	20.0	83830	
83624		urine	70.0
heat or urea inhibition (total not included)	24.0	(Mercury screen, see 83015)	
83625		83835	
isoenzymes, electrophoretic separation and quantitation	60.0	Metanephrines, urine	52.0
83626		(For catecholamines, see 82382-82384)	
isoenzymes, chemical separation	20.0	83840	
83628		Methadone	60.0
Lactic dehydrogenase, liver (LLDH)	20.0	(Methamphetamine, see 82145)	
83629		(Methanol, see 82078)	
Lactic dehydrogenase (LDH), urine	20.0	83842	
83631		Methapyrilene	50.0
Lactic dehydrogenase (LDH), CSF	20.0	83845	
(For hydroxybutyric dehydrogenase (HBD), see 83485)		Methaqualone	90.0
83632		83857	
Lactogen, human placental (HPL) chorionic somatomammotropin, RIA	30.0	Methemalbumin	32.0
83633		(Methemoglobin, see hemoglobin 83045-83050)	
Lactose, urine; qualitative	20.0	83858	
83634		Methsuximide, serum	90.0
quantitative	20.0	(Methyl alcohol, see 82078)	
(For tolerance, see 82951-82952)		83859	
(For TLC screen, see 84375)		Methypylon	90.0
83645		(Microglobulin, beta-2, RIA, see 82231, 82232)	
Lead, screening; blood	20.0	83860	
83650		Morphine, screening	80.0
urine	20.0	83861	
83655		quantitative	120.0
Lead, quantitative; blood	60.0	83862	
83660		RIA	82.0
urine	60.0	83864	
83661		Mucopolysaccharides, acid, blood	60.0
Lecithin - sphingomyelin (L/S ratio), amniotic fluid	75.0	83865	
83670		Mucopolysaccharides, acid, urine; quantitative	60.0
Leucine aminopeptidase (LAP), blood; kinetic ultraviolet method	26.0	83866	
83675		screen	21.0
colorimetric	20.0	(((83870 Mucoprotein, blood has been deleted. To report use 84999)))	
83680		83872	
Leucine aminopeptidase (LAP), urine	26.0	Mucin, synovial fluid (Ropes test)	21.0
83681		83873	
Leucine tolerance test	26.0	Myeline basic protein, CSF, RIA	BR
83685		(For oligoclonal bands, see 83916)	
Lidocaine	20.0	83874	
83690		Myoglobin, electrophoresis	30.0
Lipase, blood	30.0	83875	
83700		Myoglobin, urine	40.0
Lipids, blood; total	30.0	83880	
83705		Nalorphine	60.0
fractionated (cholesterol, triglycerides, phospholipids)	60.0	83885	
(For feces, see 82705-82715)		Nickel, urine	100.0
83715		83887	
Lipoprotein, blood; electrophoretic separation and quantitation (phenotyping)	60.0	Nicotine	75.0
83717			
analytic ultracentrifugation separation and quantitation (atherogenic index)	100.0		
83718			
Lipoprotein high density cholesterol (HDL cholesterol) by precipitation method	BR		
83719			
Lipoprotein very low density cholesterol (VLDL cholesterol) by ultracentrifugation	BR		

	Unit Value		Unit Value
83895 Nitrogen, total; urine, 24-hour specimen	60.0	84045 Phenytoin	61.0
83900 feces, 24-hour specimen	100.0	84060 Phosphatase, acid; blood	24.0
83910 Nonprotein nitrogen (NPN), blood	20.0	84065 prostatic fraction	40.0
<u>83912 Nucleic acid probe with electrophoresis, with ex-</u>		84066 prostatic fraction, RIA	60.0
<u>amination and report</u>	<u>BR</u>	84075 Phosphatase, alkaline, blood	24.0
(Norepinephrine, see 82382-82384)		84078 heat stable (total not included)	16.0
83915 Nucleotidase 5'-	25.0	84080 isoenzymes, electrophoretic method	BR
83916 Oligoclonal immune globulin (Ig), CSF, by		84081 Phosphatidylglycerol	BR
electrophoresis	BR	84082 Phosphates, tubular reabsorption of (TRP)	60.0
(For myelin basic protein, CSF, see 83873)		(Phosphates, inorganic, see 84100-84105)	
83917 Organic acids; screen, qualitative	30.0	(Phosphates, organic, see 82480-82484)	
83918 quantitative	30.0	84083 Phosphoglucomutase, isoenzymes	60.0
83920 Ornithine carbamyl transferase (OCT)	24.0	84085 Phosphogluconate, 6-, dehydrogenase, RBC	18.0
83930 Osmolality; blood	20.0	84087 Phosphohexose isomerase	30.0
83935 urine	20.0	84090 Phospholipids, blood	30.0
83938 Ouabain	BR	(See also 83705)	
83945 Oxalate, urine	40.0	(For lecithin/sphingomyelin ratio, see 83661)	
(For alpha-oxoglutarate, see 83584)		84100 Phosphorus (phosphate); blood	24.0
83946 Oxazepam	40.0	84105 urine	24.0
83947 Oxybutyric acid, beta	40.0	(Pituitary gonadotropins, see 83000-83002)	
83948 Oxycodone	52.0	(PKU, see 81005, 84030, 84031)	
(Oxygen, see gases, blood, 82790-82817)		84106 Porphobilinogen, urine; qualitative	20.0
83949 Oxytocinase, RIA	52.0	84110 quantitative	20.0
(Para-aminohippuric acid, see 82134)		84118 Porphyrins, copro-, urine; quantitative	30.0
83965 Paraldehyde, blood, quantitative	60.0	84119 qualitative	24.0
83970 Parathormone (parathyroid hormone), RIA	165.0	84120 Porphyrins; copro- and uro-, fractionated, urine ..	64.0
(PBI, see 83533)		84121 uro-, copro-, and porphobilinogen, urine	80.0
83971 Penicillin, urine	50.0	84126 Porphyrins, feces, quantitative	100.0
83972 Pentazocine	60.0	84128 Porphyrins, plasma	82.0
83973 Pentose, urine, qualitative	13.5	(Porphyrin precursors, see 82135)	
(For TLC screen, see 84375)		(For protoporphyrin, RBC, see 84202, 84203)	
((83974 Pepsin, gastric	23.0))	84132 Potassium; blood	24.0
<u>(83974 has been deleted)</u>		84133 urine	24.0
83975 Pepsinogen, blood	40.0	84135 Pregnanediol; RIA	BR
83985 Pesticide other than chlorinated hydrocarbons,		84136 other method (specify)	BR
blood, urine, or other material	BR	84138 Pregnanetriol; RIA	BR
(Pesticide, chlorinated hydrocarbons, see 82441)		84139 other method (specify)	BR
83986 pH, body fluid, except blood	BR	84141 Primidone	60.0
(For blood, see 82800, 82802, 82803, 82817)		84142 Procainamide	60.0
83992 Phencyclidine (PCP)	38.0	84144 Progesterone, any method	105.0
(Phenobarbital, see barbiturates 82205-82210)		(Progesterone receptor assay, see 84234)	
83995 Phenol, blood or urine	60.0	(For proinsulin, RIA, see 84206)	
84005 Phenolsulphonphthalein (PSP), test, urine	20.0	84146 Prolactin (mammotropin), RIA	225.0
84021 Phenothiazine, urine; qualitative, chemical	100.0	84147 Propoxyphene	60.0
(See also 82486 et seq.)		(For screen, see 82486 et seq.)	
84022 quantitative, chemical	BR	84149 Propranolol	BR
(See also individual drugs)		84150 Prostaglandin, any one, RIA	BR
84030 Phenylalanine (PKU), blood; Guthrie	12.0	84155 Protein, total, serum; chemical	20.0
(Phenylalanine-tyrosine ratio, see 84030, 84510)		84160 refractometric	12.0
84031 fluorometric	12.0	84165 electrophoretic fractionation and quantitation ..	60.0
84033 Phenylbutazone	20.0	84170 Protein, total and albumin/globulin ratio	40.0
84035 Phenylketones; blood, qualitative	20.0	(For serum albumin, see 82040; serum globulin, see	
84037 urine, qualitative	20.0	82942)	
84038 Phenylpropanolamine	20.0	84175 Protein, other sources, quantitative	24.0
84039 Phenylpyruvic acid; blood	20.0	84176 Protein, special studies (e.g., monoclonal protein	
84040 urine	20.0	analysis)	BR
(For qualitative chemical tests, urine, see 81005)		84180 Protein, urine; quantitative, 24-hour specimen	24.0
		84185 Bence-Jones	12.0
		84190 electrophoretic fractionation and quantitation ..	80.0
		84195 Protein, spinal fluid; semi-quantitative (Pandy) ..	20.0
		84200 electrophoretic fractionation and quantitation ..	80.0
		84201 Protirelin, thyrotropin releasing hormone (TRH)	
		test	BR

	Unit Value		Unit Value
84202 Protoporphyrin, RBC; quantitative	30.0		
84203 screen	20.0	(T-4, see 84435-84439)	
84205 Protiptylene	68.0	((84401 has been deleted))	
84206 Proinsulin, RIA	60.0		
84207 Pyridoxine (Vitamin B-6)	BR	84403 Testosterone, blood, RIA	105.0
84208 Pyrophosphate vs. urate, crystals (polarization)	12.0	((84404 has been deleted))	
84210 Pyruvate, blood	30.0		
84220 Pyruvic kinase, RBC	30.0	84405 Testosterone, urine, RIA	120.0
84228 Quinine	30.0	84406 Testosterone, binding protein	BR
84230 Quinidine, blood	40.0	84407 Tetracaine	BR
84231 Radioimmunoassay (RIA) not elsewhere specified	BR	84408 Tetrahydrocannabinol THC (marijuana)	BR
(Reinsch test, see 83015)		84409 Tetrahydrocortisone or tetrahydrocortisol	105.0
84232 Releasing factor	BR	(See also 83491-83497)	
84233 Receptor assay; estrogen (estradiol)	BR	84410 Thallium, blood or urine	100.0
84234 progesterone	BR	84420 Theophylline, blood or saliva	60.0
84235 endocrine, other than estrogen or progesterone (specify hormone)	BR	84425 Thiamine (Vitamin B-1)	BR
84236 progesterone and estrogen	BR	84430 Thiocyanate, blood	30.0
84238 nonendocrine (e.g., acetylcholine) (specify receptor)	BR	84434 Thioridazine	40.0
84244 Renin (angiotensin I); (RIA)	60.0	(Thyrotropin releasing hormone (TRH) test, see 84201)	
(See also 82163, angiotensin II)		84435 Thyroxine, (T-4), CPB or resin uptake	33.0
84246 furosemide test	BR	84436 Thyroxine, true (TT-4), RIA	21.0
(Renin converting enzyme, see 82164)		84437 Thyroxine (T-4), neonatal	20.0
((84250, 84251 resin uptake have been deleted. To report, use 84479, 84435))		84439 Thyroxine, free (FT-4), RIA (unbound T-4 only)	45.0
84252 Riboflavin (Vitamin B-2)	BR	((84441 Thyroxine (T-4) method has been deleted. To report, use 84435-84439))	
(Salicylates, see 82011, 82012)		84442 Thyroxine binding globulin (TBG)	52.0
(Saline infusion test, see 82091)		(Thyroxine, free thyroxine index, T-7, see 82756)	
(Secretin test, see 89100 and appropriate analyses)		(Thyroid hormones, ((PBT)) thyroxine, etc., see ((84480; 84250)) 84435-84439, 84479-84481)	
84255 Selenium, blood, urine or tissue	100.0	84443 Thyroid stimulating hormone (TSH), RIA	60.0
84260 Serotonin, blood	120.0	(Thyroid stimulating hormone (TSH), neonatal, see 84800)	
(For urine metabolites, see 83497)		84444 Thyrotropin releasing factor (TRF), RIA	BR
84275 Sialic acid, blood	50.0	84445 plus long acting (LATS)	BR
(Sickle hemoglobin, see 83020, 83052, 83053, 85660)		(Tobramycin, see ((84840)) 84810)	
84285 Silica, blood, urine or tissue	100.0	84446 Tocopherol alpha (Vitamin E)	38.0
84295 Sodium; blood	24.0	(Tolbutamide tolerance, see ((82951-82952)) 82953)	
84300 urine	24.0	84447 Toxicology, screen; general	BR
(Somatomammotropin, see 83632)		84448 sedative (acid and neutral drugs, volatiles)	45.0
(Somatotropin, see 83003; chorionic, see 83632)		84450 Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method	24.0
84310 Sorbitol dehydrogenase, serum	26.0	84455 colorimetric or fluorometric	20.0
84315 Specific gravity (except urine)	8.0	84460 Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	24.0
(For urine specific gravity, see 81000)		84465 colorimetric or fluorometric	20.0
((84317 Starch, feces, screening	8.0))	(Transferrin, see 86329)	
(84317 has been deleted)		84472 Trichloroethanol	60.0
84318 Stercobilin, qualitative, feces	BR	84474 Trichloroacetic acid	36.0
(Stone analysis, see 82355-82370)		(Trichloroacetaldehyde, see 82400-82405)	
84324 Strychnine	75.0	84476 Trifluoperazine	36.0
(Sugar, see under glucose)		84478 Triglycerides, blood	30.0
84375 Sugars, chromatographic, TLC or paper chromatography	80.0	(See also 83705)	
(Sulfhemoglobin, see hemoglobin, 83055-83060)		84479 Triiodothyronine (T-3), resin uptake	BR
((84382 has been deleted))		84480 Triiodothyronine true (TT-3), RIA	36.0
84395 Sulfonamide, blood, chemical	20.0	84481 Triiodothyronine, free (FT-3), RIA (unbound T-3 only)	BR
((84397 has been deleted))		84483 Trimethadione	36.0
(T-3, see 84435, 84479, 84480)		84485 Trypsin, duodenal fluid	30.0
		84488 Trypsin, feces; qualitative, 24-hour specimen	30.0
		84490 quantitative	30.0
		(Tubular reabsorption of phosphate, blood and urine, see 84082)	

	Unit Value
84510 Tyrosine, blood	40.0
(Ultracentrifugation, lipoprotein, see 83717)	
(Urate vs. pyrophosphate crystals, see 84208)	
84520 Urea nitrogen, blood (BUN); quantitative	22.0
84525 stick test	8.0
84540 Urea nitrogen urine	20.0
84545 Urea nitrogen clearance	40.0
84550 Uric acid; blood, chemical	20.0
84555 uricase, ultraviolet method	26.0
84560 Uric acid, urine	20.0
84565 Urobilin, urine; qualitative	12.0
84570 quantitative, timed specimen	24.0
84575 Urobilin, feces, quantitative	60.0
84577 Urobilinogen, feces, quantitative	30.0
84578 Urobilinogen, urine; qualitative	24.0
84580 quantitative, timed specimen	24.0
84583 semiquantitative	20.0
84584 Uropepsin, urine	24.0
(Uroporphyrins, see 84120, 84121)	
(Valproic acid, see 80031)	
84585 Vanillylmandelic acid (VMA), urine	24.0
84588 Vasopressin (antidiuretic hormone), RIA	BR
84589 Viscosity, fluid	10.0
84590 Vitamin A, blood	40.0
84595 including carotene	60.0
(See also 82380)	
(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 D, see 82306, 82307)	
(Vitamin E, see 84446)	
84597 Vitamin K	BR
(VMA, see 84585)	
84600 Volatiles (acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether)	45.0
(For acetaldehyde, see 82000)	
84605 Volume, blood, dye method (Evans blue)	30.0
84610 including total plasma and total blood cell vol- ume	50.0
(Volume, blood, RISA or Cr-51, see 78110, 78111)	
84613 Warfarin	BR
84615 Xanthurenic acid	BR
84620 Xylose tolerance test, blood <u>and/or urine</u>	40.0
84630 Zinc, quantitative; blood	100.0
84635 urine	100.0
(84645 Zinc sulphate turbidity	20.0
(84680 has been deleted. To report use 82677))	
(84645 has been deleted)	
84681 C-peptide, any method	BR
84695 Gentamicin	38.5
84702 Gonadotropin, chorionic; quantitative	30.0
84703 qualitative	30.0
84800 Thyroid stimulating hormone (TSH), neonatal	60.0
84810 Tobramycin	BR
84999 Unlisted chemistry or toxicology procedure	BR

Note: 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.)

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

WAC 296-23A-340 HEMATOLOGY.

(Includes blood clotting (coagulation) procedures. For blood banking procedures, see under Immunology WAC 296-23A-345)

(Agglutinins, see Immunology)

(Antifactor (specific coagulation factors), see 85300-85341)

(Antiplasmin, see 85410)

(Antiprothrombinase, see 85311)

(Antithrombin III, see 85300)

(Basophil count, see 85005)

	Unit Value
85000 Bleeding time; Duke	10.0
85002 Ivy or template	24.0
((85003 Adelson-Crosby immersion method has been de- leted. To report, use 85999))	
(Blood cell morphology only, see 85548)	
85005 Blood count; basophil count, direct	10.0
85007 differential WBC count (includes RBC morphology and platelet estimation)	7.5
(See also 85548, 85585)	
(For other fluids, e.g., CSF, see 89051, 89190)	
85009 differential WBC count, buffy coat	12.0
85012 eosinophil count, direct	10.0
(For nasal smear, see 89180)	
85014 hematocrit	8.0
85018 hemoglobin, colorimetric	8.0
(For other hemoglobin determination, see 83020-83068)	
85021 hemogram, automated (RBC, WBC, Hgb, Hct and indices only)	10.5
85022 hemogram, automated, and manual differential WBC count (CBC)	15.0
85023 hemogram and platelet count, automated, and manual differential WBC count (CBC)	17.0
85024 hemogram and platelet count, automated, and au- tomated partial differential WBC (CBC)	17.0
85025 hemogram and platelet count, automated, and au- tomated complete differential WBC (CBC)	17.0
85027 hemogram, automated, with platelet count	12.0
((85028 has been deleted. To report, see 85023= 85025))	
85029 Additional automated hemogram indices (e.g., red cell distribution width (RDW), mean platelet vol- ume (MPV), red blood cell histogram, platelet histogram, white blood cell histogram, three part differential); one to three indices	BR
85030 four or more indices	BR
85031 Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices) ...	16.5
85041 red blood cell count (RBC) only	8.0
(See also 85021-85031, 89050)	
85044 reticulocyte count	12.0

	Unit Value		Unit Value
85048 white blood cell (WBC)	8.0	85362 Fibrin degradation (split) products (FDP)(FSP); ag- glutination, slide	12.0
(See also 85021-85031)		85363 ethanol gel	10.0
85095 Bone marrow smear and/or cell block; aspiration only	45.0	85364 hemagglutination inhibition (Merskey), microtiter	36.0
85097 Smear interpretation only, with or without differen- tial cell count	BR	85365 immunoelectrophoresis	BR
((85096 has been deleted:)) For interpretation of smear, use 85097; for cell block interpretation, see 88304, 88305)		85367 precipitation	18.0
85100 aspiration, staining and interpretation	140.0	85368 protamine paracoagulation (PPP)	BR
85101 aspiration and staining only	75.0	85369 staphylococcal clumping	12.0
(For special stains, see 85535, 85540, 85560, 88312- 88313)		(Fibrinogen, quantitative, see 82730)	
85102 Bone marrow needle biopsy	75.0	85371 Fibrinogen, semiquantitative; latex	40.0
85103 staining and interpretation	60.0	85372 turbidimetric	22.5
85109 staining and preparation only	30.0	85376 Fibrinogen; thrombin with plasma dilution	24.0
((85150 Calcium clotting time	40.0	85377 thrombin time dilution	36.0
85160 Calcium saturation clotting test	40.0	85390 Fibrinolysins; screening	20.0
85165 Capillary fragility test, Rumpel-Leede separate pro- cedure	20.0	85392 with EACA control	BR
85170 Clot retraction; screen	8.0	85395 semiquantitative	30.0
85171 quantitative	45.0	((85396 has been deleted, use 85999))	
85172 inhibition by drugs	BR	85398 Fibrinolysis, quantitative	45.0
85175 Clot lysis time, whole blood dilution	40.0	85400 Fibrinolytic mechanisms; plasmin	BR
(Clotting factor I (fibrinogen), see 82730, 85371-85377)		85410 antiplasmin	BR
85210 Clotting factor II prothrombin, specific	40.0	85420 plasminogen, except antigenic assay	BR
(See also 85610-85618)		(For plasminogen activator, see 85665)	
85220 factor V (AcG or proaccelerin) labile factor	40.0	85421 plasminogen, antigenic assay	BR
85230 factor VII (proconvertin, stable factor)	40.0	85426 von Willebrand factor assay	BR
85240 factor VIII (AHG), one stage	40.0	(Fragility, red blood cell, see 85547, 85555-85557)	
85242 factor VIII (AHG), two stage	40.0	85441 Heinz bodies; direct	9.0
85244 factor VIII related antigen quantitation	BR	85445 induced, acetyl phenylhydrazine	19.5
85250 factor IX (PTC or Christmas)	40.0	(Hematocrit (PCV), see 85014, 85021-85031)	
85260 factor X (Stuart-Prower)	40.0	(Hemoglobin, see 83020-83068, 85018-85031)	
85270 factor XI (PTA)	40.0	85460 Hemoglobin, fetal, differential lysis (Kleihauer) . . .	26.0
85280 factor XII (Hageman)	40.0	(See also 83030, 83033)	
85290 factor XIII (fibrin stabilizing)	40.0	(Hemogram, see 85021-85031)	
85291 factor XIII (fibrin stabilizing), screen solubility ..	40.0	(Hemolysins, see 86006, 86281, 86282)	
85292 preallikrein assay (Fletcher factor assay)	BR	85520 Heparin assay	60.0
85293 high molecular weight kinninogen assay (Fitzgerald factor assay)	BR	85530 Heparin-protamine tolerance test	60.0
85300 Clotting inhibitors or anticoagulants; antithrombin III, except antigen assay	40.0	85535 Iron stain (RBC or bone marrow smears)	18.0
85301 antithrombin III, antigen assay	BR	(Ivy bleeding time, see 85002)	
85302 protein C assay	BR	85538 Leder stain (esterase) blood or bone marrow	30.0
85310 antithromboplastin	40.0	85540 Leucocyte alkaline phosphatase with count	20.0
85311 antiprothrombinase	40.0	85544 Lupus erythematosus (LE) cell prep	20.0
85320 antiprothromboplastin	40.0	(Lysozyme, see 85548)	
85330 antifactor VIII	40.0	85547 Mechanical fragility, RBC	30.0
85340 cross recalcification time (mixtures)	40.0	85548 Morphology of red blood cells, only	9.0
85341 PTT inhibition test	BR	85549 Muramidase, serum	52.0
85345 Coagulation time; Lee and White	30.0	(Nitroblue tetrazolium dye test, see 86384)	
85347 activated	20.0	85555 Osmotic fragility, RBC	15.0
85348 other methods	BR	85556 incubated, qualitative	18.0
(Complete blood count, see 85021-85031)		85557 incubated, quantitative	60.0
(Differential count, see 85007 et seq.)		(Packed cell volume, see 85014)	
(Drug inhibition, clot retraction, see 85172)		(Partial thromboplastin time, see 85730-85732)	
(Duke bleeding time, see 85000)		(Parasites, blood, e.g., malaria smears, see 87207)	
(Eosinophil count, direct, see 85012)		85560 Peroxidase stain, WBC	15.0
(Eosinophils, microscopic examination for, in various body fluids, see 89180)		(Plasmin, see 85400)	
(Ethanol gel, see 85363)		(Plasminogen, see 85420)	
85360 Euglobulin lysis	40.0	(Plasminogen activator, see 85665)	
(Fetal hemoglobin, see 83030-83033, 85460)		85575 Platelet; adhesiveness (in vivo)	45.0

	Unit Value		Unit Value
85576 aggregation (in vitro), any agent	BR		
85577 retention (in vitro), glass bead	30.0		
85580 count (Rees-Ecker)	14.0		
85585 estimation on smear, only	10.0		
(See also 85007)			
85590 phase microscopy	20.0		
85595 electronic technique	20.0		
(Protamine paracoagulation (PPP), see 85368)			
85610 Prothrombin time	16.0		
(See also 85618)			
85612 Russell viper venom type (includes venom)	36.0		
(85614 two stage	30.0)		
<u>(85614 has been deleted)</u>			
85615 Prothrombin utilization (consumption)	40.0		
85618 Prothrombin - Proconvertin, P & P (Owren)	18.0		
(Red blood cell count, see 85021-85031)			
85630 Red blood cell size (Price-Jones)	40.0		
85632 Red blood cell peroxide hemolysis	30.0		
85635 Reptilase test	33.0		
(Reticulocyte count, see 85044)			
(Rumpel-Leede test, see 85165)			
85650 Sedimentation rate (ESR); Wintrobe type	14.0		
85651 Westergren type	10.5		
85660 Sickling of RBC, reduction, slide method	14.0		
(Sickling, electrophoresis, see 83020)			
(Sickling, solubility, S-D, see 83053)			
(Sickling, turbidimetric (Sickledex dithionate), see 83052)			
(Siderocytes, see 85535)			
(Smears for parasites, malaria, etc., see 87207)			
(Staphylococcal clumping test, see 85369)			
85665 Streptokinase titer (plasminogen activator)	BR		
85670 Thrombin time; plasma	20.0		
85675 titer	12.0		
85700 Thromboplastin generation test; screening (Hicks-Pitney)	40.0		
85710 definitive, with platelet substitute	45.0		
85711 with patient's platelets	45.0		
85720 all factors	BR		
(For individual clotting factors, see 85210 et seq.)			
85730 Thromboplastin time, partial (PTT); plasma or whole blood	30.0		
85732 substitution, plasma	30.0		
(For thromboplastin inhibition test, see 85341)			
(Tourniquet test, see 85165)			
85810 Viscosity, blood	40.0		
85820 serum or plasma	40.0		
(Von Willebrand factor assay, see 85426)			
(WBC count, see 85021-85031, 85048, 89050)			
85999 Unlisted hematology procedure	BR		
<u>AMENDATORY SECTION</u> (Amending Order 87-18, filed 7/23/87)			
WAC 296-23A-345 IMMUNOLOGY.			
(Includes serology, immunohematology and blood banking)			
(Acetylcholine antireceptor antibody, see 86685)			
(Acid hemolysins, see 86281)			
		(Actinomycosis, see 86000-86009)	
		(Adrenal cortex antibodies, RIA, see 86681)	
		86000 Agglutinins; febrile, each antigen	14.0
		86002 febrile panel (typhoid O & H, paratyphoid A & B, brucella and Proteus OX-19)	45.0
		86004 warm	36.0
		(Agglutinins and autohemolysins, see 86004, 86011-86013, 86281-86283, 86006-86009)	
		(Agglutinins, auto, see 86282-86283, 86011, 86013)	
		(Agglutinins, cold, see 86006, 86013, 86282, 86283)	
		(Alpha-1 antitrypsin, see 86064, 86067, 86329)	
		(Alpha-1 fetoprotein, see 86244)	
		(((Amebiasis, see 86171, 86280)))	
		(Anti-AChR (acetylcholine receptor) antibody titer, see 86685)	
		86006 Antibody, qualitative, not otherwise specified; first antigen, slide or tube	12.0
		86007 each additional antigen	7.5
		86008 Antibody, quantitative titer, not otherwise specified; first antigen	18.0
		86009 each additional antigen	12.0
		86011 Antibody, detection, leukocyte antibody	44.0
		86012 Antibody absorption, cold auto absorption; per serum	30.0
		(For elution, see 86019)	
		86013 differential	45.0
		86014 Antibody, platelet antibodies (agglutinins)	45.0
		86016 Antibodies, RBC, saline; high protein and antihuman globulin technique	30.0
		(See also 86032)	
		86017 with ABO Rh(D) typing (for holding blood instead of complete crossmatch)	24.0
		86018 enzyme technique including antihuman globulin ..	17.0
		86019 elution, any method	45.0
		86021 Antibody identification; leukocyte antibodies	60.0
		86022 platelet antibodies	75.0
		86023 platelet associated immunoglobulin assay	BR
		86024 RBC antibodies (8-10 cell panel) standard technique	38.0
		86026 RBC antibodies (8-10 cell panel), with enzyme technique including antihuman globulin	52.0
		(For absorption and elution, see 86012-86013, 86019)	
		86028 saline or high protein, each (Rh, AB, etc.)	12.0
		<u>(Antibody to specific nuclear antigen, use 86235)</u>	
		(Anti-DNA, see 86225)	
		(Anti-deoxyribonuclease titer, see 86215)	
		86031 Antihuman globulin test; direct (Coombs) 1-3 dilutions	12.0
		86032 indirect, qualitative (broad, gamma or nongamma, each)	15.0
		86033 indirect, titer (broad, gamma or nongamma each)	12.0
		86034 enzyme technique, qualitative	30.0
		86035 drug sensitization, identification (e.g., penicillin) ..	75.0
		(For antibody detection (screening), see 86016, 86017)	
		(((Antihyaluronidase titer, see 86315)))	
		86038 Antinuclear antibodies (ANA), RIA	55.0
		(Antinuclear antibodies, fluorescent technique, see 86255, 86256)	
		(((86045 Antistreptococcal carbohydrate, anti-A CHO 40.0)))	

	Unit Value		Unit Value
<u>(86045 has been deleted)</u>			
(Antistreptococcal antibody, anti-DNAse, see 86215)		86158 Complement; C'1 esterase	52.0
(Antistreptokinase titer, see 86590)		86159 C'2 esterase	52.0
86060 Antistreptolysin O titer	20.0	86162 total (CH 50)	70.0
86063 screen	10.0	86163 C'3 esterase	BR
86064 Antitrypsin, alpha-1; RIA	20.0	86164 C'4 esterase	BR
86066 Pi (Protease inhibitor) typing	20.0	(For complement fractions, quantitative, see 86329)	
86067 other method (specify)	20.0	86171 Complement fixation tests, each (((e.g., cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis))) <u>antigen</u>	40.0
(Autoagglutinins, see 86282, 86283)		(Coombs test, see 86031-86035)	
(Autoantibodies, see specific antigens)		86185 Counterelectrophoresis, each antigen	24.0
(Blastomycosis, see 86006-86009)		(For HAA, see ((86285-))86287)	
86068 Blood crossmatch, complete standard technique, includes typing and antibody screening of recipient and donor; first unit	60.0	(Crossmatch, see 86068-86076)	
86069 each additional unit	45.0	(((86201 and 86202 have been deleted)))	
86072 Blood crossmatch; enzyme technique	10.5	(Cryptococcosis, see 86008, 86009, 86255, 86256)	
86073 screening for compatible unit saline and/or high protein	26.0	(((Cysticercosis, see 86280)))	
86074 antiglobulin technique	15.0	86215 Deoxyribonuclease, antibody	36.0
(For enzyme technique, see 86018)		86225 Deoxyribonucleic acid (DNA) antibody	36.0
86075 Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening; first unit	44.0	(((Diphtheria, see 86280)))	
86076 each additional unit	27.0	<u>(86227-86229 have been deleted)</u>	
(For incompatibility problems, see 86004, 86011-86014, 86016-86026, 86031-86035, 86068-86076)		(Direct antiglobulin test (Coombs), see 86031)	
(For typing, antibody screening and blood in lieu of crossmatch, see 86017)		(Donath-Landsteiner screen, see 86008, 86009)	
86080 Blood typing; ABO only	12.0	(Drug sensitization, RBC, see 86035)	
86082 ABO and Rho(D)	18.0	(Echinococcosis, see 86171, 86280)	
86090 MN	20.0	(((86227 - Enzyme immunoassay for infectious agent antigen BR))	
86095 Blood typing, RBC antigens other than ABO or Rho(D); antiglobulin technique, each antigen	10.5	(For ((precipitin or)) <u>particle</u> agglutination rapid test for infectious agent, use 86403)	
86096 direct, slide or tube, including Rh subtypes, each antigen	10.5	(((For enzyme immunoassay for drugs, use 82662)))	
86100 Blood typing; Rho(D) only	12.0	86228 - Enzyme immunoassay for infectious agent antibody BR))	
86105 Rh genotyping, complete	45.0	(For <u>HIV</u> HTLV-III antibody tests, see 86312-86314)	
(For Rho variant Du, see 86095)		(((86229 - Enzyme immunoassay for chemical constituent BR))	
86115 anti-Rh immunoglobulin testing (RhoGAM type)	68.0	(Eosinophils, nasal smear, see 89190)	
86120 special (Kell, Duffy)	BR	86235 Antibody to specific nuclear antigen, any method, each	30.0
86128 ((Blood autotransfusion, including)) <u>Collection((;)) and processing ((and storage)) of predeposited autologous whole blood or components</u>	((45.0))	(((86240 and 86241 have been deleted)))	
	BR	86243 Fc receptor assay, specify method	BR
86130 <u>Collection and processing for transfusion of inoperatively salvaged blood</u>	BR	86244 Feto-protein, alpha-1, RIA or EIA	57.0
(((86129, 86131, 86134, 86138, and 86139 have been deleted)))		(((86245 has been deleted)))	
(Bovine milk antibody, see 86008, 86009)		(Filariasis, see 86280)	
(Brucellosis, see 86000-86002)		86255 Fluorescent antibody; screen	24.0
86140 C-reactive protein	20.0	86256 titer	36.0
(Candidiasis, see 86008)		(Fluorescent technique for antigen identification in tissue, see 88346)	
86149 Carcinoembryonic antigen (CEA); gel diffusion	60.0	86265 Frozen blood, preparation for freezing, each unit including processing and collection	BR
86151 RIA	60.0	86266 with thawing	BR
(((Cat scratch disease, see 86171)))		86267 with freezing and thawing	BR
86155 Chemotaxis assay, specify method	BR	(FTA, see 86650)	
(Coccidioidomycosis, see 86006-86009, 86171, 86490)		(Gc grouping, see 86335)	
(Cold agglutinin or hemolysin, see 86006-86013, 86282, 86283)		(Gel (agar) diffusion tests, see 86331)	
		(((86272 and 86273 have been deleted)))	
		(Gm grouping, see 86335)	
		(Gonadotropins, chorionic, see 82996-82998, 84701)	

	Unit Value		Unit Value
86277 Growth hormone, human (HGH), antibody, RIA	BR	(specify)	30.0
((HAA, see 86285-86287))		86331 gel diffusion, qualitative (Ouchterlony) <u>each anti-</u>	
(Ham test, see 86281)		<u>gen or antibody</u>	30.0
86280 Hemagglutination inhibition tests (HAI), each (e.g.,	60.0	86332 <u>Immune complex assay; Clq binding cell</u>	BR
((amebiasis ;) rubella, viral)		86333 <u>Raji cell</u>	BR
86281 Hemolysins, acid (for paroxysmal hemoglobinuria)	24.0	86334 <u>Immuno fixation electrophoresis</u>	BR
(Ham test)		(For ceruloplasmin by chemical method, see 82390)	
86282 Hemolysins and agglutinins, auto, screen, each	30.0	(IgE, RIA, see 82785; RIST, see 86423)	
86283 incubated with glucose (e.g., ATP)	75.0	86335 Immunoglobulin typing (Gc, Gm, Inv), each	BR
(Cold, see 86006-86009; warm, see 86004; acid, see		(Insulin antibody, see 86016)	
86281)		86337 Insulin antibodies, RIA	BR
(86285, 86286 have been deleted)		86338 Insulin factor antibodies, RIA	32.0
((86285))		86340 Intrinsic factor antibodies, RIA	32.0
86287 Hepatitis B surface antigen (HB _s Ag) (Australian	((18.0))	(Intrinsic factor, antibody (fluorescent), see 86255, 86256)	
antigen, HAA)((counter-electrophoresis method),	36.0	(Inv grouping, see 86335)	
RIA or EIA		(Latex fixation, see ((individual antigen or antibody , also	
((86286 counter-electrophoresis with concentration of se-	24.0	86006, 86007)) 86403)	
rum		(LE cell preparation, see 85544)	
86287 RIA or EIA	36.0))	(LE factor, see 86006, 86007, 86255, 86256)	
(For gel diffusion technique, see 86331; CF, see 86171;		((Leishmaniasis , see 86280))	
HAI, see 86280)		(Leptospirosis, see 86006-86009)	
86288 Hepatitis B core antigen (HB _c Ag), RIA	BR	(Leukoagglutinins, see 86013, 86021)	
86289 Hepatitis B core antibody (HB _c Ab), RIA or EIA	BR	86343 Leukocyte histamine release test (LHR)	BR
86290 IgM antibody (e.g., RIA, EIA, RPHA)	BR	86344 Leukocyte phagocytosis	BR
86291 Hepatitis B surface antibody (HB _s Ab) (e.g., RIA,	BR	((86345, 86346, and 86347 have been deleted))	
EIA, RPHA)		86349 Leukocyte transfusion (leukapheresis)	BR
86293 Hepatitis Be antigen (HB _e Ag) (e.g., RIA, EIA)	BR	(Lymphocyte culture, see 86353)	
86295 Hepatitis Be antibody (HB _e Ab) (e.g., RIA, EIA)	BR	((86351 has been deleted))	
86296 Hepatitis A antibody (HAAb) (e.g., RIA, EIA)	BR	86353 Lymphocyte transformation, <u>spontaneous</u>	
((86297 Hepatitis A virus antibody has been deleted. To		<u>blastogenesis or phytomitogen (phytohemagglutina-</u>	
report, use 86296))		<u>tion, PHA) or other ((mitogen)) mitogen culture</u>	
86298 IgG antibody	BR	(MC) (e.g., tuberculin, candida)	120.0
86299 IgM antibody	BR	86357 Lymphocytes; T & B differentiation	165.0
86300 Heterophile antibodies, screening (includes mono-	20.0	86358 B-cell evaluation	BR
type test) slide or tube		(Malaria, see 87207)	
86305 quantitative titer	30.0	((86365 has been deleted))	
86310 plus titers after absorption with beef cells and	30.0	(Meliodiosis, see 86280)	
guinea pig kidney		86376 Microsomal antibody (thyroid); RIA	BR
(Histoplasmosis, see 86006-86009, 86171)		86377 other method (specify)	30.0
(HLA typing, see 86812-86817)		86378 Migration inhibitory factor test (MIF)	BR
(Hormones, see individual alphabetic listing in chemistry		(Milk antibody, antiovine, see 86008-86009)	
section)		(Mitochondrial antibody, liver, see 86255-86256)	
86312 HIV (HTLV-III) antibody detection; ((ELISA))	BR	(Mononucleosis screening slide, see 86006-86007)	
<u>immunoassay</u>		86382 Neutralization test, viral	BR
86314 confirmatory test (e.g., Western blot)	BR	86384 Nitroblue tetrazolium dye test (NTD)	BR
(Human growth hormone antibody, RIA, see 86277)		(Ouchterlony diffusion, see 86331)	
((86315 has been deleted))		(Parietal cell antibody, see 86255, 86256)	
86316 <u>Immunoassay for tumor antigen (e.g., prostate spe-</u>	BR	86385 Paternity testing, ABO + Rh factors + MN (per	
<u>specific antigen, cancer antigen 125)</u>		individual)	37.5
86317 <u>Immunoassay for infectious agent antigen or anti-</u>	BR	86386 each additional antigen system	15.0
<u>body, each</u>		(Penicillin antibody RBC, see 86035)	
(For particle agglutination rapid test for infectious agent		((86388, 86389, and 86391 have been deleted))	
antigen, use 86403)		(Platelet antibodies (agglutinins), see 86014)	
86318 <u>Immunoassay for chemical constituent</u>	BR	(Platelet associated immunoglobulin assay, see 86023)	
86320 Immunelectrophoresis, serum, each specimen	100.0	((86392, 86393, and 86398 have been deleted)	
(plate)			
86325 other fluids (e.g., urine) with concentration, each	100.0		
specimen			
86327 crossed (2 dimensional assay)	BR		
86329 Immunodiffusion; quantitative, each IgA, IgG, IgM,			
ceruloplasmin, transferrin, alpha-2, macroglobulin,			
complement fractions, alpha-1 antitrypsin, or other			

	Unit Value		Unit Value
86402 Precipitin determination, gel diffusion, in aspergillosis, bagassosis, farmer lung, pigeon breeder disease, silo filler disease, other alveolitis (specify)	BR	86595 Tissue culture	BR
(86402 has been deleted)		((86597 tissue typing has been deleted. To report, use 86810-86822))	
86403 ((Precipitin (e.g., latex bead) or) <u>Particle agglutination, rapid test for infectious agent antigen, each antigen</u>)	BR	86600 Toxoplasmosis, dye test	80.0
(For ((enzyme)) immunoassay for infectious agent antigen, use ((86227)) <u>86317</u>)		(For CF, see 86171; IFA, see 86255, 86256)	
86405 Precipitin test for blood (species identification)	BR	86630 Transfer factor test (TFT)	BR
(Pregnancy test, see ((82996, 82997)) <u>84702, 84703, 86006-86009</u>)		86650 Treponema antibodies, fluorescent, absorbed (FTA-Abs)	30.0
((86415 and 86416 have been deleted)		((86660 Treponema pallidum immobilization (TPI)	80.0)
(Psittacosis, CF, see 86171))		(86660 has been deleted)	
86421 Radioallergosorbent test, in vitro testing for allergen specific IgE (e.g., ((+)) <u>RAST, MAST, FAST, IP, PRIST, etc.</u>); up to 5 ((antigens)) tests	BR	86662 Treponema pallidum test, other, specify (e.g., TPIA, TPA, TPMB, TPCF, RPCF)	BR
86422 6 or more ((antigens)) tests	BR	(Trichinosis, see 86006-86009)	
86423 Radioimmunosorbent test (RIST) IgE, quantitative	BR	(Trypanosomiasis, see 86171, 86280)	
(Rapid plasma reagin test (RPR), see 86592)		(Tuberculosis, see 86580, 86585, 87116-87118, 87190)	
((86424, 86425, 86426, and 86427 have been deleted))		((Vaccinia immune globulin, see 86274))	
86430 Rheumatoid factor, latex fixation	12.0	(VDRL, see 86592(, 86593))	
(RIST, see 86423)		(Viral antibodies, see 86171, 86280, 86382)	
(RPR, see 86592)		(Visceral larval migrans, see 86280)	
(Rubella, CF, see 86171; HAI, see 86280)		(Warm agglutinins, see 86004)	
((Schistosomiasis agglutination, see 86006-86009))		((86670 has been deleted))	
(Serologic test for syphilis (STS), see 86171, 86592, 86593)		86681 Adrenal cortex antibodies, RIA	31.0
86455 Skin test; anergy testing, one or more antigens	BR	86685 Anti-AChR (acetylcholine receptor) antibody titer	BR
86490 coccidioidomycosis, each test	20.0	86800 Thyroglobulin antibody, RIA	31.0
86510 histoplasmosis	20.0	((86810 Tissue typing; for organ transplantation, including pretransplant crossmatch (donor) lymphocyte vs. recipient serum for nonspecific antibodies	BR)
86540 mumps	20.0	<u>(For pretransplant crossmatch, use appropriate code or codes)</u>	
86580 tuberculosis, patch or intradermal	20.0	86805 Lymphocytotoxicity assay, visual crossmatch; with titration	BR
86585 tuberculosis, tine test	12.0	86806 without titration	BR
((Skin tests 86450, 86460, 86470, 86480, 86495, 86500, 86520, 86530, 86550, 86565, and 86570 have been deleted))		86807 Serum screening for cytotoxic percent reactive antibody (PRA); standard method	BR
(Smooth muscle antibody, see 86255, 86256)		86808 quick method	BR
(Sporotrichosis, see 86006-86009)		(86810 has been deleted)	
((Streptococcus MG, see 86171))		86812 Tissue typing; HLA typing, A, B, or C (e.g., A10, B7, B27), single antigen	BR
86590 Streptokinase, antibody	27.0	86813 HLA typing, A, B, and/or C (e.g., A10, B7, B27), multiple antigens	BR
(Streptolysin O antibody, see antistreptolysin O, 86060-86063)		86816 HLA typing, DR, single antigen	BR
(Streptobacillus, see 86008, 86009)		86817 HLA typing, DR, multiple antigen	BR
86592 Syphilis(, precipitation or flocculation) test((*)); qualitative (e.g., VDRL, RPR, ART)	9.0	86821 lymphocyte culture, mixed (MLC)	BR
((See also 89006, 89007))		86822 lymphocyte culture, primed (PLC)	BR
86593 ((Syphilis, precipitation or flocculation tests,)) quantitative	15.0	86999 Unlisted immunology procedure	BR
((Syphilis serology, see also 86171))			
(Tetanus, see 86280)		AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)	
(Thyroglobulin antibody, see 86006-86009, 86171)		WAC 296-23A-350 MICROBIOLOGY.	
(Thyroglobulin antibody, RIA, see 86800)			Unit Value
<u>(Thyroglobulin, RIA, use 86318)</u>		(Includes bacteriology, mycology, parasitology, and virology)	
86594 Thyroid autoantibodies	BR	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 (TB, AFB)	20.0
		87040 Culture, bacterial, definitive, ((aerobic)) blood ((may)) includes anaerobic screen	48.0
		87045 stool	25.0
		87060 throat or nose	20.0

	Unit Value		Unit Value
87070 any other source	16.0	87181 Sensitivity studies, antibiotic; agar diffusion method, each antibiotic	40.0
(For urine, see 87086-87088)		87184 disc method, each plate (12 or less discs)	24.0
87072 Culture((-presumptive, pathogenic)) or direct bacterial identification method, each organism(s), by commercial kit, any source except urine	BR	87186 microtiter, minimum inhibitory concentration (MIC), any number of antibiotics	45.0
(For urine, see 87087)		87187 <u>minimum bactericidal concentration (MBC) (use in addition to 87186 or 87188)</u>	BR
87075 Culture, bacterial, any source; anaerobic (isolation)	36.0	87188 <u>((tube)) macrotube dilution method, each antibiotic</u>	30.0
87076 definitive identification, each anaerobic organism, including gas chromatography ((in addition to anaerobic culture))	60.0	87190 tubercle bacillus (TB, AFB), each drug	60.0
87081 Culture, bacterial, screening only, for single organisms	15.0	87192 <u>fungi, each drug</u>	BR
87082 Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	BR	87197 <u>Serum bactericidal titer (Schlichter test)</u>	BR
87083 multiple organisms	BR	87205 Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types	12.0
87084 with colony estimation from density chart ((includes throat cultures))	BR	87206 fluorescent and/or acid fast stain for bacteria, fungi, or cell types	18.0
87085 with colony count	BR	87207 special stain for inclusion bodies or intracellular parasites (e.g., malaria, kala azar, herpes)	24.0
(For urine colony count, see 87086)		87208 direct or concentrated, dry, for ova and parasites	12.0
87086 Culture, bacterial, urine; quantitative, colony count	15.0	(For concentration, see 87015; complete examination, see 87177)	
87087 commercial kit	12.0	(For complex special stains, see 88312-88313)	
87088 identification, in addition to quantitative or commercial kit	12.0	(For fat, meat fibers, nasal eosinophils, and starch, see miscellaneous section)	
87101 Culture, fungi, isolation; skin	15.0	87210 wet mount with simple stain, for bacteria, fungi, ova, and/or parasites	12.0
87102 other source (<u>except blood</u>)	18.0	87211 wet and dry mount, with interpretation, for ova and parasites	18.0
87103 blood	18.0	87220 Tissue examination for fungi (e.g., KOH slide)	BR
87106 <u>Culture, fungi, definitive identification((-by culture, per organism, in addition to skin or other source)) of each fungus</u>	30.0	87230 <u>Toxin or antitoxin assay, tissue culture (e.g., Clostridium difficile toxin)</u>	BR
87109 Culture, mycoplasma, any source	75.0	87250 <u>Virus(;) identification; inoculation of embryonated eggs, ((suitable tissue culture,)) or small animal, includes observation and dissection</u>	12.0
87110 <u>Culture, mycobacteria, definitive identification of each organism</u>	BR	87252 <u>tissue culture, inoculation and observation</u>	12.0
87116 Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria); any source, isolation only	18.0	87253 <u>tissue culture, additional studies (e.g., hemadsorption, neutralization) each isolate</u>	6.0
87117 concentration plus isolation	30.0	(Electron microscopy, see 88348)	
87118 <u>Culture, mycobacteria, definitive identification((-per) of each organism((-does not include isolation and/or concentration))</u>	30.0	(Inclusion bodies in tissue sections, see 88304-88309; in smears, see 87207-87210; in fluids, see 88106)	
87140 Culture, typing; fluorescent method each antiserum	20.0	(((87300 autogenous vaccine has been deleted. To report, use 87999)))	
87143 gas liquid chromatography (GLC) method	45.0	87999 Unlisted microbiology procedure	BR
87145 phage method	40.0	AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)	
87147 serologic method agglutination grouping, per antiserum	20.0	WAC 296-23A-355 CYTOPATHOLOGY.	
87151 serologic method, speciation	20.0		
87155 precipitin method, grouping, per antiserum	12.0		
87158 other methods	20.0		
((87163 Culture, special extensive definitive diagnostic studies, beyond usual definitive studies	25.0))		
87163 <u>Culture, any source, additional identification methods required (use in addition to primary culture code)</u>	BR		
87164 Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection	60.0	88104 Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and interpretation	45.0
87166 without collection	30.0	88106 filter method only with interpretation	45.0
((87173 Endotoxin, bacterial (pyrogens), animal inoculation	36.0))	88107 smears and filter preparation with interpretation	60.0
87174 chemical	24.0	88108 concentration technique, smears and interpretation (e.g., Saccomanno technique)	BR
87175 biological assay (e.g., Limulus lysate)	BR	((88109 has been deleted. For interpretation of smear, use 88104, for cell block interpretation, see 88150))	
87176 homogenization, tissue, for culture	15.0	(For cervical or vaginal smears, see 88150)	
87177 Ova and parasites, direct smears, concentration and identification	36.0	(For gastric intubation with lavage, see 89130-89141)	
(Individual smears and procedures, see 87015, 87208-87211)		(For x-ray localization, see 74340)	
(Trichrome, iron hemotoxylin and other special stains, see 88312)		88125 Cytopathology, forensic (e.g., sperm)	75.0
87178 <u>Microbial identification, nucleic acid probes, each probe used</u>	BR	88130 Sex chromatin identification; (Barr bodies)	40.0
(For nucleic acid probes in cytologic material, use 88365)		88140 peripheral blood smear, polymorphonuclear "drum sticks"	40.0

	Unit Value		Unit Value
(For guard stain, see 88313)		((88268 skin, count 1-4 cells, 1 karyotype 88270 other tissue cells, count 1-4 cells, 1 karyotype	600.0 BR))
88150 Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), screening by technician under physician supervision, up to three smears	BR	(88265, 88268, and 88270 have been deleted)	
88151 requiring interpretation by physician	BR	88269 Chromosome analysis; in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype with banding	BR
88155 with definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index)	40.0	88280 additional karyotyping, each study	75.0
88160 Cytopathology, any other source; screening and interpretation	36.0	88283 additional specialized banding technique (e.g., NOR, C-banding)	BR
88161 preparation, screening and interpretation	BR	88285 additional cells counted, each study	15.0
88162 extended study involving over 5 slides and/or multiple stains	BR	88289 additional high resolution study	BR
		88299 Unlisted cytogenetic study	BR
(For obtaining specimen, see percutaneous needle biopsy under individual organ in Surgery)		SURGICAL PATHOLOGY	
(For aerosol collection of sputum, see 89350)		(Procedures 88300 through 88399 include accession, handling and reporting)	
(For special stains, see 88312-88314)		88300 Surgical pathology, gross examination only	20.0
88170 Fine needle aspiration with or without preparation of smears; superficial tissue (e.g., thyroid, breast, prostate)	BR	Note: Only one of the numbers 88302-88309 should be used in reporting specimens (single or multiple) that are removed (during) from a single (surgical procedure) anatomic site.	
88171 deep tissue under radiologic guidance	BR	88302 Surgical pathology, gross and microscopic examination of presumptively normal tissue(s), for identification and record purposes	60.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic guidance use 76003)		88304 Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen	75.0
88172 Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s)	BR	88305 single complicated or multiple uncomplicated specimen(s), without complex dissection	105.0
((88173 interpretation and report	BR))	88307 single complicated specimen requiring complex dissection or multiple complicated specimens	150.0
88180 Flow cytometry; each cell surface marker	BR	88309 complex diagnostic problem with or without extensive dissection	BR
88182 cell cycle or DNA analysis	BR		
88199 Unlisted cytopathology procedure	BR	(For fine needle aspiration, preparation and interpretation of smears, see 88170-88173)	
(For electron microscopy, see 88348)		88311 Decalcification procedure (list separately in addition to code for surgical pathology examination)	12.0
CYTOGENETIC STUDIES		88312 Special stains (list separately in addition to code for surgical pathology examination); Group I (stains) for microorganisms (e.g., Gridley, acid fast, methenamine silver), each	25.0
(For acetylcholinesterase, see 82013)		88313 Group II, all other (e.g., iron, trichrome) except immunocytochemistry and immunoperoxidase stains, each	12.0
(For alpha-fetoprotein, serum or amniotic fluid, see 86244)		(For immunocytochemistry and immunoperoxidase tissue studies, see 88342)	
88230 Tissue culture for chromosome analysis; lymphocyte	BR	88314 histochemical staining with frozen section(s)	BR
88233 skin or other solid tissue biopsy	BR	88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)	BR
88235 amniotic fluid or chorionic villus cells	BR	88319 Determinative histochemistry to identify enzyme constituents, each	BR
88237 bone marrow (myeloid) cells	BR	88323 Preparation of slides on referred material	BR
88239 other tissue	BR	88331 Preparation of frozen section(s), single specimen	BR
88245 Chromosome analysis for breakage syndromes; score 25 cells (SCE study), count 5 cells, 1 karyotype, with banding (e.g., Bloom syndrome)	BR	88332 each additional frozen section during same visit to surgical operating suite	BR
88248 score 100 cells, count 20 cells, 2 karyotypes, with banding (e.g., ataxia telangiectasia, Fanconi anemia)	BR	88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody	BR
88250 Chromosome analysis for fragile X associated with fragile X-linked mental retardation; score 100 cells, count 20 cells, 2 karyotypes, with banding	BR	((88345 has been deleted. To report, use 88346))	
88260 Chromosome analysis((- lymphocytes, count 1-4 cells, screening) for fragile X associated with fragile X-linked mental retardation; score 100 cells, count 20 cells, 2 karyotypes, with banding	180.0	88346 Immunofluorescent study, each antibody	BR
88261 count ((+/-)) 5 cells, 1 karyotype with banding	375.0	88348 Electron microscopy; diagnostic scanning	BR
88262 count ((+)) 15-20 cells ((for mosaicism)), 2 karyotypes with banding	525.0	88349 scanning	BR
88263 count 45 cells for mosaicism, 2 karyotypes, with banding	675.0	88355 Morphometric analysis; skeletal muscle	BR
((88265 Chromosome analysis; myeloid cells, 2 karyotypes (Philadelphia chromosome)	225.0))	88356 nerve	BR
88267 Chromosome analysis; amniotic fluid or chorionic villus, count ((+/-)) 15 cells, 1 karyotype with banding	600.0	((88360 Whole organ sections has been deleted. To report, use 88399)	

	Unit Value
((88370 has been deleted. To report, use 88342))	
88358 tumor	BR
88362 Nerve teasing preparations	BR
88399 Unlisted surgical pathology procedure	BR
AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)	
WAC 296-23A-360 MISCELLANEOUS.	
	Unit Value
((Basal metabolic rate has been deleted. If necessary to report, use 89399))	
((89005-89007 have been deleted))	
89050 Cell count, miscellaneous body fluids (e.g., CSF, joint fluid), except blood	12.0
89051 with differential count	20.0
89060 Crystal identification by compensated polarizing lens analysis; synovial fluid	BR
((89070 has been deleted))	
((89080 has been deleted))	
89100 Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure	40.0
89105 collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube	BR
(For radiological localization, see 74340)	
(For chemical analysis, see Chemistry and Toxicology)	
89125 Fat stain, feces, urine, sputum	15.0
89130 Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology ..	20.0
89132 after stimulation	45.0
89135 Gastric intubation and aspiration, and fractional collections (e.g., gastric secretory study); one hour ..	60.0
89136 two hours	90.0
89140 two hours including gastric stimulation (e.g., histalog, pentagastrin)	105.0
89141 three hours, including gastric stimulation	120.0
(For radiologic localization of gastric tube, see 74340)	
(For chemical analyses, see 82926-82932)	
(Joint fluid chemistry, see Chemistry and Toxicology((; this section)))	
89160 Meat fibers, feces	12.0
((89180 has been deleted. To report, use 89190))	
89190 Nasal smear for eosinophils	BR
89205 Occult blood, any source except feces	10.5
(Occult blood, feces, see 82270)	
(Paternity tests, see 86385, 86386)	
((89210 has been deleted))	
89300 Semen analysis; presence and/or ((sperm)) motility of sperm including Huhner test	12.0
89310 motility and count	40.0
89320 complete (volume, count, motility and differential)	80.0
(Skin tests, see 86455-86585 ((and 95005-95199)))	
89325 Sperm antibodies	BR
89329 Sperm evaluation, hamster penetration test	BR
(For medicolegal identification of sperm, see 88125)	
((For complete spinal fluid examination, see 89070))	
((89345 has been deleted))	

	Unit Value
89330 cervical mucus penetration test, with or without spinnbarkeit test	BR
89350 Sputum, obtaining specimen, aerosol induced technique (separate procedure)	20.0
89355 Starch granules, feces	10.5
89360 Sweat collection by iontophoresis	BR
(For chloride and sodium analysis, see 82437, 84295)	
(Tissue culture, see 86595)	
(Tissue typing, see 86810-86822)	
89365 Water load test	BR
89399 Unlisted miscellaneous pathology test	BR

**WSR 89-12-065
PROPOSED RULES
DEPARTMENT OF ECOLOGY
[Filed June 7, 1989]**

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 the establishment of a Phase One—Waste reduction and recycling grants programs, chapter 173-318 WAC to provide grants to local governments, taxing districts and Indian tribes from the Referenda 26 and 39 accounts under chapters 43.83A and 43.99F RCW;

that the agency will at 2:00 p.m., Tuesday, July 11, 1989, in the Energy Facility Site Evaluation Council Hearing Room, 4224 6th Avenue S.E., Building 1, Lacey, WA, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on August 30, 1989.

The authority under which these rules are proposed are chapters 43.83A and 43.99F RCW.

The specific statute these rules are intended to implement are chapters 43.83A and 43.99F RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 18, 1989.

Dated: June 7, 1989
By: Terry Husseman
Assistant Director

STATEMENT OF PURPOSE

Title: Chapter 173-318 WAC, Phase One—Waste reduction and recycling grants.

Description of Purpose: To provide grant assistance to local governments, taxing districts and Indian tribes for comprehensive waste reduction and recycling programs.

Statutory Authority: Chapters 43.83A RCW, Waste disposal facilities bond issue; and chapter 43.99F RCW, Waste disposal facilities—1980 bond issue.

Summary of Rule: The purpose of this rule is to establish a program to provide grants for waste reduction and recycling activities to local governments, taxing districts and Indian tribes using funds apportioned from the Referenda 26 and 39 accounts of chapters 43.83A and 43.99F RCW, Waste disposal facilities bond issue and Waste disposal facilities—1980 bond issue. Grants will

be made for the following purposes: Preimplementation program design for waste reduction and recycling projects; and waste reduction and recycling demonstration projects.

Summary Statement: The Department of Ecology proposes a Phase One—Waste reduction and recycling grant financial assistance program to distribute funds allocated from the Referenda 26 and 39 accounts, as authorized by chapters 43.83A and 43.99F RCW. Financial assistance is provided to mitigate the financial burden placed upon local governments, taxing districts, Indian tribes and ratepayers when establishing comprehensive recycling programs. This chapter recognizes the importance of providing solid waste reduction programs and recycling services to decrease the volume of materials going to end disposal sites, and is designed to assist local governments, taxing districts and Indian tribes in carrying out these vital activities.

The Phase One—Waste reduction and recycling grant program will provide financial assistance in 1989 in the form of grants to local governments, taxing districts and Indian tribes.

Funding will be offered for two types of projects under the Phase One grant program: Preimplementation Program designs for waste reduction and recycling projects; and recycling and waste reduction demonstration projects that test one or more key findings of the best management practices analysis related to achieving maximum waste reduction and recycling levels.

The department will adopt an expanded waste reduction and recycling grant program for implementation in 1990.

Reasons Supporting Proposed Action: Imminent need for financial assistance to establish comprehensive recycling and waste reduction programs in communities throughout Washington.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Cheryl Strange, Mailstop PV-11, Olympia, WA 98504, (206) 438-7561.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Department of Ecology, state government.

Agency Comments of Recommendations 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: The Regulatory Fairness Act, chapter 19.85 RCW, requires that rules which have an economic impact on more than 20 percent of all industries or more than 10 percent of the business in any one industry be reviewed and altered to minimize their impact upon small businesses. The regulatory proposal has been reviewed in light of that requirement. The conclusions of this review are summarized below.

This regulation is proposed for adoption in order to make funds available to local governments to establish comprehensive solid waste reduction and recycling programs. These funds were provided from the Referenda 26 and 39 accounts, as authorized by chapters 43.83A and 43.99F RCW.

It is our determination that the proposed regulations which establish procedures for providing grants to local governments, taxing districts and Indian tribes, do not impose a direct impact on small businesses. There is the possibility that a positive indirect impact might be shared among firms/companies through contracting with public entities.

It appears that the Regulatory Fairness Act does not apply in this case.

Economic Impact Statement: This proposed regulation has been reviewed to determine its impact upon the economy of the state of Washington, as required by chapter 43.21 RCW (the State Economic Policy Act). Conclusions of this review are: This regulation is being proposed for adoption in order to make funds available to local governments, taxing districts and Indian tribes for solid waste reduction and recycling programs. These funds are made available through the Referenda 26 and 39 accounts as authorized by chapters 43.83A and 43.99F RCW. The language in the proposed regulation does not exceed the intent of the legislature; the actions proposed by this regulation apply only to local governments, taxing districts and Indian tribes. Private business does not appear to suffer any adverse impact; and those local governments, taxing districts and Indian tribes able to comply with the provisions of this regulation will be eligible for financial assistance.

The proposed regulation does not impose any adverse effects upon the economy of the state of Washington.

SEPA Compliance: It is determined that the writing and adoption of rules for the Phase One—Waste reduction and recycling grants program under chapters 43.83A and 43.99F RCW are exempt under WAC 197-11-800(16) and 197-11-800(20) of SEPA.

Chapter 173-318 WAC
PHASE ONE
WASTE REDUCTION AND RECYCLING GRANTS

WAC	
173-318-010	Purpose and authority.
173-318-020	Relation to other legislation and administrative rules.
173-318-030	Definitions.
173-318-040	Funding.
173-318-050	Procedures.
173-318-060	Eligibility and grantee match requirements.
173-318-070	Waste reduction/recycling best management practices study demonstration project grants.
173-318-080	Preimplementation program design grants for waste reduction/recycling projects.

NEW SECTION

WAC 173-318-010 PURPOSE AND AUTHORITY. The purpose of this chapter is to set forth eligibility criteria and requirements for the first phase of a financial assistance program that provides grants to further the state's waste management priorities. The department shall provide grants for:

- (1) Waste reduction/recycling demonstration projects in urban and rural areas.
- (2) Preimplementation program designs for waste reduction and recycling projects.

The authority to provide financial assistance is granted under chapters 43.83A and 43.99F RCW.

NEW SECTION

WAC 173-318-020 RELATION TO OTHER LEGISLATION AND ADMINISTRATIVE RULES. (1) Nothing in this chapter shall

influence, affect, or modify department programs, regulations, or enforcement of applicable laws relating to hazardous and solid waste management and disposal.

(2) All grants shall be subject to existing accounting and auditing requirements of state laws and regulations applicable to the issuance of grant funds.

NEW SECTION

WAC 173-318-030 DEFINITIONS. For the purposes of this chapter, the following words and phrases shall have the meanings described herein.

(1) "Best management practices study" means the analysis and evaluation of solid waste management in the state of Washington conducted by the Washington state department of ecology, as required by RCW 70.95.280.

(2) "Buy-back center" means a facility where source separated recyclable materials are delivered for compensation.

(3) "Collection box" means a container or device used to temporarily hold recyclable material before collection.

(4) "Collection system" means the complete system employed to collect recyclable materials, which may include curbside collection, drop-box recycling facilities, buy-back centers, or other methods or combinations thereof, and includes operations and maintenance, and methods to encourage participation.

(5) "Commercial waste substream" means garbage and recyclable materials generated at places of business except manufacturing.

(6) "Composting" means biological stabilization of organic matter through aerobic digestion.

(7) "Curbside collection" means the collection of source-separated recyclable materials from residences and places of business.

(8) "Department" means the Washington state department of ecology.

(9) "Drop-box recycling facility" means a facility accessible to the public to leave recyclable material, without remuneration, consisting of separate receptacles for each recyclable material collected.

(10) "Energy recovery or incineration" means reducing the volume of wastes by use of an enclosed device using controlled flame combustion.

(11) "Equipment" means those items with a life expectancy of one year or more and a cost of over one thousand dollars that are necessary to implement the waste reduction and recycling system, excluding office equipment such as desks, chairs, and bookcases.

(12) "Indirect costs" means costs that are incurred for (a) common or joint purpose benefiting more than one cost objective and (b) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.

(13) "In-kind costs" means contributions and services used as a portion of the grantee's matching share of the project costs.

(14) "Intermediate processing center" means a facility where source-separated recyclable materials are prepared for marketing to end users.

(15) "Landfill" means a disposal facility or part of a facility at which solid waste is placed in or on land and which is not a land treatment facility.

(16) "Manufacturing waste substream" means garbage and recyclable materials generated by persons engaged in creating products.

(17) "Market" means an end user for recyclable materials.

(18) "Material recovery facility" means a facility where recyclable materials are extracted from mixed wastes and prepared for marketing to end users.

(19) "Operations costs" means costs associated with implementing a project or program, including but not limited to, staff and associated costs, goods and services, and contracted services.

(20) "Operations plan" means a design for system functions, including but not limited to, staffing and maintenance needs and a funding mechanism.

(21) "Organic matter" means material originating from plants or animals, limited to food wastes, food processing wastes, wastes from farming or gardening, sewage sludges, logging and milling residues, pulp and paper products, and yard debris that are found in the solid waste stream.

(22) "Organics processing" means the processing of yard debris or other organic matter to produce usable soil conditioners or amendments through composting, fermentation, anaerobic digestion, or other processes.

(23) "Preimplementation program design" means a document detailing a waste reduction and/or recycling system unique to the needs

of a geographical area that includes, but is not limited to, all information about the system plans and specifications, staffing plans, implementation schedules, operations and maintenance plans and costs, SEPA compliance, and permitting costs.

(24) "Recyclable materials" means those solid wastes that can be diverted for recycling or reuse, which otherwise would be disposed of through landfill, energy recovery, or incineration.

(25) "Recycling" means the collection of recyclable material, followed by the transformation of the material into potentially usable materials for use other than landfill disposal, energy recovery or incineration, followed by consumption by an end-user that transforms the material into a product for consumer use.

(26) "Residential waste substream" means garbage and recyclable materials generated by households.

(27) "Solid waste substream" means garbage, refuse and recyclable materials, and is made up of four substreams including residential, commercial, manufacturing, and self-haul.

(28) "Source separation" means separation of recyclable materials and garbage at the point of generation.

(29) "Waste reduction" means all practices that reduce, avoid, or eliminate the amount of toxicity of waste generated, including reuse of materials.

(30) "Yard debris" means vegetation from homes and businesses that can be converted through biological processes into usable soil amendments or other usable products.

NEW SECTION

WAC 173-318-040 FUNDING. For purposes of implementing the financial assistance program under this chapter, four million one hundred fifty thousand dollars shall be available and shall be apportioned as follows:

(1) Grants for waste reduction/recycling demonstration projects. (chapter 43.99F RCW)	\$3,112,500
(2) Grants for preimplementation program design for waste reduction and recycling projects. (chapter 43.83A RCW)	\$1,037,500

Based on an internal review of grant applications received, grant obligations and grant fund balances, the department may reallocate funds by grant category or readjust the amount of funds that may be allocated under any and all grant fund categories.

The obligation of the department to make grant payments is contingent upon the availability of funds through allotment or appropriation, and such other conditions not reasonably foreseeable by the department rendering performance impossible.

NEW SECTION

WAC 173-318-050 PROCEDURES. (1) Grant application packages, which include administrative guidelines, application forms, and detailed information, will be provided to all interested parties.

(2) Applicants may seek technical assistance from the department.

(3) Applications submitted to the department will be reviewed and scored by the department. Applications must include all required elements as outlined in the guidelines to be considered for funding. Applications will be ranked competitively.

(4) Award letters will be sent to applicants selected for funding after which final details regarding the scope of work, budget, and other items of concern will be negotiated.

(5) A grant offer is made by the department to the applicant in the form of a grant agreement when all applicant and project eligibility requirements have been met, funds are available, and the formal application has been completed to the mutual satisfaction of the applicant and the department.

(6) A grant award is made when a grant offer has been signed by both the applicant and the department. No costs incurred prior to the effective date of the grant are eligible unless specific provision is made in the grant agreement for such costs.

NEW SECTION

WAC 173-318-060 ELIGIBILITY AND GRANTEE MATCH REQUIREMENTS. (1) Eligible grantees include the state of Washington or any agency, political subdivision, taxing district or municipal corporation thereof, an agency of the federal government, and those Indian tribes now or hereafter recognized as such by the federal

government for participation in the federal land and water conservation program and which may constitutionally receive grants or loans from the state of Washington.

(2) The department will provide up to seventy-five percent of the total eligible project costs for demonstration projects, pursuant to chapter 43.99F RCW.

(3) The department will provide up to eighty-five percent of the total eligible project costs for preimplementation program designs, pursuant to chapter 43.83A RCW, but will not provide more than one hundred thousand dollars.

(4) A maximum of fifty percent of the grantee cost share may be from in-kind contributions.

(5) A maximum indirect cost rate of ten percent of direct labor will be allowed unless the grantee has an indirect rate approved by a federal or state audit agency. The department reserves the right to determine the amount of indirect allowance in each grant agreement.

NEW SECTION

WAC 173-318-070 WASTE REDUCTION/RECYCLING BEST MANAGEMENT PRACTICES STUDY DEMONSTRATION PROJECT GRANTS. (1) Eligible projects include comprehensive waste reduction and recycling systems that test the findings of the best management practices study related to methods and systems for achieving maximum levels of waste reduction and recycling.

(2) This may include the complete system employed to collect, process and market recyclable materials, including yard debris and organic matter. Eligible project costs include equipment and facilities for curbside collection programs, drop-box recycling programs, buy-back centers, composting, organics processing, material recovery, intermediate processing and marketing, or other methods or combinations thereof. Eligible costs also include operation and maintenance costs as well as methods to encourage participation.

(3) The system will include the participation of private enterprise where it has a demonstrated ability and current capacity to provide needed services. Eligible project costs shall not include the support of solid waste recycling activity or service in a locale if the department determines that the activity or service is reasonably available to persons within that locale from private enterprise.

(4) Priority for allocation of grants: Grant applications will be ranked according to how each application meets the criteria set forth below. Grants will be awarded, within the limits of available funds, to the highest ranking applications that otherwise meet provisions for completeness and technical adequacy. The demonstration project ranking criteria are as follows:

(a) Extent to which the waste stream will be reduced. Priority will be given to those projects emphasizing reduction and recycling through curbside collection or its equivalent.

(b) The extent to which the project will test the findings of the best management practices study.

(c) Applicant's degree of compliance with solid waste management planning requirements.

(d) Integration of the project with the existing solid waste system and recycling operations in the geographical area to be served.

(e) Comprehensiveness of the operations, maintenance, and implementation plans.

(f) Inclusion of evaluation criteria that, if met, would result in continuation of the project with local funding beyond the demonstration period.

(g) Proposed evaluation methodology.

(h) Transferability of methods and systems to other jurisdictions.

(i) Appropriateness of project size to meet the needs of the area to be served.

(j) Extent to which the project serves more than one geographical area.

NEW SECTION

WAC 173-318-080 PREIMPLEMENTATION PROGRAM DESIGN GRANTS FOR WASTE REDUCTION/RECYCLING PROJECTS. (1) Eligible projects include the design of a waste reduction and/or recycling program or project unique to the needs of a geographical area. It should include the participation of private enterprise where there is a demonstrated ability and current capacity to provide needed services.

(2) Program designs include detailed information about, but are not limited to, the program or project plans and specifications, staffing plans, implementation schedules, operations and maintenance plans

and costs, compliance with SEPA, and permitting costs. The program design may also include development of RFPs and RFQs, analysis of specific program elements to determine those that can best meet the needs of the community as identified in the local comprehensive solid waste management plan, and preparation of funding proposals.

(3) Eligible costs shall not include the design of programs that support a solid waste recycling activity or service in a locale if the department determines that the activity or service is reasonably available from private enterprise to persons within that locale.

(4) Priority for allocation of grants: Grant applications will be ranked according to how each application meets the criteria set forth below. Grants will be awarded, within the limits of available funds, to the highest ranking applications that otherwise meet provisions for completeness and technical adequacy. The program design project evaluation criteria are as follows:

(a) Priority will be given to those projects that have a demonstrated financial commitment and ability to support the designed system.

(b) Integration of program or project with local comprehensive solid waste management plan.

(c) Ability to carry out the proposed work.

(d) Approach to project management including management of consultants, if applicable.

(e) Approach to community involvement.

(f) Extent to which the program or project will serve the needs of more than one jurisdictional area.

WSR 89-12-066

NOTICE OF PUBLIC MEETINGS

DEPARTMENT OF NATURAL RESOURCES

(Forest Fire Advisory Board)

[Memorandum—June 7, 1989]

The next scheduled meeting of the Forest Fire Advisory Board is Monday, July 17, 1989. The meeting will begin at 9 a.m. and will be held in Fire Control's Conference Room, located in Building 5 of the Rowsix Complex in Lacey.

WSR 89-12-067

WITHDRAWAL OF PROPOSED RULES UTILITIES AND TRANSPORTATION COMMISSION

[Filed June 7, 1989]

This memorandum is sent pursuant to WAC 1-12-033 as a notice of withdrawal since the proposed rules have been substantially changed and are being refiled under a new notice. The notice being withdrawn was filed under WSR 89-08-111 on April 5, 1989.

Paul Curl
Acting Secretary

WSR 89-12-068

PROPOSED RULES UTILITIES AND TRANSPORTATION COMMISSION

[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington Utilities and Transportation Commission intends to adopt, amend, or repeal rules relating to Electric companies—

Purchase of electricity from qualifying facilities and independent power producers and purchases of electric savings from conservation suppliers, chapter 480-107 WAC; and repealing WAC 480-105-001, 480-105-005, 480-105-010, 480-105-020, 480-105-030, 480-105-040, 480-105-050, 480-105-060, 480-105-070 and 480-105-080. The proposed new chapter and repeal are shown below as Appendix A, Docket No. U-89-2814-R. Written and/or oral submissions may also contain data, views, and arguments concerning the effect of the proposed new chapter on economic values, pursuant to chapter 43.21H RCW and WAC 480-08-050(17);

that the agency will at 9:00 a.m., Wednesday, July 12, 1989, in the Commission's Hearing Room, Second Floor, 1300 South Evergreen Park Drive S.W., Olympia, WA, 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 80.01.040 and 80.04.160.

The specific statute these rules are intended to implement is RCW 80.28.025.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 7, 1989.

Dated: June 7, 1989
 By: Paul Curl
 Acting Secretary

STATEMENT OF PURPOSE

In the matter of adopting chapter 480-107 WAC relating to Electric companies—Purchase of electricity from qualifying facilities and independent power producers and purchases of electrical savings from conservation suppliers; and repealing WAC 480-105-001, 480-105-005, 480-105-010, 480-105-020, 480-105-030, 480-105-040, 480-105-050, 480-105-060, 480-105-070 and 480-105-080.

The rules proposed by the Washington Utilities and Transportation Commission are to be promulgated pursuant to RCW 80.01.040 and 80.04.160 which direct that the commission has authority to implement the provisions of chapter 80.28 RCW.

The rules proposed by the Washington Utilities and Transportation Commission are designed to establish procedures for determining rates, terms, and conditions governing the following purchases by electric utilities: Electricity from qualifying facilities, independent power producers, utility subsidiaries, and other electric utilities; and the electrical savings associated with eligible conservation measures.

The procedure to be established by the proposed rules will accommodate and further the commission's least cost planning goals for meeting current and future electricity needs at the lowest cost to electric utilities and their ratepayers as provided in WAC 480-100-251. In addition, the procedures implement regulations of the Federal Energy Regulatory Commission under the provisions of the Public Utilities Regulatory Policy Act of 1978, regarding the obligation of electric utilities to purchase power from qualifying facilities.

Paul Curl, Acting Secretary, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA, phone (206) 753-6451, and members of his staff were responsible for the drafting of the proposed rules and will be responsible for implementation and enforcement of the proposed rules.

The proponent of the rules is the Washington Utilities and Transportation Commission.

There are no comments or recommendations being submitted inasmuch as the proposal is pursuant to legislative authorization reflected in RCW 80.01.040 and 80.28.025.

The rules change is not necessary as the result of federal law, or federal or state court action.

The rule changes proposed will affect no economic values.

This certifies that the copies of this statement are on file with the commission, are available for public inspection, and that three copies of this statement are this date being forwarded to the Joint Administrative Rules Review Committee.

APPENDIX "A"

**Chapter 480-107 WAC
 ELECTRIC COMPANIES—PURCHASES OF ELECTRICITY
 FROM QUALIFYING FACILITIES AND INDEPENDENT
 POWER PRODUCERS AND PURCHASES OF ELECTRICAL
 SAVINGS FROM CONSERVATION SUPPLIERS**

WAC	
480-107-001	Purpose and scope.
480-107-005	Definitions.
480-107-010	Filing requirements for prototype contracts.
480-107-020	Eligibility for long-run generating facility purchase rates.
480-107-030	Eligibility for long-run conservation purchase rates.
480-107-040	Size of resource block.
480-107-050	Avoided cost schedules.
480-107-060	The solicitation process.
480-107-070	Project ranking procedure.
480-107-080	Pricing and contracting procedures.
480-107-090	Security considerations.
480-107-100	Contract finalization.
480-107-110	Obligations of generating facilities to electric utility.
480-107-120	Obligations of electric utility to qualifying facilities.
480-107-130	Rates for sales to qualifying facilities.
480-107-140	System emergencies.
480-107-150	Interconnection costs.
480-107-160	Special conditions for purchase of electrical power or savings from a utility subsidiary.
480-107-170	Filings—Investigations—Exceptions.

NEW SECTION

WAC 480-107-001 PURPOSE AND SCOPE. (1) The purpose of this chapter is to establish rules for determining rates, terms, and conditions governing the following purchases by electric utilities: Electricity from qualifying facilities; the electrical savings associated with eligible conservation measures; electricity from independent power producers; and, at the utility's election, utility subsidiaries, and other electric utilities. These rules are intended to provide an opportunity for conservation and generating resources to compete on a fair and reasonable basis to fulfill a utility's new resource needs. It is the commission's intent that bids under these rules shall include the costs of compliance by the project with environmental laws, rules, and regulations in effect at the time of the bid and those reasonably anticipated to be in effect during the term of the project.

These rules are consistent with the provisions of the Public Utilities Regulatory Policies Act of 1978 (PURPA), Title II, sections 201 and 210, and regulations promulgated by the Federal Energy Regulatory

Commission (FERC) in 18 C.F.R. Part 292. Purchase of electric power under these rules shall satisfy an electric utility's obligation to purchase power from qualifying facilities under section 210 of PURPA.

These rules do not preclude electric utilities from constructing electric resources, operating conservation programs, purchasing power through negotiated purchase contracts, or otherwise taking action to satisfy their public service obligations. Information about the price and availability of electric power obtained through the bidding procedures described in these rules may be used, in conjunction with other evidence, in general rate cases and other cost recovery proceedings pertaining to resources not acquired through these bidding procedures.

(2) The provisions of this chapter shall apply to any electric utility which has submitted to the commission a least-cost plan as provided in WAC 480-100-251.

NEW SECTION

WAC 480-107-005 DEFINITIONS. (1) "Avoided costs" means the incremental costs to an electric utility of electric energy or capacity or both which, but for purchases to be made pursuant to these rules, the utility would generate itself or purchase from another source.

(2) "Back-up power" means electric energy or capacity supplied by an electric utility to replace energy ordinarily generated by a generating facility's own generation equipment during an unscheduled outage of the facility.

(3) "Commission" means the Washington utilities and transportation commission.

(4) "Conservation measures" means electric energy efficiency improvements to buildings or energy using equipment and processes.

(5) "Economic dispatch" means, within contractually specified limits, modifying the timing of power purchases from a generating facility so as to minimize the costs of delivering electricity.

(6) "Electric utility" means any public service company as defined by RCW 80.04.010 engaged in the generation, distribution, sale, or furnishing of electricity and which is subject to the jurisdiction of the commission.

(7) "Eligible conservation suppliers" means electric utility customers, or third party conservation contractors installing energy efficiency measures as described in these rules.

(8) "Generating facilities" means plant and other equipment employed for the purposes of generating electricity purchased through contracts entered into under these rules.

(9) "Independent power producers" means generating facilities or portions thereof that are not recognized in the retail rates of any electric utility and that are not qualifying facilities as defined in subsection (16) of this section.

(10) "Interruptible power" means electric energy or capacity supplied by an electric utility to a generating facility subject to interruption by the electric utility under certain specified conditions.

(11) "Least cost plan" means the filing made every two years by an electric utility in accordance with WAC 480-100-251.

(12) "Maintenance power" means electric energy or capacity supplied by an electric utility during scheduled outages of a generating facility.

(13) "Project developer" means an individual, association, corporation, or other legal entity potentially entering into a power or conservation savings contract with the utility.

(14) "Project proposal" means a project developer's document containing a description of the project and other information responsive to the requirements set forth in the RFP.

(15) "Prototype contract" means standardized terms and conditions that govern specific electric power or electrical savings purchases by electric utilities. Prototype contracts may be structured to accommodate terms and conditions specific to individual projects, subject to the conditions set forth in these rules.

(16) "Qualifying facilities" are generating facilities that meet the criteria specified by the FERC in 18 C.F.R. Part 292 Subpart B.

(17) "Request for proposals" (RFP) means the document describing an electric utility's solicitation of bids for the delivery of power or electrical savings.

(18) "Supplementary power" means electric energy or capacity supplied by an electric utility, regularly used by a generating facility in addition to that which the facility generates itself.

(19) "Utility subsidiary" means a legal entity, other than a qualifying facility, which is owned, in whole or in part, by an electric utility, and which may enter a power or conservation savings contract with that electric utility.

NEW SECTION

WAC 480-107-010 FILING REQUIREMENTS FOR PROTOTYPE CONTRACTS. (1) The electric utility shall file its initial prototype contracts with the commission. Long-run prototype contract A and long-run prototype contract C shall be attached to the RFP. Prototype contracts may be structured to allow for project-specific contract language where appropriate. The following prototype contracts shall establish terms, conditions, and rules for such transactions, and must be consistent with these rules.

(2) Short-run prototype contract. The electric utility shall file with the commission a contract which offers to qualifying facilities a short-run price equivalent to one hundred percent of the avoided energy-only production costs calculated pursuant to WAC 480-107-050. Such contract shall be called the qualifying facility short-run prototype contract.

(3) Long-run prototype contracts. The electric utility shall file with the commission three contracts which will be used pursuant to the requirements set forth in this chapter.

(a) The first contract shall be used in contracting with qualifying facilities, or other generating facilities if applicable, from winning bidders as determined through the solicitation and bidding process described in this chapter. Such contract shall be called the long-run prototype contract A.

(b) The second contract shall be used in contracting with qualifying facilities of design capacity of one megawatt or less. Such contract shall be called the long-run prototype contract B.

(c) The third contract shall be used in contracting with conservation suppliers as determined through the solicitation and bidding process. Such contract shall be called the long-run prototype contract C.

(4) The commission shall review all short-run and long-run prototype contracts filed by electric utilities pursuant to this section. Any modification to such prototype contracts proposed by the electric utility in between RFP submittals shall be filed with the commission.

NEW SECTION

WAC 480-107-020 ELIGIBILITY FOR LONG-RUN GENERATING FACILITY PURCHASE RATES. (1) Any developer of a potential generating facility may participate in the bidding process. Qualifying facility developers proposing projects with a design capacity of one megawatt or less may choose to receive long-run prototype contract B as defined in WAC 480-107-010 (3)(b). The purchase price for power from these projects shall be based on avoided energy and capacity costs as defined in WAC 480-107-050 adjusted to reflect the most recent purchases under these rules.

(2) A soliciting electric utility may broaden the scope of the solicitation and bidding process to include other electric utilities, subject to the approval of the commission. Such a decision must be explained in the utility's RFP submittal.

(3) An electric utility may allow an affiliated generating subsidiary to participate in the bidding process as a power supplier, on conditions set forth in WAC 480-107-160. Such a decision must be explained in the utility's RFP submittal.

(4) A project developer must provide evidence that a generation site has or will be obtained (e.g., letter of intent) before signing a contract with the purchasing electric utility.

(5) The project developer shall specify, as part of the price bid, the costs of complying with environmental laws, rules, and regulations in effect at the time of the bid and those reasonably anticipated to be in effect during the term of the project.

(6) Any bid which involves the acquisition of energy from a hydroelectric project located in a protected area as designated by the Northwest Power Planning Council must show in its project proposal that:

(a) Such project qualifies for exception or exemption under sections 1103 (b)(4)-(5) or section 1303(g) of the Columbia River Basin Fish and Wildlife Program, or corresponding provisions of the Northwest Conservation and Electric Power Plan; or

(b) The project developer has obtained the necessary approvals from all entities legally responsible for the protection or management of fish or wildlife resources affected by the project, including the Federal Energy Regulatory Commission. The bid shall specify the estimated costs of such compliance.

NEW SECTION

WAC 480-107-030 ELIGIBILITY FOR LONG-RUN CONSERVATION PURCHASE RATES. (1) Any eligible conservation supplier may participate in the bidding process. An electric utility may allow an affiliated subsidiary to participate as a conservation supplier, on conditions set forth in WAC 480-107-160. Such a decision must be explained in the utility's RFP submittal.

(2) A participating conservation supplier shall provide evidence that the proposed conservation measures can be installed and will produce anticipated savings over the term of the contract.

(3) All conservation measures included in a project proposal must:

(a) Produce electrical savings over a time period of greater than five years, or a longer period if specified in the electric utility's RFP. A measure with an expected life which is shorter than the contract term must include replacements through the contract term;

(b) Be consistent with the utility's least-cost plan at the time of the bid; and

(c) Produce savings that can be reliably measured or estimated with accepted engineering methods.

NEW SECTION

WAC 480-107-040 SIZE OF RESOURCE BLOCK. (1) The electric utility shall, as part of its RFP submittal, identify a resource block consisting of the overall amount of power to be solicited from project developers through the bidding process. The commission shall review the proposed resource block in its evaluation of the electric utility's RFP submittal.

(2) The electric utility shall, as part of its RFP documentation, demonstrate that the size of the resource block is consistent with the range of estimated new resource needs identified in the utility's least-cost plan.

NEW SECTION

WAC 480-107-050 AVOIDED COST SCHEDULES. The electric utility shall determine the avoided costs for the energy and capacity associated with the resource block calculated pursuant to WAC 480-107-040 on an annual basis for the greater of twenty years or the longest period over which power purchase contracts entered under these rules will be effective. This price stream will be referred to as the utility's avoided cost schedule. The avoided cost schedule and its supporting documentation shall be filed with the RFP and shall be reviewed by the commission. Revisions to the avoided cost schedule may be made during the period between solicitations by filing, with the commission and subject to the commission's approval, such revised schedule. The assumptions used in calculating the avoided cost schedule shall be consistent with the utility's least-cost plan. The electric utility shall use this stream of avoided costs to provide general information to potential bidders about the cost of new power supplies absent nonutility resources. The avoided cost schedule applicable to any purchases under this chapter shall be that which is filed and approved by the commission pursuant to this section, as adjusted to reflect the most recent purchases under these rules.

NEW SECTION

WAC 480-107-060 THE SOLICITATION PROCESS. (1) The utility shall begin the solicitation process by issuing a request for proposals (RFP). The information which a bidder files in accordance with the utility's RFP will be referred to as the project proposal. Project proposals will be subject to a competitive ranking procedure to determine the group of bidders with which the utility will finalize long-run purchase contracts.

(2) Requirements for issuing a request for proposals:

(a) The electric utility shall solicit bids for electric power and electrical savings at least every two years. More frequent solicitations must be allowed at the discretion of the utility. The solicitation must take the form of an RFP approved by the commission.

(b) The electric utility shall submit a proposed RFP and accompanying documentation to the commission at least ninety days before its proposed issuance date. Interested persons shall have sixty days from the RFP's filing date with the commission to submit written comments to the commission on the proposed RFP. The commission shall take action on the proposed RFP within thirty days after the close of the comment period. The commission may suspend the RFP filing to determine whether its issuance is in the public interest.

(c) The RFP shall specify the resource block and the long-term avoided cost schedule as calculated in WAC 480-107-040 and 480-107-050.

(d) The RFP shall explain the evaluation and ranking procedure to be used by the utility. The RFP must also specify any minimum criteria that bidders must satisfy to be eligible for consideration in the ranking procedure.

NEW SECTION

WAC 480-107-070 PROJECT RANKING PROCEDURE. (1) The electric utility shall adopt ranking procedures to evaluate project proposals on the basis of least-cost planning goals. The project ranking procedure must use explicitly stated criteria.

(2) The criteria used to rank project proposals are subject to commission approval and must be explained in the RFP. These factors must at a minimum address price, dispatchability, risks imposed on ratepayers, and environmental effects including those associated with resources that emit carbon dioxide.

(3) The electric utility's ranking procedures shall recognize differences in relative amounts of risk inherent among different technologies, fuel sources, financing arrangements, and contract provisions.

(4) Information submitted by the bidder pursuant to an approved RFP shall remain sealed until expiration of the solicitation period specified in the RFP. The utility shall make project proposal summaries and a final ranking available at its place of business for public inspection after the project proposals have been opened for the purpose of ranking. The commission shall retain the right to examine project proposals as originally submitted by potential developers.

NEW SECTION

WAC 480-107-080 PRICING AND CONTRACTING PROCEDURES. (1) On the basis of the ranked project proposals developed in accordance with WAC 480-107-060 and 480-107-070, the electric utility shall identify the bidders that best meet the selection criteria and that are expected to produce the energy, capacity, and electrical savings as defined by the resource block.

(2) The price bid and the requested pricing configuration are not subject to negotiation. If a qualifying facility or other generating facility agrees to be operated under economic dispatch, then the price bid shall be adjusted by operating performance adjustments such as the project's equivalent availability factor. The methodology for such performance adjustments must be explained in the utility's RFP submittal.

NEW SECTION

WAC 480-107-090 SECURITY CONSIDERATIONS. (1) The purpose of security requirements shall be to protect ratepayer interests. The requirements and the rationale for them shall be explained in the electric utility's RFP submittal.

(2) Security is required on all project contracts whose expected payment to the project developer at any point in time will exceed the payment which would have been made under the utility's avoided cost schedule. No minimum security is required if payments to the project developer are expected to be always less or equal to the payments which would have been made under the utility's avoided cost schedule.

NEW SECTION

WAC 480-107-100 CONTRACT FINALIZATION. (1) If, for the purposes of finalizing a particular contract, the project developer or electric utility requests changes in the long-run prototype contract, the project developer and utility may negotiate these items consistent with the provisions of this chapter. If after ninety days the parties cannot reach an agreement, either party may request a determination by the commission of the matter at issue.

(2) The electric utility is required to sign long-run prototype contracts for any appropriate time period specified in a selected project proposal for up to a twenty-year term. Longer term contracts can be signed if such provisions are specified in the utility's RFP. A selected project bidder or the utility may petition the commission, after the selection but before the contract is signed, to relieve the party of its obligation to enter into a final contract. The commission may, for good cause shown, relieve the petitioner of its obligation to sign a contract.

(3) If, during contract finalization, a project developer materially changes the representations it had made in its project proposal, the electric utility must suspend contract finalization with that party and

rerank projects according to the new representations. If the new representations cause the project proposal to rank lower than projects not originally selected, the utility shall dismiss the project proposal from further consideration and replace it with next ranked projects.

NEW SECTION

WAC 480-107-110 OBLIGATIONS OF GENERATING FACILITIES TO ELECTRIC UTILITY. The conditions listed in this section shall apply to all generating facilities to be served by an electric utility under this chapter.

(1) The owner or operator of a generating facility purchasing or selling electricity pursuant to these rules shall execute a written agreement with the electric utility.

(2) In order to ensure system safety and reliability of interconnected operations, all interconnected generating facilities shall be constructed and operated in accordance with all applicable federal, state, and local laws and regulations.

(3) The generating facility shall furnish, install, operate, and maintain in good order and repair and without cost to the electric utility such relays, locks and seals, breakers, automatic synchronizers, and other control and protective apparatus as shown by the utility to be reasonably necessary for the operation of the generating facility in parallel with the electric utility's system.

(4) Switching equipment capable of isolating the generating facility from the electric utility's system shall be accessible to the utility at all times.

(5) At its option, the electric utility may choose to operate the switching equipment described in subsection (4) of this section if, in the sole opinion of the utility, continued operation of the customer's generating facility in connection with the utility's system may create or contribute to a system emergency. Such a decision by the utility is subject to commission verification pursuant to WAC 480-107-140. The utility shall endeavor to minimize any adverse effects of such operation on the customer.

(6) Any agreement between a generating facility and an electric utility shall provide for the degree to which the generating facility will assume responsibility for the safe operation of the interconnection facilities. No generating facility may be required to assume responsibility for negligent acts of the utility.

NEW SECTION

WAC 480-107-120 OBLIGATIONS OF ELECTRIC UTILITY TO QUALIFYING FACILITIES. (1) Obligation to purchase from qualifying facilities. Each electric utility's obligation to purchase from qualifying facilities shall be limited to one of the following:

(a) Energy and capacity from projects under long-run contract A pursuant to the solicitation and bidding process described in these rules;

(b) Energy or capacity offered under long-run prototype contract B from qualifying facilities with a design capacity of one megawatt or less; or

(c) Energy offered under the short-run prototype contract.

(2) Obligation to sell to qualifying facilities. Each electric utility shall sell to any qualifying facilities, in accordance with WAC 480-107-130, any energy and capacity requested by the qualifying facilities on the same basis as available to other customers of the utility in the same class.

(3) Obligation to interconnect. Any electric utility shall make such interconnections with any qualifying facilities as may be necessary to accomplish purchases or sales under this section. The obligation to pay for any interconnection costs shall be determined in accordance with WAC 480-107-150.

(4) Transmission to other electric utilities. At the request of a qualifying facility, an electric utility which would otherwise be obligated to purchase energy or capacity from such qualifying facility may, at the option of the utilities involved, transmit energy or capacity to any other electric utility. Nothing contained herein shall be construed to obligate the electric utility connected with the qualifying facility to transmit to other utilities or to obligate such other utilities to purchase from the qualifying facility.

(5) Parallel operation. Each electric utility shall offer to operate in parallel with a qualifying facility: PROVIDED, That the qualifying facility complies with any applicable standards established in accordance with WAC 480-107-110.

NEW SECTION

WAC 480-107-130 RATES FOR SALES TO QUALIFYING FACILITIES. (1) General rules:

(a) Shall be just and reasonable and in the public interest; and

(b) Shall not discriminate against any qualifying facilities in comparison to rates for sales to other customers served by the electric utility.

(2) Rates for sales which are based on accurate data and consistent system-wide costing principles shall not be considered to discriminate against any qualifying facilities to the extent that such rates apply to the utility's other customers with similar load or other cost-related characteristics.

(3) Additional services to be provided to qualifying facilities:

(a) Upon request for a qualifying facility, each electric utility shall provide:

(i) Supplementary power;

(ii) Back-up power;

(iii) Maintenance power; and

(iv) Interruptible power.

(b) The commission may waive any requirement of (a) of this subsection if, after notice in the area served by the electric utility and after opportunity for public comment, the electric utility demonstrates and the commission finds that compliance with such requirement will:

(i) Impair the electric utility's ability to render adequate service to its customers; or

(ii) Place an undue burden on the electric utility.

(4) The rate for sale of back-up power or maintenance power:

(a) Shall not be based upon an assumption (unless supported by factual data) that forced outages or other reductions in electric output by all qualifying facilities on an electric utility's system will occur simultaneously, or during the system peak, or both; and

(b) Shall take into account the extent to which scheduled outages of the qualifying facilities can be usefully coordinated with scheduled outages of the utility's facilities.

NEW SECTION

WAC 480-107-140 SYSTEM EMERGENCIES. (1) Generating facility obligation to provide power during system emergencies: A generating facility entering into a power contract under these rules shall be required to provide energy or capacity to an electric utility during a system emergency only to the extent:

(a) Provided by agreement between such generating facility and electric utility; or

(b) Ordered under section 202(c) of the Federal Power Act.

(2) Discontinuance of purchases and sales during system emergencies:

(a) During any system emergency, an electric utility may discontinue or curtail:

(i) Purchases from a generating facility if such purchases would contribute to such emergency; and

(ii) Sales to a generating facility, provided that such discontinuance or curtailment does not discriminate against a generating facility, and takes into account the degree to which purchases from the generating facility would offset the need to discontinue or curtail sales to the generating facility.

(b) System emergencies resulting in utility action under these rules are subject to verification by the commission if either party requests such verification.

NEW SECTION

WAC 480-107-150 INTERCONNECTION COSTS. (1) Obligation to pay. Any costs of interconnection shall be the responsibility of the owner or operator of the generating facility entering into a power contract under these rules. Interconnection costs which may be reasonably incurred by the electric utility shall be assessed against a generating facility on a nondiscriminatory basis with respect to other customers with similar load characteristics.

(2) Reimbursement of interconnection costs. The electric utility shall be reimbursed by the generating facility for any reasonable interconnection costs the utility may incur. Such reimbursement may be over an agreed period of time, but not greater than the length of any contract between the utility and the generating facility.

NEW SECTION

WAC 480-107-160 SPECIAL CONDITIONS FOR PURCHASE OF ELECTRICAL POWER OR SAVINGS FROM A UTILITY SUBSIDIARY. (1) With the approval of the commission, utility subsidiaries may participate in an affiliated utility's bidding process. Under such circumstances, the solicitation and bidding process will be subject to additional scrutiny by the commission to ensure that no unfair advantage is given to the bidding subsidiary.

(2) As part of its RFP submittal, an electric utility shall notify the commission if a utility intends to allow its subsidiaries to participate in its bidding process. The electric utility must indicate in its RFP submittal how it will ensure that its subsidiary or subsidiaries will not gain, through its association with the electric utility, any unfair advantage over potential nonaffiliated competitors. Disclosure by an electric utility to its affiliated subsidiary of the contents of an RFP or competing project proposals prior to the public availability of such information, shall be construed to constitute an unfair advantage.

(3) Upon a showing to the commission that any unfair advantage was given to a bidding utility subsidiary, rate recovery of costs associated with the subsidiary's project(s) may be denied in full or in part.

NEW SECTION

WAC 480-107-170 FILINGS—INVESTIGATIONS—EXCEPTIONS. (1) The electric utility shall file with the commission and maintain on file for inspection at its place of business the current rates, prices, and charges established pursuant to these rules.

(2) If, at any time, a project developer is aggrieved by an action of an electric utility pursuant to these rules, the aggrieved party may petition the commission to investigate such action. The commission may, at its discretion, open an investigation and, if it deems necessary, hold public hearings regarding any such petition.

(3) The commission may grant such exceptions to these rules as may be appropriate in individual cases.

REPEALER

The following sections of the Washington Administrative Code are each repealed:

- (1) WAC 480-105-001 PURPOSE.
- (2) WAC 480-105-005 APPLICATION OF RULES.
- (3) WAC 480-105-010 DEFINITIONS.
- (4) WAC 480-105-020 OBLIGATIONS OF QUALIFYING FACILITIES TO ELECTRIC UTILITY.
- (5) WAC 480-105-030 AVAILABILITY OF ELECTRIC UTILITY SYSTEM COST DATA.
- (6) WAC 480-105-040 OBLIGATIONS OF ELECTRIC UTILITY QUALIFYING FACILITIES.
- (7) WAC 480-105-050 RATES FOR PURCHASES.
- (8) WAC 480-105-060 RATES FOR SALES.
- (9) WAC 480-105-070 INTERCONNECTION COSTS.
- (10) WAC 480-105-080 SYSTEM EMERGENCIES.

WSR 89-12-069
PROPOSED RULES
UTILITIES AND TRANSPORTATION
COMMISSION
 [Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington Utilities and Transportation Commission intends to adopt, amend, or repeal rules relating to mandatory cost changes for telecommunications companies, WAC 480-80-390. The proposed new section is shown below as Appendix A, Cause No. U-89-2876-R. Written and/or oral submissions may also contain data, views, and arguments concerning the effect of the proposed new section on economic values, pursuant to chapter 43.21H RCW and WAC 480-08-050(17);

that the agency will at 9:00 a.m., Wednesday, July 12, 1989, in the Commission's Hearing Room, Second Floor, 1300 South Evergreen Park Drive S.W., Olympia, WA, 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 80.01.040.

The specific statute these rules are intended to implement is RCW 80.36.080 and 80.36.140.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 7, 1989.

Dated: June 7, 1989
 By: Paul Curl
 Acting Secretary

STATEMENT OF PURPOSE

In the matter of adopting WAC 480-80-390 relating to mandatory cost changes for telecommunications companies.

The rules proposed by the Washington Utilities and Transportation Commission are to be promulgated pursuant to RCW 80.01.040 which directs that the commission has authority to implement the provisions of chapter 80.36 RCW.

The rules proposed by the Washington Utilities and Transportation Commission are designed to provide more streamlined procedures to be applied to rate filings by local exchange telecommunications companies occasioned by changes in jurisdictional separations and mandatory accounting and tax changes.

Paul Curl, Acting Secretary, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA, phone (206) 753-6451, and members of his staff were responsible for the drafting of the proposed rules and will be responsible for implementation and enforcement of the proposed rules.

The proponent of the rules is the Washington Utilities and Transportation Commission.

There are no comments or recommendations being submitted inasmuch as the proposal is pursuant to legislative authorization reflected in RCW 80.01.040.

The rule change is not necessary as the result of federal law, or federal or state court action.

The rule changes proposed will affect no economic values.

This certifies that copies of this statement are on file with the commission, are available for public inspection, and that three copies of this statement are this date being forwarded to the Joint Administrative Rules Review Committee.

APPENDIX "A"

NEW SECTION

WAC 480-80-390 MANDATORY COST CHANGES FOR TELECOMMUNICATIONS COMPANIES. (1) This section establishes streamlined procedures to be applied to rate filings by local exchange telecommunication companies which seek to reflect in rate increases jurisdictional separations changes and mandatory accounting and tax changes imposed by a governmental authority which are accepted for intrastate ratemaking purposes by the commission.

(2) In order to qualify for jurisdictional separations or mandatory accounting and tax change treatment, a filing seeking to increase rates shall meet the following requirements at a minimum:

(a) It shall be accompanied by a recital that the company has or will within forty-five days of the filing complete distribution in the manner specified in WAC 480-80-125 of a notice to customers containing information as to the rate increase consistent with that required in that portion of the rule denominated "summary of requested rate increases," and further containing the name and mailing address of the commission and public counsel, and advising the customers that they may contact the same with respect to the proposed rate change. Proof of compliance with the foregoing shall be on file with the commission at least thirty days before any rates sought under this procedure shall be made effective.

(b) The filing shall be accompanied by supporting documentation demonstrating the calculation of the proposed increase and the authority for the change.

(c)(i) A company seeking this treatment for a proposed increase shall submit a rate of return statement, on a commission basis, which demonstrates that the company is not presently exceeding a reasonable level of earnings. If the company is exceeding a reasonable level of earnings, the proposed increase shall be reduced accordingly. All supporting documentation used to develop the rate of return statement shall be provided with the filing. For the purposes of this rule, "reasonable level of earnings" is the company's authorized overall rate of return or the rate of return developed pursuant to (e) of this subsection, whichever is more current. Companies with revenues exceeding five hundred million dollars annually may use their authorized rate of return if established within the prior two years. If no return has been established within two years, such companies may not be accorded the procedures designated by this rule, unless in the judgment of the commission, such authorized return is not unreasonable for purposes of a filing under this rule. If a company cannot depict Washington intrastate results of operations with reasonable accuracy, the total Washington realized return may be used for this test.

(ii) The rate of return statement shall not be a fully pro forma results of operations statement, but must depict the results of operations on a commission basis. For purposes of this rule, "commission basis" means that the rate base includes those standard rate base components that have been historically accepted by the commission for ratemaking, and further includes restating actual adjustments which restate a company's booked results of operations to a ratemaking basis and also includes an appropriate pro forma debt adjustment. These restating adjustments should be made to account for jurisdictional differences where they depart from FCC Part 32. Accounting rules set forth in WAC 480-120-031 may be used as a guide to satisfy most adjustments required to restate per books results of operations. Nonoperating, nonrecurring, or extraordinary items, and unregulated operating items, or any other item that materially distorts test period earnings or expenses shall be removed from booked results of operations before the achieved return is calculated. For purposes of this rule, "commission basis" does not include new theories or approaches which have not been previously addressed to and resolved by the commission.

(d) The supporting documentation specified in (b) and (c) of this subsection shall be submitted at the time of the tariff filing or the first notice to customers, whichever occurs first.

(e) The qualifying overall rate of return will be either not greater than 10.5 percent or based upon a 12.25 percent return on equity. The 10.5 percent overall rate of return will be adjusted according to the following table:

90% DEBT COMPANIES USE 40.00% OF TARGET RATE OF RETURN
80% DEBT COMPANIES USE 48.00% OF TARGET RATE OF RETURN
70% DEBT COMPANIES USE 57.60% OF TARGET RATE OF RETURN
60% DEBT COMPANIES USE 69.12% OF TARGET RATE OF RETURN

Using the 12.25 percent return on equity, the overall fair rate of return will be determined on an individual company basis giving consideration to the company's cost of debt and preferred equity, each adjusted for any known and measurable effects, and utilizing an appropriate capital structure. The rates shall be reviewed during the third quarter of each calendar year, and such action taken as may be necessary and appropriate to reflect the current capital market conditions: PROVIDED, That nothing herein shall foreclose more frequent review and adjustment of the overall rate of return or return on equity as circumstances may indicate. Nothing in this rule shall foreclose a utility from seeking a different return on equity, nor shall the returns or the methodologies stated in this section be considered as precedent for any other commission proceedings.

(3) Except for costs identified with a particular customer class, any revenue requirement change sought to be reflected by this treatment shall be spread on a uniform revenue percentage basis by customer class, defined as residential, business, and interexchange, whether or not classified as competitive.

Costs identified with interexchange services shall be spread to access charges using approved commission methodology. Costs identified with any other specific class or service shall be spread to that class or service on a uniform percentage basis. In exceptional circumstances, a company may propose an alternative rate design or rate spread.

(4) If the commission has reason to believe that the quality of the company's service is not consistent with its public service obligations, or if the commission has reason to believe that the company's results of operations, proposed rate design or proposed rate spread, or proposed alternative rate design or rate spread require a more extensive review, the commission may decline to apply the procedures contemplated by this rule.

(5) If jurisdictional separations or mandatory accounting and tax change treatment is found to be appropriate, the commission will ordinarily take final action within ninety days of the date of filing.

(6) Nothing in this section shall be construed to prevent any company, the commission, or any customer from utilizing any other procedures which are otherwise permitted by law.

WSR 89-12-070
ADOPTED RULES
UTILITIES AND TRANSPORTATION
COMMISSION

[Order R-302, Docket No. U-89-2641-R—Filed June 7, 1989]

In the matter of amending WAC 480-90-031 and 480-100-031 relating to gas and electric utility accounting rules.

This action is taken pursuant to Notice Nos. WSR 89-09-070 and 89-11-084 filed with the code reviser on April 19, 1989, and May 24, 1989, respectively. The rule changes hereinafter adopted shall take effect pursuant to RCW 34.04.040(2).

This rule-making proceeding is brought on pursuant to RCW 80.01.040 and is intended administratively to implement these statutes.

This rule-making proceeding is in compliance with the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), the State Register Act (chapter 34.08 RCW), the State Environmental Policy Act of 1971 (chapter 43.21C RCW), and the Regulatory Fairness Act (chapter 19.85 RCW).

Pursuant to Notice No. WSR 89-11-084 the above matter was scheduled for consideration at 9:00 a.m., Wednesday, May 31, 1989, in the Commission's Hearing Room, Second Floor, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA, before Chairman Sharon L. Nelson and Commissioners Richard D. Casad and A. J. Pardini.

Under the terms of said notice, interested persons were afforded the opportunity to submit data, views, or arguments to the commission in writing prior to May 19, 1989, and orally at 9:00 a.m., Wednesday, May 31, 1989, in the Commission's Hearing Room above noted. In accordance with the foregoing notice, written comments were received from Cascade Natural Gas Corporation, Pacific Power and Light Company, Puget Sound Power and Light Company, and the Washington Water Power Company. At the May 31, 1989, meeting the

commission considered the rule change proposal. No oral comments were presented.

The rule changes affect no economic values.

In reviewing the entire record herein, it has been determined that WAC 480-90-031 and 480-100-031 should be amended to read as set forth in Appendix A shown below and by this reference made a part hereof. WAC 480-90-031 and 480-100-031 as amended will provide for annual and periodic reports of results of operations for gas and electric utilities subject to regulation by the commission.

ORDER

WHEREFORE, IT IS ORDERED That WAC 480-90-031 and 480-100-031 as set forth in Appendix A, be amended as rules of the Washington Utilities and Transportation Commission to take effect pursuant to RCW 34.04.040(2).

IT IS FURTHER ORDERED That the order and the annexed rule, after first being recorded in the order register of the Washington Utilities and Transportation Commission, shall be forwarded to the code reviser for filing pursuant to chapter 34.04 RCW and chapter 1-12 WAC.

DATED at Olympia, Washington, this 6th day of June, 1989.

Washington Utilities and Transportation Commission
Richard D. Casad, Commissioner
A. J. Pardini, Commissioner

APPENDIX "A"

AMENDATORY SECTION (Amending Order R-27, filed 7/15/71)

WAC 480-90-031 ACCOUNTING. (1) The "uniform system of accounts" applicable to Class A(~~;~~) and B(~~-, C, and D~~) gas utilities published by the (~~National Association of Regulatory Utility Commissioners (NARUC)~~) Federal Energy Regulatory Commission is hereby prescribed for use of gas utilities in the state of Washington.

(2) Gas utilities operating within this state shall be classed by revenue as follows:

CLASS	ANNUAL GROSS OPERATING REVENUE
(A	\$750,000 or more
B	\$250,000 to \$750,000
C	\$100,000 to \$250,000
D	less than \$100,000)
A	\$2,500,000 or more
B	less than \$2,500,000

(3) All gas utilities having multistate operations shall maintain records in such detail that the costs of property located and business done in this state in accordance with geographic boundaries can be readily ascertained.

(4) Any change to the uniform system of accounts, as published by the (~~NARUC~~) FERC, will only be accomplished after due notice and order of this commission.

(5) The annual report (~~(FPC)~~) FERC Form 2 (~~= Class A and B natural gas companies and FPC Form 2A = Class C and D natural gas companies~~) promulgated

by the Federal (~~(Power)~~) Energy Regulatory Commission is hereby adopted for purposes of annually reporting to this commission by all (~~(Class A, B, C, and D)~~) gas companies.

All gas utilities having multistate operations shall report to this commission at least once each year, as a supplement to its annual report, the amount of property, revenues, expenses, taxes, depreciation, etc. utilized in or incurred from the furnishing of utility service in the state of Washington, on the basis of usage and without regard to geographic boundaries. Any cost allocations necessary in developing results of operations for the state of Washington separately shall be accomplished on an acceptable basis.

In addition to the annual report, each gas company shall file with the commission semiannual twelve months ended results of operations statements within four months after the end of the covered period. In most cases this would be April 30 and October 31 of each year. The results of operations statement shall be restated including normalized revenue and gas supply based on a "commission basis." "Commission basis" means that the rate base includes those standard rate base components that have been historically accepted by the commission for ratemaking, and further includes restating actual adjustments which restate a company's booked results of operations to a ratemaking basis adjusting for out of period items. Nonoperating, nonrecurring, extraordinary items, or any other item that materially distorts test period earnings or expenses shall be removed from booked results of operations before the achieved return is calculated. "Commission basis" does not include new theories or approaches which have not been previously addressed and resolved by the commission.

(6) The results of operations reported by each gas utility in its annual report to the commission shall be reconciled with the results of operations shown on its books and records.

(7) Gas utilities shall continue to report actual Washington results of operations to the commission. The results of operations statement shall show monthly results and twelve months ended results. This statement is due within sixty days after the end of the reporting month.

(8) Any additional data required by this commission in the reporting requirements of gas utilities will only be accomplished after due notice and order of this commission.

(~~(8)~~) (9) The annual budget of expenditures shall be submitted in accordance with chapter 480-140 WAC.

AMENDATORY SECTION (Amending Order R-29, filed 7/15/71)

WAC 480-100-031 ACCOUNTING. (1) The "uniform system of accounts" applicable to Class A(~~;~~) and B(~~-, C, and D~~) electric utilities published by the (~~National Association of Regulatory Utility Commissioners (NARUC)~~) Federal Energy Regulatory Commission is hereby prescribed for use of electric utilities in the state of Washington. References in this uniform system of accounts to a classification of electric utilities

contrary to ~~((paragraph 2 below))~~ subsection (2) of this section are hereby deleted.

(2) Electric utilities operating within this state shall be classed by revenue as follows:

CLASS	ANNUAL GROSS OPERATING REVENUE
(A)	\$750,000 or more
B	\$250,000 to \$750,000
C	\$100,000 to \$250,000
D	Less than \$100,000
A	\$2,500,000 or more
B	less than \$2,500,000

(3) All electric utilities having multistate operations shall maintain records in such detail that the costs of property located and business done in this state in accordance with geographic boundaries can be readily ascertained.

(4) Any deviation from the uniform system of accounts, as published by the ~~((NARUC))~~ FERC, will only be accomplished after due notice and order of this commission.

(5) The annual report form ~~((FPC))~~ FERC Form No. 1 promulgated by the Federal ~~((Power))~~ Energy Regulatory Commission is hereby adopted for purposes of annually reporting to this commission by all ~~((Class A and B))~~ electric companies. All electric utilities having multistate operations shall report to this commission at least once each year, as a supplement to its annual report, the amount of property, revenues, expenses, taxes, depreciation, etc., utilized in or incurred from the furnishing of utility service in the state of Washington, on the basis of usage and without regard to geographic boundaries. Any cost allocations necessary in developing results of operations for the state of Washington separately shall be accomplished on an acceptable basis.

~~((The annual report forms for Class C and D electric utilities shall be published by this commission.))~~ In addition to the annual report, each electric company shall file with the commission semiannual twelve months ended results of operations statements within four months after the end of the covered period. In most cases this would be April 30 and October 31 of each year. The results of operations statement shall be restated including normalized revenue and power supply based on a "commission basis." "Commission basis" means that the rate base includes those standard rate base components that have been historically accepted by the commission for ratemaking, and further includes restating actual adjustments which restate a company's booked results of operations to a ratemaking basis adjusting for out of period items. Nonoperating, nonrecurring, extraordinary items, or any other item that materially distorts test period earnings or expenses shall be removed from booked results of operations before the achieved return is calculated. "Commission basis" does not include new theories or approaches which have not been previously addressed and resolved by the commission.

(6) The total company results of operations reported by each electric utility in its annual report to the commission shall agree with the results of operations shown on its books and records. ~~((The Washington results of~~

~~operations shall be readily reconcilable to the total company results of operations.))~~

(7) Electric utilities shall continue to report actual Washington results of operations to the commission. The results of operations statement shall show monthly results and twelve months ended results. This statement is due within sixty days of the reporting month.

(8) Any additional data required by this commission in the reporting requirements of electric utilities in annual reports will only be accomplished after due notice and order of this commission.

~~((8))~~ (9) The annual budget of expenditures shall be submitted in accordance with chapter 480-140 WAC.

WSR 89-12-071

WITHDRAWAL OF PROPOSED RULES DEPARTMENT OF ECOLOGY

[Filed June 7, 1989]

Notice is hereby given that the Department of Ecology will not take further action under WSR 89-09-075 to amend WAC 173-19-2519, Redmond, City of.

This notice is given pursuant to WAC 1-12-033. The Department of Ecology may, at a later date, file a new notice of intent to amend the program.

Carol Jolly
Assistant Director

WSR 89-12-072

PROPOSED RULES UTILITIES AND TRANSPORTATION COMMISSION

[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington Utilities and Transportation Commission intends to adopt, amend, or repeal rules relating to statutory notices, WAC 480-80-070. The proposed amendatory section is shown below as Appendix A, Docket No. U-89-2970-R. Written and/or oral submissions may also contain data, views, and arguments concerning the effect of the proposed amendment on economic values, pursuant to chapter 43.21H RCW and WAC 480-08-050(7);

that the agency will at 9:00 a.m., Wednesday, July 12, 1989, in the Commission's Hearing Room, Second Floor, 1300 South Evergreen Plaza Drive S.W., Olympia, WA, 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 80.01.040.

The specific statute these rules are intended to implement is RCW 80.28.060 and 80.36.110.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 7, 1989.

Dated: June 7, 1989
By: Paul Curl
Acting Secretary

WSR 89-12-073
PROPOSED RULES
BOARD OF ACCOUNTANCY
[Filed June 7, 1989]

STATEMENT OF PURPOSE

In the matter of amending WAC 480-80-070 relating to statutory notices.

The rule proposed by the Washington Utilities and Transportation Commission is to be promulgated pursuant to RCW 80.01.040 which directs that the commission has authority to implement the provisions of chapters 80.28 and 80.36 RCW.

The rule proposed by the Washington Utilities and Transportation Commission is designed to provide for telefacsimile transmission of tariff filings under certain circumstances.

Paul Curl, Acting Secretary, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA, phone (206) 753-6451, and members of his staff were responsible for the drafting of the proposed rule and will be responsible for implementation and enforcement of the proposed rule.

The proponent of the rule is the Washington Utilities and Transportation Commission.

There are no comments or recommendations being submitted inasmuch as the proposal is pursuant to legislative authorization reflected in RCW 80.01.040.

The rule change is not necessary as the result of federal law, or federal or state court action.

The rule change proposed will affect no economic values.

This certifies that copies of this statement are on file with the commission, are available for public inspection, and that three copies of this statement are this date being forwarded to the Joint Administrative Rules Review Committee.

APPENDIX "A"

AMENDATORY SECTION (Amending Order R-5, filed 6/6/69, effective 10/9/69)

WAC 480-80-070 STATUTORY NOTICE. Except as otherwise hereinafter provided by law or rule, a tariff that is received by the commission too late to give the commission, as well as the public, the full thirty days' notice required by law will be returned to the sender and correction of the neglect or omission cannot be made which takes into account any time elapsing between the date upon which such tariff was received and the date of attempted correction. When any tariff is issued as to which the commission and the public are not given (~~the regular coincident~~) statutory notice, ~~((it))~~ the tariff has the same status as if ~~((it))~~ the tariff had not been issued and full statutory notice must be given on any ~~((reissue))~~ reissuance thereof. No consideration will be given to telephone and telegraph notices in computing the thirty days' notice required. Tariff filings submitted by telefacsimile transmission will be considered, PROVIDED, That the document is actually received and printed and the required number of copies are delivered the following business day. Tariffs received on Saturdays, Sundays and holidays or after 5:00 p.m. shall be considered as having been received on the following business day.

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Board of Accountancy intends to adopt, amend, or repeal rules concerning independence, integrity and objectivity, amending WAC 4-25-080;

that the agency will at 9:00 a.m., Thursday, July 13, 1989, in the Center House, Conference Room H, Seattle Center, 305 Harrison, Seattle, 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 18.04.055(2).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 5, 1989.

Dated: June 7, 1989
By: Carey L. Rader
Chief Executive Officer

STATEMENT OF PURPOSE

Name of Agency: Washington State Board of Accountancy.

Purpose: To clarify restrictions against CPAs accepting compensation for the sale of referral of products or services to clients.

Statutory Authority: RCW 18.04.055.

Summary of the Rules: This amendment strengthens the prohibition against CPAs in public practice receiving compensation from third parties for the sales of goods or services to clients.

Reason Proposed: Conform rule to changes in statute.

Responsible Personnel: In addition to the members of the board, the following Board of Accountancy personnel have knowledge of and responsibility for drafting, implementing and enforcing these rules: Carey L. Rader, Chief Executive Officer, 210 East Union, Suite H, Olympia, WA 98504, phone (206) 753-2585 or 234-2585 scan.

Proponents: These rules are proposed by the board.

Agency Comments: None.

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.

AMENDATORY SECTION (Amending Order ACB 104, filed 10/10/83)

WAC 4-25-080 RULES OF CONDUCT—INDEPENDENCE, INTEGRITY, AND OBJECTIVITY. A licensee shall not express an opinion on financial statements of an enterprise in such a manner as to imply that he is acting as an independent public accountant with respect thereto unless he is independent with respect to such enterprise. Independence will be considered to be impaired if, for example:

(1) During the period of his professional engagement, or at the time of expressing his opinion, the licensee:

(a)(i) Had or was committed to acquire any direct or material indirect financial interest in the enterprise; or

(ii) Was a trustee of any trust or executor or administrator of any estate if such trust or estate had or was committed to acquire any direct or material indirect financial interest in the enterprise; or

(b) Had any joint closely-held business investment with the enterprise or any officer, director, or principal stockholder thereof which was material in relation to the net worth of either the licensee or the enterprise; or

(c) Had any loan to or from the enterprise or any officer, director, or principal stockholder thereof other than loans of the following kinds made by a financial institution under normal lending procedures, terms and requirements:

(i) Loans obtained by the licensee which are not material in relation to the net worth of the borrower;

(ii) Home mortgages; and

(iii) Other secured loans, except those secured solely by a guarantee of the licensee.

(2) During the period covered by the financial statements, during the period of the professional engagement or at the time of expressing an opinion, the licensee:

(a) Was connected with the enterprise as a promoter, underwriter, or voting trustee, a director or officer or in any capacity equivalent to that of a member of management or of an employee; or

(b) Was a trustee for any pension or profit-sharing trust of the enterprise.

The foregoing examples are not intended to be all inclusive.

A licensee shall not in the performance of professional services knowingly misrepresent facts, nor subordinate his judgment to others. In tax practice, however, a licensee may resolve doubt in favor of ((his)) the client as long as there is reasonable support for his position.

A licensee shall not ((pay a commission to obtain a client, nor accept a commission for a referral to a client of products or services of others. This rule does not prohibit payments for the purchase of all, or a material part, of an accounting practice, or retirement payments to persons formerly engaged in the practice of public accountancy, or payments to the heirs or estates of such persons.)) concurrently engage in the practice of public accountancy and in any other business or occupation which impairs his independence or objectivity in rendering professional services.

When a certified public accountant (CPA) holds out to the public as a licensee, there is an expectation of professional competence, integrity, and objectivity by the recipient of the CPA's services (RCW 18.04.055(2)). When the licensee receives other compensation or when fees are contingent upon findings, conflicts of interest may affect the licensee's judgment, recommendations, and performance to the detriment of the recipient of such services. Therefore:

(i) A CPA who holds out to the public as a licensee shall not accept other compensation for the sale or referral of products or services of others to another individual or entity where such sale or referral of products or services might impair the CPA's independence of objectivity. A CPA who does not hold out as a licensee may receive other compensation from a third party for the sale or referral of products and services of others.

(ii) A licensee shall not offer or perform professional services for a fee which is contingent upon the findings or results of such services: PROVIDED HOWEVER, That this rule does not apply to professional services involving federal, state, or other taxes in which the findings are those of the tax authorities and not those of the licensee, nor does it apply to professional services for which the fees are to be fixed by courts or other public authorities, and which are therefore indeterminate in amount at the time the professional services are undertaken.

(iii) A licensee shall not ((concurrently engage in the practice of public accountancy and in any other business or occupation which impairs his independence or objectivity in rendering professional services.)) pay to obtain a client. This rule does not prohibit payments for the purchase of all, or a material part, of an accounting practice, or retirement payments to persons formerly engaged in the practice of public accountancy, or payments to the heirs or estates of such persons.

(iv) A CPA who holds out to the public as a licensee may receive compensation only in the forms of fees for services from the client for whom services are rendered and the recovery of costs for products delivered or services used.

DEFINITIONS:

For the purposes of this section, the following definitions shall apply:

(A) "Other compensation" means compensation received by a licensee for other than the performance of professional services, while

holding out as a licensee. Other compensation includes that which is received for the sale of investments or products, other than work product of the licensee, or for referral of products or services of others.

(B) "Holding out" means offering to the public one or more kinds of professional services as a licensed CPA. Holding out is presumed to invite the public to rely upon the professional skills implied by the CPA license in connection with the professional services offered to be performed by the licensee. Holding out includes any oral or written representation that the licensee holds a license, including without limitation the use of titles or legends on letterheads, business cards, office doors, advertisements and listings; but it does not include any use of titles permitted to the holder of a valid certificate (RCW 18.04.345(7)).

(C) "Professional services" means any services performed or offered to be performed by a licensee for a client involving the use of accounting or auditing skills, including the issuance of reports on financial statements, or of one or more types of management advisory or consulting services, or the preparation of tax returns or the furnishing of advice on tax matters including advice or recommendations in connection with a client's purchase of products or services, when the advice or recommendations require or imply the use of professional skills or expert knowledge.

(D) "Fees for services" means any money, property, or other consideration received by a licensee in exchange for professional services rendered.

WSR 89-12-074
PROPOSED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)
 [Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning disregard of income and resources, amending WAC 388-28-575;

that the agency will at 10:00 a.m., Tuesday, July 11, 1989, in the Auditorium, OB-2, 12th and Franklin, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 12, 1989.

The authority under which these rules are proposed is RCW 74.08.090.

The specific statute these rules are intended to implement is chapter 74.08 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Correspondence concerning this notice and proposed rules shown below should be addressed to:

Troyce Warner
 Office of Issuances
 Department of Social and Health Services
 Mailstop OB-33H
 Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact the Office of Issuances, State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by June 28, 1989. The meeting site is in a location which is barrier free.

Dated: June 2, 1989
 By: Leslie F. James, Director
 Administrative Services

STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.
 Re: Amending WAC 388-28-575.

Purpose of the Rule Change: To cross-reference rules regarding OSE refunds and adjusts disregards of income and resources.

This change is necessary to comply with court order number C86-1568 WD and Action Transmittal Number 88-20.

Statutory Authority: RCW 74.04.055.

Summary of the Rule Change: Cross-references rules for disregarding child support incentive payments; corrects disregards to include resources; and adjusts disregard computation of student financial assistance.

Person Responsible for Drafting, Implementation and Enforcement of the Rule Change: Tim Roth, Program Manager, Division of Income Assistance, mailstop OB-31C, phone 753-3177.

The organizations which proposed these rules are the Office of Support Enforcement and the Office of Family Assistance.

This rule is necessary as a result of federal law and a federal court decision, United States District Court, Western District of Washington, No. C86-1568 WD and Aid to Families with Dependent Children, Action Transmittal No. FSA-AT-88-20.

AMENDATORY SECTION (Amending Order 2718, filed 10/27/88)

WAC 388-28-575 DISREGARD OF INCOME AND RESOURCES. (1) For aid to families with dependent children (AFDC), the department shall disregard as income and as a resource the following payments:

(a) The portion of grants, loans, or federal work study to an undergraduate student insured by the Secretary of Education, U.S. Department of Education or under the Bureau of Indian Affairs, designated by the school for:

- (i) Tuition;
- (ii) Fees for equipment, materials, or supplies;
- (iii) Books;
- (iv) Transportation; and
- (v) Miscellaneous personal expenses as determined by the institution.

(b) Per capita judgment funds under Public Law (P.L.) 92-254 to members of the:

- (i) Blackfoot Tribe of the Blackfoot Indian Reservation, Montana; and
- (ii) Gros Ventre Tribe of the Fort Belknap Reservation, Montana.
- (c) Indian claim settlement per capita funds or funds held in trust under P.L. 93-134 or P.L. 94-114;
- (d) The income of a Supplemental Security Income recipient;
- (e) Two thousand dollars per individual per calendar year received under the Alaska Native Claims Settlement Act or under P.L. 98-64;
- (f) AFDC benefits resulting from a court order modifying a department policy;

(g) Veterans' Administration educational assistance for the student's educational expenses and child care necessary for school attendance;

(h) Housing and Urban Development (HUD) community development block grant funds that preclude use for current living costs;

(i) The ((monthly)) child support incentive payments from the office of support enforcement under WAC 388-14-270; and

(j) A previous underpayment of assistance under WAC 388-33-195.

(2) For AFDC and general assistance (GA), the department shall disregard as income ((for AFDC and GA)) and as a resource the following payments:

- (a) Payment under Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- (b) The food coupon allotment under Food Stamp Act of 1977;
- (c) Compensation to volunteers in ACTION programs established by Titles I, II, and III of P.L. 93-113;
- (d) Benefits under women, infants and children program (WIC);
- (e) Food service program for children under the National School Lunch Act; and
- (f) Energy assistance payments.

WSR 89-12-075 PROPOSED RULES DEPARTMENT OF SOCIAL AND HEALTH SERVICES

(Public Assistance)

[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning citizenship and alien status, amending WAC 388-49-310;

that the agency will at 10:00 a.m., Tuesday, July 11, 1989, in the Auditorium, OB-2, 12th and Franklin, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 12, 1989.

The authority under which these rules are proposed is RCW 74.04.510.

The specific statute these rules are intended to implement is RCW 74.04.510.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Correspondence concerning this notice and proposed rules shown below should be addressed to:

Troyce Warner
 Office of Issuances
 Department of Social and Health Services
 Mailstop OB-33H
 Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact the Office of Issuances, State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by June 27, 1989. The meeting site is in a location which is barrier free.

Dated: June 2, 1989

By: Leslie F. James, Director
 Administrative Services

STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.
 Re: Amending WAC 388-49-310.

Purpose of the Rule Change: To amend the food stamp program requirements regarding aliens.

Reason this Rule is Necessary: To implement food and nutrition service (FNS) Administrative Notice 89-36 and to reinstate a passage that was inadvertently deleted in a previous WAC revision.

Statutory Authority: RCW 74.04.510.

Summary of the Rule Change: Aliens legalized under section 245A of the Immigration and Nationality Act who attain permanent status and are aged, blind or disabled may be eligible for the food stamp program; an alien must be in violation of a known deportation order before the department is required to notify the immigration and naturalization service. This passage was inadvertently deleted during a previous WAC rewrite; and other changes are editorial for clarity.

Person Responsible for Drafting and Implementation of the Rule: Randall Francom, Community Services Program Manager, Division of Income Assistance, mailstop OB-31C, 234-4918 scan.

This rule is necessary to correct a previous error and implement FNS Administrative Notice 89-36.

AMENDATORY SECTION (Amending Order 2770, filed 3/2/89)

WAC 388-49-310 CITIZENSHIP AND ALIEN STATUS. (1) The department shall require applicants to sign the application attesting to their citizenship or alien status as described under WAC 388-49-030(6).

(2) The department shall consider applicants (~~who fail~~) failing to meet the requirements of (~~WAC 388-49-310~~) subsection (1) of this section as ineligible household members under WAC 388-49-190(4), 388-49-420(5), and 388-49-480(2).

(3) Except for subsection (4) of this section, the department shall require persons participating in the food stamp program to be residents of the United States and either:

- (a) A United States citizen; or
- (b) An alien lawfully admitted for permanent residence; or
- (c) An alien who:

(i) Entered the United States (~~prior to~~) before January 1, 1972, or some later date as required by law; and

(ii) Has continuously maintained residency in the United States since then; and

(iii) Is not ineligible for citizenship but is considered to be lawfully admitted for permanent residence as a result of an exercise of discretion by the attorney general (~~pursuant to~~) under section 249 of the Immigration and Nationality Act.

(d) An alien who qualified for entry after March 17, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion (~~pursuant to~~) under sections 203 (a)(7), 207, and 208 of the Immigration and Nationality Act; or

(e) An alien qualified for conditional entry (~~prior to~~) before March 18, 1980, (~~pursuant to~~) under former section 203 (a)(7) of the Immigration and Nationality Act; or

(f) An alien granted asylum through an exercise of discretion by the attorney general (~~pursuant to~~) under section 208 of the Immigration and Nationality Act; or

(g) An alien lawfully present in the United States as a result of:

(i) An exercise of discretion by the attorney general for emergent reasons or reasons deemed strictly in the public interest (~~pursuant to~~) under section 212 (d)(5) of the Immigration and Nationality Act; or

(ii) A grant of parole by the attorney general.

(h) An alien living within the United States for whom the attorney general (~~has~~) withheld deportation (~~pursuant to~~), under section 243 of the Immigration and Nationality Act, because (~~of~~) the (~~judgment of the~~) attorney general (~~that~~) judges the alien (~~would otherwise be~~) is subject to persecution (~~on account~~) because of race, religion, or political opinion; or

(i) An alien having temporary resident status as a special agricultural worker under section 210 of the Immigration and Nationality Act.

(4) The department shall consider aliens legalized under section 245A of the Immigration and Nationality Act ineligible for five years after attaining temporary resident status except for (~~those~~) aliens who:

(a) Attain permanent resident status(;;); and

(b) (~~Receive Supplemental Security Income~~) Are aged, blind, or disabled as defined under section 1614 (a)(1) of the Social Security Act.

(5) The household shall provide verification when:

(a) Citizenship is questionable(;;); or

(b) One or more of its members are aliens.

(i) The department shall not contact the immigration and naturalization service to obtain information without the alien's written consent.

(ii) The department shall give the household failing to provide verification the option of:

(A) Withdrawing the application(;;); or

(B) Participating without the alien member.

(6) An applicant shall be ineligible until:

(a) Questionable citizenship is verified(;;); or

(b) Lawful alien status is verified.

(7) The department shall accept a statement under a penalty of perjury signed by a United States citizen that the applicant is a United States citizen when:

(a) The applicant cannot produce acceptable citizenship verification; and

(b) The household can reasonably explain why the verification is not available.

(8) The department shall notify immigration and naturalization services when any household member is ineligible because that person is present in the United States in violation of a known deportation order of the Immigration and Nationality Act.

(9) Lawfully admitted aliens who are ineligible include:

(a) Alien visitors,

(b) Tourists,

(c) Diplomats, (~~or~~) and

(d) Students with temporary status.

WSR 89-12-076

PROPOSED RULES

DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

(General Provisions)

[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning Overpayment—Repayment, amending chapter 440-44 WAC;

that the agency will at 10:00 a.m., Tuesday, July 11, 1989, in the Auditorium, 12th and Franklin, OB-2, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 12, 1989.

The authority under which these rules are proposed is RCW 74.08.090.

The specific statute these rules are intended to implement is chapter 74.08 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Correspondence concerning this notice and proposed rules shown below should be addressed to:

Troyce Warner
Office of Issuances
Department of Social and Health Services
Mailstop OB-33H
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact the Office of Issuances, State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by June 27, 1989. The meeting site is in a location which is barrier free.

Dated: June 2, 1989
By: Leslie F. James, Director
Administrative Services

STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.

Re: Amending WAC 440-44-023 Ambulance and first-aid vehicle licensing and inspection fee, 440-44-040 Medical facilities licensing and 440-44-050 Radiation machine facility registration; adding new sections WAC 440-44-041 Childbirth centers and pregnancy terminations facilities, 440-44-042 Hospice and home health and home care agencies and 440-44-043 Boarding homes and treatment facilities licensing fees.

Purpose of Rule Change: To reformat existing language and either lower or elevate fees charged to licensees.

Reason These Rules are Necessary: To perform an annual adjustment of fees to cover costs of Division of Health programs.

Statutory Authority: Chapter 43.20B RCW.

Summary of Rule Change: WAC 440-44-023 is amended to eliminate fees for ambulance/first-aid vehicle licensing and inspection; WAC 440-44-040 is amended to adjust fees for radiation machine facility registration; WAC 440-44-050 is amended; and WAC 440-44-041, 440-44-042 and 440-44-043 are added to adjust fees for hospitals, home health, hospice, psychiatric hospitals, abortion and birthing centers, alcoholism treatment facilities, residential treatment facilities, and boarding homes.

Person or Persons Responsible for Drafting, Implementation and Enforcement of These Rules: Bob Virnig, Accountant, Division of Health, phone 753-3233, mailstop ET-26.

The Department of Social and Health Services proposes these rules changes.

These rules are not necessary as a result of federal law, federal court decision or state court decision.

AMENDATORY SECTION (Amending Order 1825, filed 6/4/82)

WAC 440-44-023 AMBULANCES AND FIRST-AID VEHICLES LICENSING AND INSPECTION FEES. ((The following)) The department shall assess no annual fees ((shall be assessed)) for inspection and licensing of ambulances and first-aid vehicles((:

(1) Ambulance vehicles - Forty-five dollars;

(2) First-aid vehicles - Twenty-five dollars;)) since municipal corporations providing emergency medical care and transportation services pursuant to chapter 18.73 RCW ((shall be)) are exempt from such fees and constitute ninety-five percent of all agencies requiring licenses.

AMENDATORY SECTION (Amending Order 2493, filed 7/1/87)

WAC 440-44-040 MEDICAL FACILITIES ((AND BOARDING HOMES)) LICENSING FEES. (1) Hospitals licensed under chapter 70.41 RCW shall: ((The annual fee shall be nineteen dollars for each bed space within the licensed bed capacity of the hospital. The licensed bed capacity of a hospital shall include all bed spaces in rooms in compliance with the physical plant and movable equipment requirements of chapter 248-18 WAC for twenty-four hour assigned patient rooms including neonatal intensive care bassinets spaces. Bed spaces not used for twenty-four hour assigned patient use, in compliance with the physical plant requirements of chapter 248-18 WAC but not containing the required movable equipment, shall be included in the licensed bed capacity. PROVIDED, That the hospital certifies to the department the hospital currently possesses the required movable equipment

The licensed bed capacity shall exclude all normal infant bassinets. The number of licensed bed spaces shall be limited in accordance with decisions made under chapter 70.38 RCW, and bed additions subsequent to the establishment of each hospital's licensed bed capacity by the department shall be subject to review under chapter 70.38 RCW. The number of twenty-four hour assigned patient beds set up in a hospital shall not exceed the hospital's licensed bed capacity))

(a) Submit an annual license fee of nineteen dollars for each bed space within the licensed bed capacity of the hospital to the department;

(b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of chapter 248-18 WAC for twenty-four-hour assigned patient rooms;

(c) Include neonatal intensive care bassinets spaces;

(d) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(i) Physical plant requirements of chapter 248-18 WAC are met without movable equipment; and

(ii) The hospital currently possesses the required movable equipment and certifies this fact to the department.

(e) Exclude all normal infant bassinets;

(f) Limit licensed bed spaces as required under chapter 70.38 RCW;

(g) Submit an application for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the hospital licensed bed capacity; and

(h) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

(2) Private psychiatric hospitals licensed under chapter 71.12 RCW shall: ((The annual fee shall be twenty-seven dollars for each bed space within the licensed bed capacity of the private psychiatric hospital. The licensed bed capacity of a private psychiatric hospital shall include all bed spaces in rooms in compliance with the physical plant and movable equipment requirements of chapter 248-22 WAC for twenty-four hour assigned patient rooms. Bed spaces not used for twenty-four hour assigned patient use, in compliance with the physical plant requirement of chapter 248-22 WAC but not containing the required movable equipment, will be included in the licensed bed capacity. PROVIDED, That the private psychiatric hospital certifies to the department the private psychiatric hospital currently possesses the required movable equipment.

The number of licensed bed spaces shall be limited in accordance with decisions made under chapter 70.38 RCW, and bed additions subsequent to the establishment of each private psychiatric hospital's licensed bed capacity by the department shall be subject to review under chapter 70.38 RCW. The number of twenty-four hour assigned patient beds set up in a private psychiatric hospital shall not exceed the private psychiatric hospital's licensed bed capacity))

(a) Submit an annual fee of twenty-seven dollars for each bed space within the licensed bed capacity of the hospital to the department;

(b) Include all bed spaces and rooms complying with physical plant and movable equipment requirements of chapter 248-22 WAC for twenty-four-hour assigned patient rooms;

(c) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(i) Physical plant requirements of chapter 248-22 WAC are met without movable equipment; and

(ii) The private psychiatric hospital currently possesses the required movable equipment and certifies this fact to the department.

(d) Limit licensed bed spaces as required under chapter 70.38 RCW;

(e) Submit applications for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the private psychiatric hospital's licensed bed capacity; and

(f) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

(3) Alcoholism hospitals licensed under chapter 71.12 RCW shall: ((The annual fee shall be twenty dollars for each bed space within the licensed bed capacity of the alcoholism hospital. The licensed bed capacity of an alcoholism hospital shall include all bed spaces in rooms in compliance with the physical plant and movable equipment requirements of chapter 248-22 WAC for twenty-four hour assigned patient rooms. The number of twenty-four hour assigned patient beds set up in an alcoholism hospital shall not exceed the alcoholism hospital's licensed bed capacity))

(a) Submit an annual fee of twenty dollars for each bed space within the licensed bed capacity of the alcoholism hospital to the department;

(b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of chapter 248-22 WAC for twenty-four-hour assigned patient rooms;

(c) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(i) Physical plan requirements of chapter 248-22 WAC are met without movable equipment; and

(ii) The alcoholism hospital currently possesses the required movable equipment and certifies this fact to the department.

(d) Limit licensed bed spaces as required under chapter 70.38 RCW;

(e) Submit an application for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to the department establishment of the alcoholism hospital's licensed bed capacity; and

(f) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

(4) (Alcoholism treatment facilities: The annual fee shall be twelve dollars and fifty cents for each bed space within the licensed bed capacity of the alcoholism treatment facility. The licensed bed capacity of an alcoholism treatment facility shall include all bed spaces in rooms in compliance with the physical plant and movable equipment requirements of chapter 248-22 WAC for twenty-four hour assigned patient rooms. The number of twenty-four hour assigned patient beds set up in an alcoholism treatment facility shall not exceed the alcoholism treatment facility's licensed bed capacity.

(5) Boarding homes: The annual fee shall be thirteen dollars times the licensed resident capacity of the boarding home. The licensed resident capacity is the capacity determined by the boarding home and approved by the department. The licensed resident capacity shall be consistent with the physical plant and movable equipment requirements of chapter 248-16 WAC for resident sleeping rooms. The number of residents in a boarding home shall not exceed the licensed resident capacity of the boarding home. The term "resident" as used here-in is defined in WAC 248-16-001.

(6) Residential treatment facilities for psychiatrically impaired children and youth: The annual fee shall be fifty-two dollars for each bed space within the licensed bed capacity of the residential treatment facility for psychiatrically impaired children and youth. The licensed bed capacity of a residential treatment facility for psychiatrically impaired children and youth shall include all bed spaces in rooms in compliance with the physical plant and movable equipment requirements of chapter 248-23 WAC for client sleeping rooms. The number of beds set up in a residential treatment facility for psychiatrically impaired children and youth shall not exceed the residential treatment facility for psychiatrically impaired children and youth licensed bed capacity.

(7) Pregnancy termination facilities: The annual fee for licensing and certification of facilities for induction or termination of pregnancy in the second trimester shall be two hundred fifty dollars.

(8) Child birth centers: The annual fee shall be five hundred dollars. PROVIDED, That no fee shall be required of charitable, nonprofit or government-operated institutions (as required by RCW 18.46.030).

(9) Residential treatment and rehabilitation facilities for psychiatrically impaired adults: The annual fee shall be fifty dollars for each bed space within the licensed bed capacity of the residential treatment and rehabilitation facility for psychiatrically impaired adults. The licensed bed capacity of a residential treatment and rehabilitation facility for psychiatrically impaired adults shall include all bed spaces in rooms in compliance with the physical plant and movable equipment requirements of chapter 248-25 WAC for client sleeping rooms. The number of beds set up in a residential treatment and rehabilitation facility for psychiatrically impaired adults shall not exceed the residential treatment and rehabilitation facility for psychiatrically impaired adults licensed bed capacity.

(10) Hospice care centers: Each application for a license shall be accompanied by a license fee of three hundred dollars.

(11) Hospice agencies: The annual fee for each facility certified under chapter 70.126 RCW shall be three hundred dollars.

(12) Home health agencies: The annual fee for each facility certified under chapter 70.126 RCW shall be three hundred dollars.) Hospice care centers licensed under chapter 70.41 RCW shall include a license fee of three hundred dollars with each application for a license.

NEW SECTION

WAC 440-44-041 CHILDBIRTH CENTERS AND PREGNANCY TERMINATION FACILITIES. (1) Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five

hundred dollars to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.

(2) Pregnancy termination facilities certified under chapter 9.02 RCW shall submit an annual fee of two hundred and fifty dollars to the department for licensing and certification of facilities for induction or termination of pregnancy in the second trimester.

NEW SECTION

WAC 440-44-042 HOSPICE AND HOME HEALTH AND HOME CARE AGENCIES. (1) Hospice agencies licensed under chapter 70.127 RCW shall submit an annual license fee of five hundred dollars to the department.

(2) Home health agencies licensed under chapter 70.127 RCW shall submit an annual license fee of six hundred dollars to the department.

(3) Home care agencies licensed under chapter 70.127 RCW shall submit an annual license fee of six hundred twenty-five dollars to the department.

(4) The department shall assess annual fees for combinations of initial license or renewal licenses under RCW 70.127.110 as follows:

- (a) Home health and hospice..... eight hundred dollars;
- (b) Home health and home care one thousand dollars;
- (c) Hospice and home care..... seven hundred dollars; and
- (d) Home health, hospice, and home care one thousand two hundred dollars.

NEW SECTION

WAC 440-44-043 BOARDING HOMES AND TREATMENT FACILITIES LICENSING FEES. (1) Boarding homes licensed under chapter 18.20 RCW shall:

(a) Submit an annual fee of fourteen dollars multiplied by the department-approved capacity of the boarding home;

(b) Define "resident" as defined under WAC 248-16-001;

(c) Define "licensed resident capacity" as the resident occupancy level determined by the boarding home and approved by the department, consistent with physical plant and movable equipment requirements for resident sleeping rooms under chapter 248-16 WAC; and

(d) Maintain occupancy level at or below the licensed resident capacity of the boarding home.

(2) Alcoholism treatment facilities licensed under chapter 71.12 RCW shall:

(a) Submit an annual fee of fifteen dollars for each bed space within the licensed bed capacity of the alcoholism treatment facility to the department;

(b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of chapter 248-26 WAC for twenty-four-hour assigned patient rooms; and

(c) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

(3) Residential treatment facilities for psychiatrically impaired children and youth (RTF-CY) licensed under chapter 71.12 RCW shall:

(a) Submit an annual fee of thirty-five dollars for each bed space within the licensed bed capacity of the RTF-CY;

(b) Include all bed spaces and rooms complying with physical plant and movable equipment requirements of chapter 248-23 WAC; and

(c) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

(4) Adult residential rehabilitation centers (ARRC) licensed under chapter 71.12 RCW shall:

(a) Submit an annual fee of thirty-five dollars for each bed space within the licensed bed capacity of the ARRC;

(b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements in chapter 248-25 WAC for client sleeping rooms; and

(c) Set up twenty-four-hour assigned client beds only within the licensed bed capacity approved by the department.

AMENDATORY SECTION (Amending Order 2359, filed 3/28/86)

WAC 440-44-050 RADIATION MACHINE FACILITY REGISTRATION FEES. ((The following biennial fees are required at the time of application or renewal. For any facility or group of facilities under one administrative control the maximum fee of three thousand dollars has been established.))

(1) Persons owning and/or leasing and using radiation-producing machines shall submit a fifty dollar registration fee to the department at the time of application and every two years thereafter. In addition:

(a) For dentists, veterinarians, and podiatrists, add: ((A fifty dollar registration fee plus))
 (i) Sixty dollars for the first tube ((plus twenty-five)); and
 (ii) Twenty dollars for each additional tube.
 ((2)) (b) For hospitals((:)) and medical ((and)) or chiropractic facilities, add: ((A fifty dollar registration fee plus))
 (i) One hundred ((seventy-five)) eighty dollars for the first tube ((plus fifty)); and
 (ii) Sixty dollars for each additional tube.
 ((3)) (c) For industrial, research, and ((others)) other uses, add: ((A fifty dollar registration fee plus))
 (i) One hundred dollars for the first tube ((plus fifty)); and
 (ii) Thirty dollars for each additional tube.
 ((4)) (2) ((For dentists, A fifty dollar registration fee plus forty-five dollars for the first tube plus twenty dollars for each additional tube)) The department shall charge a maximum of three thousand dollars total fee for any facilities under one administration.

WSR 89-12-077
ADOPTED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Health)

[Order 2790—Filed June 7, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

- Amd ch. 248-27 WAC Home health agency rules.
- Amd ch. 248-31 WAC Hospice agency rules.
- New ch. 248-36 WAC Home care agency rules.

This action is taken pursuant to Notice No. WSR 89-07-023 filed with the code reviser on March 8, 1989. 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 70.126-.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 June 7, 1989.

By Leslie F. James, Director
 Administrative Services

Chapter 248-27 WAC
HOME HEALTH AGENCY ((REGULATIONS))
RULES

NEW SECTION

WAC 248-27-005 PURPOSE. The purpose of these rules is to administratively implement chapter 70.127 RCW by establishing minimum licensing standards for home health agencies related to safe and competent care for patients.

NEW SECTION

WAC 248-27-015 DEFINITIONS. For the purpose of chapter 70.127 RCW and chapter 248-27 WAC,

the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Acute care" means care provided by an agency for patients who are not medically stable or have not attained a satisfactory level of rehabilitation. These patients require frequent monitoring by a health care professional in order to maintain their health status.

(2) "Administrator" means a person managing and responsible for the day-to-day operation of each licensed agency.

(3) "Advanced registered nurse practitioner" means a registered nurse with a ARNP recognition document under chapter 308-120 WAC.

(4) "Agency" means a home health agency defined under this section and chapter 70.127 RCW.

(5) "AIDS" means acquired immunodeficiency syndrome defined under WAC 248-100-011.

(6) "Authorizing practitioner" means a person authorized to sign a home health plan of treatment including a physician licensed under chapter 18.57 or 18.71 RCW, a podiatrist licensed under chapter 18.22 RCW, or an advanced registered nurse practitioner as authorized by the board of nursing under chapter 18.88 RCW.

(7) "Branch office" means a location or site from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency, included in the license of the agency, and located sufficiently close to share administration, supervision, and services.

(8) "Bylaws" means a set of rules adopted by an agency for governing the agency operation.

(9) "Clinical note" means a written, signed, dated notation of each contact with a patient which may contain a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

(10) "Department" means the department of social and health services or successor state health department.

(11) "Dietitian" means an individual certified under chapter 18.138 RCW, Dietitians and Nutritionists.

(12) "Family" means an individual or individuals who are important to and designated by the patient, and who may or may not be relatives.

(13) "Governing body" means the person, who may be the owner or a group, with responsibility and authority to establish policies related to operation of the agency.

(14) "HIV" means human immunodeficiency virus defined under RCW 70.24.017(7).

(15) "Home health agency" means a private or public agency or organization administering or providing home health aide services or two or more home health services directly or through a contract arrangement to ill, disabled, or infirm persons in places of temporary or permanent residence.

(16) "Home health aid" means an individual registered or certified under chapter 18.88A RCW.

(17) "Home health aid services" means services provided by a home health agency under supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist and as further defined under RCW 70.127.010(7).

(18) "Home health plan of care" or "plan of care" means a written plan of care established by a home health agency by appropriate health care professionals, including comprehensive case assessment and management, and describing maintenance care to be provided. A patient or the patient's representative shall be allowed to participate in the development of the plan of care to the extent practicable.

(19) "Home health plan of treatment" or "plan of treatment" means a written plan of care established by a physician, a podiatrist, or an advanced registered nurse practitioner, in consultation with appropriate health care professionals within the agency, including comprehensive case assessment and management, and describing medically necessary acute care to be provided for treatment of illness or injury.

(20) "Home health services" means health or medical services provided to ill, disabled, or infirm persons. Home health services of an acute or maintenance care nature include, but are not limited to:

- (a) Nursing services;
- (b) Home health aide services;
- (c) Physical therapy services;
- (d) Occupational therapy services;
- (e) Speech therapy services;
- (f) Respiratory therapy services;
- (g) Nutritional services;
- (h) Homemaker services;
- (i) Personal care services;
- (j) Medical social services;
- (k) Medical supplies or equipment services; and
- (l) Pharmacy services.

(21) "Homemaker services" means services assisting ill, disabled, or infirm persons with household tasks essential to achieving adequate household and family management, including transportation, shopping, and maintenance of premises.

(22) "Ill, disabled, or infirm persons" means persons needing home health, hospice, or home care services in order to maintain themselves in their places of temporary or permanent residence.

(23) "Licensed practical nurse" means an individual licensed as a practical nurse under chapter 18.78 RCW, Practical Nurses.

(24) "Maintenance care" means care provided by home health agencies that is necessary to support an existing level of health and to preserve a patient from further failure or decline.

(25) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(26) "May" means permissive or discretionary on the part of the department.

(27) "Medical social worker" means an individual with a bachelor's degree in social work, psychology, or a related field and having completed one year of social work experience and registered as a counselor under RCW 18.19.090.

(28) "Nutritional services" means nutritional assessment and counseling, dietary teaching, and the monitoring and management of special diets and hyperalimentation provided by a dietitian or certified nutritionist under chapter 18.138 RCW.

(29) "Occupational therapist" means an individual licensed as an occupational therapist under chapter 18.59 RCW.

(30) "Owner" means the individual, partnership, or corporate entity legally responsible for the business requiring licensure as a home health agency under chapter 70.127 RCW.

(31) "Personal care services" means services assisting ill, disabled, or infirm persons with dressing, feeding, and personal hygiene to facilitate self-care.

(32) "Personnel" means individuals providing patient care on behalf of an agency including employees and individuals under contract.

(33) "Pharmacist" means an individual licensed as a pharmacist under RCW 18.64.080.

(34) "Physical therapist" means an individual licensed as a physical therapist under chapter 18.74 RCW.

(35) "Physician" means an individual licensed as a medical doctor under chapter 18.71 RCW or an osteopathic physician and surgeon licensed under chapter 18.57 RCW, or a podiatrist licensed under chapter 18.22 RCW.

(36) "Prehire screening" means checking of work references, appropriate registration, certification, licensure, and qualifications.

(37) "Registered nurse" means an individual licensed under chapter 18.88 RCW, Registered Nurses.

(38) "Respiratory therapist" means an individual certified under chapter 18.89 RCW, Respiratory Care Practitioners.

(39) "Shall" means compliance is mandatory.

(40) "Speech therapist" means a person meeting:

(a) The education and experience requirements for a certificate of clinical competence in the appropriate area of speech pathology or audiology, granted by the American Speech, Language, and Hearing Association as described in The ASLHA Directory, American Speech, Language, and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or

(b) The education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in The ASLHA Directory, 1983.

(41) "Supervision" means authoritative procedural guidance by a qualified person who assumes the responsibility for the accomplishment of a function or activity and who provides direction and ongoing monitoring and evaluation of the actual act of accomplishing the function or activity.

(42) "Therapist" means a physical therapist, occupational therapist, speech therapist, or respiratory therapist defined under this section or other therapist licensed or certified under Title 18 RCW and providing health or medical care or treatment within their defined scope of practice.

(43) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 308-42 WAC.

(44) "Therapy services" means those services delivered by a therapist defined under this section.

(45) "Volunteer" means an individual providing assistance to the home health agency and:

(a) Oriented, trained, and supervised to perform specific assigned tasks; and

(b) Working without compensation.

(46) "Without compensation" means:

(a) A recipient of care is not charged a fee for any service delivered by the volunteer; and

(b) An individual delivering care receives no pay, except reimbursement for personal mileage incurred to deliver home health services.

NEW SECTION

WAC 248-27-025 LICENSURE OF THE HOME HEALTH AGENCY. (1) Persons operating home health agencies defined under chapter 70.127 RCW shall submit applications and fees to the department by July 1, 1989.

(2) After July 1, 1990, no person shall:

(a) Advertise, operate, manage, conduct, open, or maintain a home health agency without first obtaining an appropriate license from the department; or

(b) Use the words "home health agency," "home health care services," or "visiting nurse services" in its corporate or business name, or advertise using such words unless licensed as a home health agency under chapter 70.127 RCW.

(3) Applicants for a home health agency license shall:

(a) Submit a completed application and fee for initial license or renewal to the department on forms furnished by the department, including signature of the owner or legal representative of the owner;

(b) Furnish to the department full and complete information as required by the department for the proper administration of department requirements including:

(i) Evidence of current insurance including:

(A) Professional liability insurance coverage specified under RCW 70.127.080; and

(B) Public liability and property damage insurance coverage specified under RCW 70.127.080.

(ii) Information on organizational and governing structure and the identity of the applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets;

(iii) A list of counties where the applicant will operate;

(iv) A list of branch offices; and

(v) A list of services provided or offered.

(4) Agencies requesting license renewal shall submit a renewal application and fee to the department.

(5) If the applicant or owner meets the requirements of this chapter and chapter 70.127 RCW, the department shall issue or renew a license for the agency.

(6) The department shall:

(a) Deny a license if in the last five years the owner, applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets are found in a civil or criminal proceeding to have committed any act reasonably relating to the fitness of any of the above persons to:

(i) Establish, maintain, or administer an agency; or

(ii) Provide care in the home of another.

(b) Provide a combination of applications and licenses and the reduction of individual license fees if an applicant applies for more than one category of license under chapter 70.127 RCW;

(c) Establish fees to be paid under RCW 43.20B.110 and chapter 440-44 WAC, including providing for the reduction of individual license fees if an applicant applies for more than one category of license under RCW 70.127.110;

(d) Prohibit transfer or reassignment of a license without thirty-day-prior-notice to the department and department approval;

(e) Issue a license following approval of a new or current owner's application;

(f) Conduct on-site reviews of the agency, which may include in-home visits with consent of the patient, to determine compliance;

(g) Examine and audit records of the agency if the department has reason to believe persons are providing care without an appropriate license;

(h) Provide for combined licensure inspections and audits for owners holding more than one license under RCW 70.127.110;

(i) Give written notice of any violations, including a statement of deficiencies observed;

(j) Inform the owner or applicant of the requirement to:

(i) Present a plan of correction to the department within ten working days; and

(ii) Comply within a specified time not to exceed sixty days.

(k) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency prior to assessing a civil penalty unless:

(i) The deficiency is an immediate threat to life, health, or safety; or

(ii) The owner fails to comply with any of the provisions under WAC 248-27-045 (3)(a), (b), (c), (d), (e), (f), (g), (h), (i), and (j).

(l) Initiate disciplinary action, under RCW 70.127-.170 and this chapter, if the owner or applicant fails to comply.

(7) The department may:

(a) Issue a license effective for one year or less unless the license is suspended or revoked;

(b) Inspect an agency and examine records at any time to determine compliance with chapter 70.127 RCW and this chapter;

(c) Deny, suspend, modify, or revoke an agency license for failure to comply with chapter 70.127 RCW or this chapter. Actions to deny, suspend, modify, or revoke the license shall be consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) When a change of ownership is planned, the owner shall notify the department, in writing, at least thirty days prior to the date of transfer, including:

(a) Full name and address of the current owner and prospective new owner;

(b) Name and address of the agency and new name under which the agency will be operating, if known; and

(c) The date of the proposed change of ownership.

(9) The prospective new owner shall submit a new application for an agency license with the fee at least thirty days prior to the change of ownership.

(10) The agency shall inform the department, in writing, at the time of opening or closing the agency or branch offices included in the agency license.

NEW SECTION

WAC 248-27-035 LICENSE DENIALS—SUSPENSIONS—MODIFICATIONS—REVOCATIONS.

(1) The department may deny, suspend, modify, or revoke a license or assess civil penalties, or both, against the agency if an applicant, owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions under chapter 70.127 RCW or this chapter;

(b) Continues to operate after the license is revoked or suspended for cause without subsequent reinstatement by the department;

(c) Makes a false statement of a material fact in the application for the license or data attached or in any record required by this chapter or matter under investigation by the department;

(d) Refuses to allow representatives of the department to inspect any part of the agency or books, records, or files required by this chapter;

(e) Willfully prevents or interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of chapter 70.127 RCW and this chapter;

(f) Willfully prevents or interferes with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Fails to pay or make arrangements to pay a civil monetary penalty assessed by the department within ten days after the assessment becomes final, as provided under WAC 248-27-045, Civil Fines;

(h) Uses false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresents, or is fraudulent in an aspect of, the conduct of the applicant's or owner's business.

(2) If the department finds the public health, safety, or welfare imperatively require emergency action, a license may be summarily suspended pending proceedings for revocation or other action.

(3) The department shall inform the owner or applicant, in writing, of a denial, suspension, modification, or revocation of a license, and of the right to appeal, with such notice:

(a) Stating the reasons for the adverse action; and

(b) Personally served in the manner of service of a summons in a civil action or given in another manner showing proof of receipt.

(4) Unless stated otherwise, the department shall consider a denial, suspension, modification, or revocation effective twenty-eight days after receipt.

(5) The department may make the date of action effective:

(a) Later than twenty-eight days after receipt if the department states the effective date in the written notice to the owner or applicant; and

(b) Sooner than twenty-eight days after receipt when necessary to protect the public health, safety, or welfare if the department states the effective date and the reasons supporting the effective date in the written notice.

NEW SECTION

WAC 248-27-045 CIVIL FINES. (1) Following an on-site review, in-home visit, or audit, the department shall give written notice either in person or by personal service or certified mail, return receipt requested, of any violation under chapter 70.127 RCW or this chapter. The notice shall inform the owner or applicant as appropriate including:

(a) Describing the conditions of noncompliance;

(b) Specifying a reasonable time of compliance not to exceed sixty days;

(c) Explaining the possibility of a violation subjecting the owner or applicant to denial, revocation, modification, or suspension of the license, and/or civil fines; and

(d) Explaining the right of the owner or applicant to appeal.

(2) The department may assess civil monetary penalties in addition to or in lieu of denial, suspension, modification, or revocation of a license if the owner fails to comply with a notice of violation.

(3) The department may assess civil monetary penalties not to exceed one thousand dollars per violation in any case where the department finds the owner, applicant, officer, director, partner, managing employee, or owner of ten percent or more of the applicant's or owner's assets:

(a) Failed or refused to comply with requirements under chapter 70.127 RCW or this chapter;

(b) Continued to operate after the license was revoked or suspended for cause and not subsequently reinstated by the department;

(c) Has knowingly, or with reason to know, made a false statement of a material fact in the:

(i) Application for the license; or

(ii) Data attached; or

(iii) Record required under chapter 70.127 RCW; or

(iv) Matter under investigation by the department.

(d) Refused to allow representatives of the department to inspect any book, record, file, or part of the agency under this chapter;

(e) Willfully prevented, interfered with, or attempted to impede the work of any representative of the department and the lawful enforcement of a provision under chapter 70.127 RCW and this chapter;

(f) Willfully prevented or interfered with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Failed to pay or make arrangements to pay any civil monetary penalty assessed by the department under chapter 70.127 RCW within ten days after the assessment became final;

(h) Used false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresented or was fraudulent in any aspect of the conduct of the home health business.

(4) Failure to pay or make arrangements to pay civil monetary penalties within ten days from the time the assessment becomes final may result in denial, suspension, modification, or revocation of the license, in addition to either the assessment of the penalties or to the assessment of additional penalties.

(5) The department shall give written notice to the owner or applicant against whom the department assesses a civil fine, including the right to appeal. The written notice shall:

(a) State the reasons for the adverse action;

(b) Be personally served in the manner of service of a summons in a civil action or given in another manner showing proof of receipt; and

(c) State the effective date of the civil fine action is:

(i) Twenty-eight days after receipt of the written notice; or

(ii) A later date at the discretion of the department.

NEW SECTION

WAC 248-27-055 APPEALS—HEARINGS. (1) An owner or applicant aggrieved by the department's denial, suspension, modification, or revocation of a license, or imposition of a civil penalty, may request a department hearing.

(2) Any owner or applicant requesting a department hearing shall make the request, in writing, and:

(a) State the issue and law upon which the appeal relies;

(b) State the grounds for contesting the denial, suspension, modification, or revocation of license or imposition of civil fines;

(c) State current address and telephone number;

(d) Attach to the request a copy of the department notice of denial, suspension, modification, or revocation of license or imposition of civil fine;

(e) Submit the request for hearing within twenty-eight days of the date of receipt of the department notice of denial, suspension, modification, or revocation of license or imposition of civil penalty; and

(f) Deliver the request by personal service or by certified mail to the Office of Appeals, 12th Avenue and Franklin Street, P.O. Box 2465, Olympia, Washington 98504-2465.

(3) The department shall:

(a) Treat a mailed request as effective on the date it was postmarked, if the mailed request is received by the office of appeals properly addressed and with no postage due;

(b) Conduct hearings under chapters 10-08 and 388-08 WAC and chapter 34.05 RCW, Administrative Procedure Act;

(c) Apply this section if any provision of this section conflicts with chapter 388-08 WAC; and

(d) Follow the decision-making procedure including:

(i) Initial decision;

(ii) Petition for review; and

(iii) Review decision procedure.

(4) When an owner or applicant files an appeal within the time limits specified under this section, department action to deny, suspend, modify, or revoke a license, or impose a civil fine shall proceed as follows:

(a) When the department gives an owner or applicant twenty-eight or more days' written notice and the owner or applicant files an appeal before the effective date on the written notice, the department:

(i) Shall delay implementing the adverse action until the order from the administrative hearing is served upon the owner or applicant; and

(ii) May implement part or all of the adverse action while the proceedings are pending if the:

(A) Presiding or reviewing officer permits the department to start such action; and

(B) Owner or applicant causes an unreasonable delay in the proceeding and circumstances change so the implementation is in the public interest or for other good cause.

(b) When the department gives an owner or applicant less than a twenty-eight-day written notice and the owner or applicant files an appeal, the department may:

(i) Implement the adverse action on the effective date stated in the written notice; or

(ii) Stay implementation of part or all of the adverse action, if ordered by the presiding or reviewing officer, while the proceedings are pending if the stay is in the public interest or for other good cause.

NEW SECTION

WAC 248-27-065 GENERAL REQUIREMENTS. (1) The agency shall have a written plan of operation including:

(a) An organizational chart showing ownership and lines for delegation of responsibility to the patient care level;

(b) The services offered including hours of operation and service availability;

(c) Admission discharge, referral, and transfer criteria;

(d) Evidence of administrative and supervisory control and responsibility for all services including services provided by branch offices;

(e) An annual budget approved by the governing body; and

(f) Provisions for ongoing care in the event the agency ceases operation.

(2) The agency shall provide services consistent with an authorized plan of treatment or plan of care and:

(a) Admit patients consistent with agency admission criteria, services provided, and capability of agency to provide the appropriate level of care; and

(b) Inform the patient of alternate services, if available, if the agency is unable to meet identified needs of the patient.

(3) Agency personnel shall communicate in a language or form of communication the patient can reasonably be expected to understand. Whenever possible, the agency shall assist in obtaining:

(a) Special devices;

(b) Interpreters; or

- (c) Other aids to facilitate communication.

NEW SECTION

WAC 248-27-077 PATIENT BILL OF RIGHTS. Home health agencies shall provide each patient and family with a written bill of rights affirming each patient's rights to:

- (1) Be informed of aspects of his or her condition necessary to make decisions regarding his or her home health care;
- (2) Refuse treatment or services to the extent permitted by law and be informed of the potential consequences of such action;
- (3) Be informed of the services offered by the agency, including those services provided in his or her home;
- (4) Participate in development of plan of care and/or plan of treatment to the extent practical;
- (5) Be informed of any responsibilities he or she may have in the care process, including the requirement for medical supervision when required for the home health plan of treatment;
- (6) Be informed of the name of the person supervising the care and how to contact that person;
- (7) Be informed of the process for submitting and addressing complaints to both the agency and department;
- (8) Receive an explanation of the agency's charges and policy concerning billing and payment for services including, to the extent possible, insurance coverage and other methods for payment, unless services are reimbursed through a managed care plan;
- (9) Upon request, receive a fully itemized billing statement at least monthly including the date of each service and the charge, unless service is reimbursed through a managed care plan;
- (10) Access the department's directory of licensed agencies;
- (11) Upon request, be informed of who owns and controls the agency;
- (12) Personnel properly trained to perform assigned tasks;
- (13) Coordinated services;
- (14) Courteous and respectful treatment, privacy, and freedom from abuse and discrimination;
- (15) Confidential management of patient records and information;
- (16) Access information in the patient's own record upon request;
- (17) Be informed of the nature and purpose of care, as well as name and discipline of the person performing the care;
- (18) Be informed of any care provided by the agency which has experimental or research aspects with documentation of voluntary informed consent; and
- (19) Be informed of the reason for impending discharge, transfer to another agency and/or level of care, ongoing care requirements, and other available services and options if needed.

NEW SECTION

WAC 248-27-085 GOVERNING BODY—ADMINISTRATION. (1) The governing body of the agency shall establish a mechanism to:

- (a) Approve a quality assurance plan whereby problems are identified, monitored, and corrected;
 - (b) Approve written policies and procedures related to safe, adequate patient care, and operation of the agency;
 - (c) Assure an annual review of the agency by health professionals to evaluate the scope and quality of the services provided;
 - (d) Appoint an administrator and provide for an alternate in the administrator's absence;
 - (e) Adopt and periodically review written bylaws;
 - (f) Oversee the management and fiscal affairs of the agency; and
 - (g) Obtain regular reports on patient satisfaction.
- (2) Each agency shall have an administrator to:
- (a) Organize and direct the agency's ongoing functions;
 - (b) Arrange for professional services;
 - (c) Maintain ongoing liaison between the governing body and personnel;
 - (d) Employ qualified personnel and ensure adequate education and supervision of personnel and volunteers;
 - (e) Ensure the accuracy of public information materials and activities;
 - (f) Implement a budget and accounting system;
 - (g) Ensure the presence of an alternate to act in the administrator's absence.

NEW SECTION

WAC 248-27-095 PERSONNEL AND VOLUNTEERS. (1) The agency shall establish written personnel and volunteer policies including, but not limited to:

- (a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;
 - (b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation;
 - (c) Orientation and in-service training related to safe care, appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform;
 - (d) Evidence of prehire screening; and
 - (e) Annual or more frequent performance evaluations including:
 - (i) Assessment of safe performance of job responsibilities; and
 - (ii) Conformance with agency policies and procedures.
- (2) The agency shall maintain records including:
- (a) Qualifications of personnel and direct patient care volunteers;
 - (b) Evidence of current licensure, certification, or registration when applicable to job requirements;
 - (c) Evidence of current cardiopulmonary resuscitation training at least every two years for all personnel providing services in the home, except volunteers and delivery personnel;
 - (d) Evidence of review of agency policy and procedures related to abuse and neglect of children and adults

for all personnel and volunteers providing services in the home consistent with chapters 26.44 and 74.34 RCW;

(e) Performance evaluations and evidence of pre-hire screening; and

(f) Health records including evidence of at least one tuberculin skin test by the Mantoux method at the time of employment unless medically contraindicated, and meeting specifications under subsection (3) of this section.

(3) The agency shall ensure personnel and volunteers expected to provide direct patient care have a tuberculin skin test by the Mantoux method prior to patient contact and meeting the following requirements:

(a) When a skin test is negative, less than ten millimeters of induration read at forty-eight to seventy-two hours:

(i) Personnel and volunteers under thirty-five years of age require no further testing; and

(ii) Personnel and volunteers thirty-five years of age or over require a second test in one to three weeks.

(b) Positive reactors, reaction of ten millimeters or more of induration, shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements are as follows:

(i) The home health agency shall maintain results of skin tests, report of x-ray findings, or exemptions to such in the agency; and

(ii) New personnel and volunteers providing documentation of a significant Mantoux skin test reaction in the past are excluded from screening.

(c) New personnel and volunteers currently and consistently employed by or volunteering in another agency or facility with similar required screening, meeting the requirements under this subsection, may use the previous screening as documentation; and

(d) In the event of personnel or volunteer exposure to an infectious case of tuberculosis, the agency shall supply the names and identifying information to the local health department sufficient for screening to occur.

(4) The agency shall assure observance of appropriate precautions when personnel and volunteers show signs or report symptoms of communicable disease in an infectious stage.

(5) The agency shall assume responsibility for personnel providing agency services included in the plan of care or treatment.

NEW SECTION

WAC 248-27-105 AIDS EDUCATION AND TRAINING. Home health agencies shall:

(1) Verify or arrange for appropriate education and training of personnel and volunteers on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual KNOW - AIDS EDUCATION FOR HEALTH CARE FACILITY EMPLOYEES, March 1, 1989, published by the department office on HIV/AIDS.

NEW SECTION

WAC 248-27-115 PATIENT CARE POLICIES AND PROCEDURES. (1) The agency shall:

(a) Establish and implement written policies and procedures appropriate to the services offered by the agency; and

(b) Make policies and procedures available to all personnel and volunteers including:

(i) Treatments and procedures used in providing patient services;

(ii) Any special qualifications of persons performing the services;

(iii) Infection control principles and practices;

(iv) Emergency care, patient safety, and death;

(v) Maintenance of supplies and equipment;

(vi) Admission, transfer, and discharge of patients;

(vii) Abuse and neglect consistent with chapters 26.44 and 74.34 RCW;

(viii) Coordination of services;

(ix) Clinical records; and

(x) Management and handling of patient-owned drugs consistent with applicable state laws.

(2) The agency shall provide patient family teaching:

(a) Consistent with agency policies and procedures; and

(b) Including demonstration, supervision, and evaluation.

NEW SECTION

WAC 248-27-125 SUPERVISION AND COORDINATION OF CLINICAL SERVICES. (1) The agency shall employ a supervisor of clinical services who:

(a) Is a registered nurse if nursing services are provided;

(b) May be a therapist if no nursing services are provided;

(c) Is available, or can be replaced, by a similarly qualified person, during service hours;

(d) Participates in the development and revision of written patient care policies related to each service provided; and

(e) Is responsible for assignment and supervision of all patient care personnel and volunteers.

(2) The agency shall designate a coordinator of clinical services who:

(a) Coordinates interdisciplinary services and inter-agency services; and

(b) Provides for continuity of care within disciplines.

NEW SECTION

WAC 248-27-135 HOME HEALTH PLAN OF TREATMENT. (1) The agency shall develop an individualized plan of treatment for patients receiving acute care services.

(2) The agency shall ensure:

(a) Patient care personnel and volunteers follow a written plan of treatment approved and reviewed by an authorizing practitioner;

(b) Services other than assessment are provided only with the approval of an authorizing practitioner;

(c) The plan of treatment covers all pertinent diagnoses and current problems pertaining to the health of the patient with specific objectives and plans for implementation;

(d) Personnel consult with the authorizing practitioner to approve additions and modifications to the original plan of treatment in the event the patient was referred under an incomplete plan of treatment;

(e) Inclusion of specific services and modalities, with frequency and duration in the plan of treatment;

(f) Personnel and the authorizing practitioner review the total plan of treatment:

(i) Whenever changes in the patient's condition require a change in the plan; and

(ii) At least once every sixty days.

(g) The authorizing practitioner receives timely reports including:

(i) Any changes suggesting a need to alter the plan of treatment;

(ii) Suspected drug allergies; and

(iii) Adverse reactions to drugs.

(h) An authorizing practitioner orders drugs and treatments and:

(i) Orders are verified by a registered nurse, licensed practical nurse, therapist, or pharmacist;

(ii) The drugs and treatments are administered by legally authorized agency personnel or volunteers;

(iii) Orders are recorded in a patient record as soon as possible; and

(iv) The authorizing practitioner countersigns the orders within a reasonable length of time.

NEW SECTION

WAC 248-27-145 HOME HEALTH PLAN OF CARE. The agency shall develop individualized plans of care:

(1) Current and reflective of a patient's present health status;

(2) Reviewed and revised at least every three months;

(3) Supervised by a registered nurse or appropriate therapist; and

(4) Containing specific objectives and plans for implementation.

NEW SECTION

WAC 248-27-155 FUNCTIONS, DUTIES, AND RESPONSIBILITIES OF DIRECT CARE PERSONNEL. (1) Agencies shall describe functions, duties, and responsibilities of direct patient care personnel and volunteers including:

(a) Initial and ongoing patient assessment, reassessment, and evaluation;

(b) Participation in development and revision of plan of treatment or care;

(c) Provision of appropriate services in accordance with agency policy and procedures;

(d) Participation in case conferences or other processes used to coordinate patient care;

(e) Teaching and counseling patients and family to meet patient needs identified in the plan of treatment or care;

(f) Preparation of clinical notes;

(g) Participation in discharge planning from home health care;

(h) Development of written directions for use by home health aide or appropriate therapy assistant; and

(i) Supervision and orientation of home health aide or appropriate therapy assistant to assure safe, therapeutic patient care.

(2) Agencies utilizing the services of licensed practical nurses shall follow agency policies, provide supervision by a registered nurse, and comply with chapter 18.78 RCW.

(3) The agency shall utilize the services of therapy assistants:

(a) Only as defined under WAC 248-27-015;

(b) Under supervision of an appropriately qualified therapist; and

(c) Following a plan of care compatible with the plan of treatment which is approved and supervised by the qualified therapist.

(4) Home health aide services, when utilized, shall:

(a) Be included in the plan of care or plan of treatment;

(b) Follow a specific written plan of care or treatment; and

(c) Be under the supervision of a registered nurse, therapist, or licensed practical nurse, as appropriate, with:

(i) Orientation of the home health aide to the specific home health care of each patient prior to care given;

(ii) Evidence of an in-home supervisory visit at least once a month if the patient needs acute care and at least once every three months if the patient needs maintenance care; and

(iii) Direct observation of in-home performance of each home health aide at least every six months.

(5) The agency shall define the functions and duties of home health aides including the ability to:

(a) Observe and recognize changes in patient's condition and report changes to the supervisor;

(b) Initiate emergency procedures under the agency policy;

(c) Assist with medications ordinarily self-administered by the patient, with assistance limited to:

(i) Communication of appropriate information to the patient regarding self-administration including:

(A) Reminding a patient of when it is time to take a prescribed medication; and

(B) Reading the label of the medication container.

(ii) Handing a patient-owned medication container to the patient;

(iii) Opening the medication container; or

(iv) Application or installation of skin, nose, eye, and ear preparations only under specific direction of the supervisor.

(d) Record pertinent information in the patient's clinical record.

NEW SECTION

WAC 248-27-165 CLINICAL RECORDS. (1) The agency shall maintain clinical records under agency policies and procedures. Records shall be:

- (a) Legibly written in ink suitable for photocopying;
- (b) On standardized agency forms;
- (c) Written in a legally acceptable manner;
- (d) In chronological order in entirety or by service;
- (e) Fastened together to avoid loss of pages;
- (f) Considered as property of the agency;
- (g) Available in one integrated document in one place,

except:

(i) A copy may be kept in the home or in the agency office; and

(ii) More than one volume may be necessary.

(h) Available and retrievable during operating hours either in the agency or by electronic means; and

(i) Stored following discharge from service:

(i) Preventing loss of information;

(ii) Protecting the record from damage due to water, mildew, or fire; and

(iii) Preventing access by unauthorized persons.

(2) The agency shall include as contents of the clinical record:

(a) Patient-identifying information;

(b) Patient service/treatment consent and agreement;

(c) Pertinent past and current clinical findings including:

(i) Assessment of patient's physical and mental status as well as social and environmental problems affecting care; and

(ii) Clinical notes describing specific observations including, but not limited to, observations of patient condition.

(d) The home health plan of care and plan of treatment.

(3) Agencies shall maintain, retain, and preserve records:

(a) For adults, a period of no less than five years following the date of termination of services; and

(b) For minors, a period of no less than three years following attainment of eighteen years of age, or five years following discharge, whichever is longer.

(4) Agencies shall establish policies and procedures specific to retention and disposition of clinical records including:

(a) A method of disposal of clinical records or patient care data assuring prevention of retrieval and subsequent use of information; and

(b) A means to transmit a copy of the clinical record or an abstract and copy of most recent summary report with the patient in the event of patient transfer to another agency or health care facility. When patients are transferred without notification of the receiving agency, a copy of the abstract shall be forwarded upon notification and as soon as possible.

(5) Agencies shall safeguard clinical record information and patient care data against loss or unauthorized use including:

(a) Adherence to written procedures governing use and removal of records and conditions for release of information; and

(b) Requirement for prior written consent of the patient for release of information unless authorized by law.

(6) Agencies discontinuing operation shall:

(a) Notify the department prior to cessation of operation; and

(b) Obtain department approval of a plan to preserve or destroy clinical records prior to disposition.

NEW SECTION

WAC 248-27-175 PARENTERAL PRODUCT SERVICES. (1) If the agency provides parenteral and/or hyperalimentation services, the agency shall define the scope of the services, in writing, with contracts specifying the responsibilities of the contractor and the contractee for:

(a) Services;

(b) Equipment; and

(c) How reimbursement occurs.

(2) If the agency provides parenteral services, the agency shall have written policies and procedures including:

(a) Preparation of parenteral solutions, medications, and mixing of previously dispensed parenteral drugs including:

(i) Use of aseptic technique when mixing previously dispensed parenteral drugs; and

(ii) If the circumstances require a registered nurse to mix two or more parenteral drugs or reconstitute drugs prior to administration, requirements for the registered nurse to place:

(A) An auxiliary label modifying existing label on the mixture with initials of the registered nurse; or

(B) A label prepared under the supervision of a pharmacist with the initials of the registered nurse on the container.

(b) Consultation available by a dietitian if hyperalimentation services are provided.

(3) Agencies shall establish written policies and procedures for parenteral administration including:

(a) Administration of parenteral solutions, medications, admixtures, blood, and blood products;

(b) Infection control, including:

(i) Site preparation;

(ii) Tubing and dressing management;

(iii) Site assessment and rotation;

(iv) Use of aseptic technique; and

(v) Use of sterile equipment as indicated by the label.

(c) Use and control of parenterally administered investigational drugs;

(d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation;

(e) Safe handling and disposal of biohazardous materials including antineoplastic agents and infectious materials;

(f) Documentation requirements;

(g) Patient and family teaching;

(h) Appropriate labeling of precision volume chambers, if used, so labeling accurately reflects each medication or solution administered via the precision volume chamber; and

(i) Use of electronic infusion control devices.

(4) The agency shall ensure:

(a) Personnel inserting parenteral devices are:

(i) Legally authorized to penetrate skin and insert intravenous devices; and

(ii) Appropriately trained with demonstrated and documented skills in intravenous insertion techniques.

(b) Personnel administering parenteral medications are:

(i) Legally authorized to administer medications;

(ii) Appropriately trained;

(iii) Able to demonstrate and provide evidence of documented skill in parenteral administration;

(iv) Knowledgeable of procedures and equipment; and

(v) Approved by the agency.

(c) Availability of drug compatibility reference material to individuals who administer parenteral medications;

(d) Parenteral solutions are administered only upon the order of a physician;

(e) All orders and prescriptions for parenteral solutions, medications, and mixtures of previously dispensed drugs include:

(i) Identification and quantity of solution or medication;

(ii) Route;

(iii) Rate of flow or frequency;

(iv) Duration of administration;

(v) Amount of additive;

(vi) Identification of patient; and

(vii) Identification of prescribing physician.

(5) The agency shall ensure documentation in the clinical record including:

(a) Solution, medication or medications, route, modifications, and/or additions made to parenteral products, time, date, amount administered, and rate;

(b) Site and site assessment;

(c) Date and time of insertion and removal of cannula, catheter, or needle;

(d) Device used, including gauge, length and type of needle, cannula, or catheter;

(e) Condition of cannula or catheter and site at the time removed from patient;

(f) Use of electronic infusion devices;

(g) Observed complications and treatment of complications;

(h) Management of tubing and dressing; and

(i) Signature and discipline of the administering individual.

(6) If parenteral preparations are administered to pediatric patients, the agency shall establish written policies for:

(a) Amounts of parenteral fluid infants, children, and adolescents should receive determined by age, body surface area, and weight;

(b) Required use of rate control devices;

(c) Documentation requirements specified for parenteral therapy to include intake, output, weight, and height;

(d) The type of parenteral preparations which may be administered at home;

(e) Conditions requiring a registered nurse to be in attendance; and

(f) A plan for emergency services.

(7) The agency shall ensure, if blood or blood products are administered in the patient's residence, there is:

(a) A registered nurse or physician continuously in attendance;

(b) A plan for emergency services; and

(c) A method of delivery ensuring temperature stability, prevention of contamination, and viability.

NEW SECTION

WAC 248-27-185 MEDICAL SUPPLIES OR EQUIPMENT SERVICES. (1) An agency providing medical supplies or equipment services shall provide:

(a) A written description of the scope of the services including:

(i) The types of supplies and/or equipment provided; and

(ii) Policies and procedures for cleaning, maintenance, calibration, or replacement of equipment.

(b) Records of the services provided, date, time, and by whom; and

(c) Documentation of approval of patient for service, cost, and method of payment unless under a managed care plan.

(2) If provided, the agency shall maintain immediate availability of replacement supplies or equipment essential for the life or safety of the patient.

(3) The agency shall provide knowledgeable, trained personnel to:

(a) Initiate service;

(b) Maintain supplies and equipment; and

(c) Instruct patients or caregivers in the use and maintenance of supplies and equipment. Instructions shall be given:

(i) In writing;

(ii) Verbally; and

(iii) By demonstration and redemonstration as necessary.

(4) The agency shall document the training and qualifications of personnel.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 248-27-001 PURPOSE.

WAC 248-27-002 DEFINITIONS.

WAC 248-27-010 CERTIFICATION OF THE HOME HEALTH AGENCY.

WAC 248-27-020 GENERAL REQUIREMENTS.

WAC 248-27-030 GOVERNING BODY—ADMINISTRATION.

WAC 248-27-040 PERSONNEL.

WAC 248-27-050 PROFESSIONAL ADVISORY GROUP.

WAC 248-27-060 QUALITY ASSURANCE—UTILIZATION REVIEW—EVALUATION.

WAC 248-27-070 PATIENT CARE POLICIES AND PROCEDURES.

WAC 248-27-080 SUPERVISION AND COORDINATION OF CLINICAL SERVICES.

WAC 248-27-090 ACCEPTANCE—MEDICAL SUPERVISION—PLAN OF TREATMENT.

WAC 248-27-100 NURSING AND THERAPY SERVICES—FUNCTIONS.

WAC 248-27-120 CLINICAL RECORDS.

Chapter 248-31 WAC
HOSPICE ((CARE)) AGENCY ((REGULATIONS))
RULES

NEW SECTION

WAC 248-31-005 PURPOSE. The purpose of these rules is to administratively implement chapter 70.127 RCW by establishing minimum licensing standards for hospice care agencies related to safe and competent care of patients and the well being of the patient unit.

NEW SECTION

WAC 248-31-015 DEFINITIONS. For the purpose of chapter 70.127 RCW and chapter 248-31 WAC, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

- (1) "Administrator" means a person managing and responsible for the day-to-day operation of each licensed agency.
- (2) "Agency" means a hospice agency defined under this section and chapter 70.127 RCW.
- (3) "AIDS" means acquired immunodeficiency syndrome defined under WAC 248-100-011.
- (4) "Branch office" means a location or site from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency, included in the license of agency, and is located sufficiently close to share administration, supervision, and services.
- (5) "Bereavement care" means care provided to the family of a patient with the goal of alleviating the emotional and spiritual discomfort associated with the death of the patient.
- (6) "Bylaws" means a set of rules adopted by an agency for governing the agency operation.
- (7) "Clinical note" means a written, signed, dated notation of each contact with a patient which may contain a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.
- (8) "Department" means the department of social and health services or successor state health department.
- (9) "Dietitian" means an individual certified under chapter 18.138 RCW, Dietitians and Nutritionists.
- (10) "Family" means an individual or individuals who are important to and designated by the patient, and who may or may not be relatives.
- (11) "Governing body" means the person, who may be the owner or a group, with responsibility and authority to establish policies related to operation of the agency.
- (12) "HIV" means human immunodeficiency virus defined under RCW 70.24.017(7).
- (13) "Home health aide" means an individual registered or certified under chapter 18.88A RCW.
- (14) "Home health aide services" means services provided by a hospice under supervision of a registered

nurse, physical therapist, occupational therapist, or speech therapist and as further defined under RCW 70.127.010(7).

(15) "Homemaker services" means services assisting ill, disabled, or infirm persons with household tasks essential to achieving adequate household and family management, including transportation, shopping, and maintenance of premises.

(16) "Hospice agency" means a private or public agency or organization administering or providing hospice care directly or through a contract arrangement to terminally ill persons in place of temporary or permanent residence by using an interdisciplinary team composed of at least nursing, social work, physician, and pastoral or spiritual counseling.

(17) "Hospice care" means:

(a) Palliative care provided to a terminally ill person in a place of temporary or permanent residence with the goal of alleviating physical symptoms, including pain, the emotional and spiritual discomfort associated with dying; and

(b) Bereavement care; and

(c) May include health and medical services, personal care, respite care, or homemaker services.

(18) "Hospice plan of care" means a written plan of care established by the interdisciplinary team and periodically reviewed by a physician describing hospice care to be provided to a terminally ill patient for palliation or medically necessary treatment of an illness or injury.

(19) "Ill, disabled, or infirm persons" means persons who need home health, hospice, or home care service in order to maintain themselves in their places of temporary or permanent residence.

(20) "Interdisciplinary team" means all disciplines involved in patient care minimally including a physician, nurse, medical social worker, and spiritual counselor.

(21) "Licensed practical nurse" means an individual licensed as a practical nurse under chapter 18.78 RCW, Practical Nurses.

(22) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(23) "May" means permissive or discretionary on the part of the department.

(24) "Medical social worker" means an individual with a bachelor's degree in social work, psychology, or a related field having completed one year of social work experience and registered as a counselor under RCW 18.19.090.

(25) "Occupational therapist" means an individual licensed as an occupational therapist under chapter 18.59 RCW.

(26) "Owner" means the individual, partnership, or corporate entity legally responsible for the business requiring licensure as a hospice agency under chapter 70.127 RCW.

(27) "Patient" means the terminally ill individual.

(28) "Patient unit" means the patient and family who together form the unit of care in hospice.

(29) "Personal care services" means services assisting ill, disabled, or infirm persons with dressing, feeding, and personal hygiene to facilitate self-care.

(30) "Personnel" means individuals providing patient care on behalf of an agency including employees and individuals under contract.

(31) "Pharmacist" means an individual licensed as a pharmacist under RCW 18.64.080.

(32) "Physical therapist" means an individual licensed as a physical therapist under chapter 18.74 RCW.

(33) "Physician" means an individual licensed as a medical doctor under chapter 18.71 RCW or an osteopathic physician and surgeon licensed under chapter 18.57 RCW.

(34) "Prehire screening" means checking of work references, appropriate registration, licensure or certification, and qualifications.

(35) "Registered nurse" means an individual licensed under chapter 18.88 RCW, Registered Nurses.

(36) "Respite care services" means services assisting or supporting the primary caregiver on a scheduled basis.

(37) "Respiratory therapist" means an individual certified under chapter 18.89 RCW, Respiratory Care Practitioners.

(38) "Shall" means compliance is mandatory.

(39) "Speech therapist" means a person meeting:

(a) The education and experience requirements for a certificate of clinical competence in the appropriate area of speech pathology or audiology, granted by the American Speech, Language, and Hearing Association, as described in The ASLHA Directory, American Speech, Language and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or

(b) The education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in The ASLHA Directory, 1983.

(40) "Spiritual counseling services" means services coordinated by an individual with knowledge of theology, pastoral counseling, or an allied field, or an individual authorized by a spiritual organization to provide counseling services.

(41) "Supervision" means authoritative procedural guidance by a qualified person who assumes the responsibility for the accomplishment of a function or activity and who provides direction and ongoing monitoring and evaluation of the actual act of accomplishing the function or activity.

(42) "Therapist" means a physical therapist, occupational therapist, speech therapist, or respiratory therapist as defined in this section or other therapist licensed or certified under Title 18 RCW and providing health or medical care or treatment within their defined scope of practice.

(43) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 308-42 WAC.

(44) "Therapy services" means those services delivered by therapists as defined in this section.

(45) "Volunteer" means an individual providing assistance to the hospice agency and:

(a) Oriented, trained, and supervised to perform specific assigned tasks; and

(b) Working without compensation.

(46) "Without compensation" means:

(a) A recipient of care is not charged a fee for any service delivered by the volunteer; and

(b) An individual delivering care receives no pay, except reimbursement for personal mileage incurred to deliver hospice services.

NEW SECTION

WAC 248-31-025 LICENSURE OF THE HOSPICE AGENCY. (1) Persons operating hospice agencies defined under chapter 70.127 RCW shall submit applications and fees to the department by July 1, 1989.

(2) After July 1, 1990, no person shall:

(a) Advertise, operate, manage, conduct, open, or maintain a hospice agency without first obtaining an appropriate license from the department; or

(b) Use the words "hospice agency" or "hospice care" in its corporate or business name, or advertise using such words unless licensed as a hospice agency under chapter 70.127 RCW.

(3) Applicants for a hospice agency license shall:

(a) Submit a completed application and fee for initial license or renewal to the department on forms furnished by the department, including signature of the owner or legal representative of the owner;

(b) Furnish to the department full and complete information as required by the department for the proper administration of department requirements including:

(i) Evidence of current insurance including:

(A) Professional liability insurance coverage specified under RCW 70.127.080; and

(B) Public liability and property damage insurance coverage specified under RCW 70.127.080.

(ii) Information on organizational and governing structure and the identity of the applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets;

(iii) A list of counties where the applicant will operate;

(iv) A list of branch offices; and

(v) A list of services provided or offered.

(4) Agencies requesting license renewal shall submit a renewal application and fee to the department.

(5) If the applicant or owner meets the requirements of this chapter and chapter 70.127 RCW, the department shall issue or renew a license for the agency.

(6) The department shall:

(a) Deny a license if in the last five years the owner, applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets are found in a civil or criminal proceeding to have committed any act reasonably relating to the fitness of any of the above persons to:

(i) Establish, maintain, or administer an agency; or

(ii) Provide care in the home of another.

(b) Provide for a combination of applications and licenses and the reduction of individual license fees if an applicant applies for more than one category of license under chapter 70.127 RCW;

(c) Establish fees to be paid under RCW 43.20B.110 and chapter 440-44 WAC, including providing for the

reduction of individual license fees if an applicant applies for more than one category of license under RCW 70.127.110;

(d) Prohibit transfer or reassignment of a license without thirty days prior notice to the department and department approval;

(e) Issue a license following approval of a new or current owner's application;

(f) Conduct on-site reviews of the agency, which may include in-home visits with the consent of the patient, to determine compliance;

(g) Examine and audit records of the agency if the department believes a person is providing care without an appropriate license;

(h) Provide for combined licensure inspections and audits for owners holding more than one license under RCW 70.127.110;

(i) Give written notice of any violations, including a statement of deficiencies observed;

(j) Inform the owner or applicant of the requirement to:

(i) Present a plan of correction to the department within ten working days; and

(ii) Comply within a specified time not to exceed sixty days.

(k) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency prior to assessing a civil penalty unless:

(i) The deficiency is an immediate threat to life, health, or safety; or

(ii) The owner fails to comply with any of the provisions of WAC 248-31-045 (3)(a), (b), (c), (d), (e), (f), (g), (h), (i), and (j).

(l) Initiate disciplinary action, under RCW 70.127.170 and this chapter, if the owner or applicant fails to comply.

(7) The department may:

(a) Issue a license effective for one year or less unless the license is suspended or revoked;

(b) Inspect an agency and examine records at any time to determine compliance with chapter 70.127 RCW and this chapter; and

(c) Deny, suspend, modify, or revoke an agency license for failure to comply with chapter 70.127 RCW and this chapter. Actions to deny, suspend, modify, or revoke the license shall be consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) When a change of ownership is planned, the owner shall notify the department, in writing, at least thirty days prior to the date of transfer, including:

(a) Full name and address of the current owner and prospective new owner;

(b) Name and address of the agency and new name under which the agency will be operating, if known; and

(c) The date of the proposed change of ownership.

(9) The prospective new owner shall submit a new application for an agency license with the fee at least thirty days prior to the change of ownership.

(10) The agency shall inform the department, in writing, at the time of opening or closing the agency or branch offices included in the agency license.

NEW SECTION

WAC 248-31-035 LICENSE DENIALS—SUSPENSIONS—MODIFICATIONS—REVOCATIONS.

(1) The department may deny, suspend, modify, or revoke a license or assess civil penalties, or both, against the agency if an applicant, owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions under chapter 70.127 RCW or this chapter;

(b) Continues to operate after the license is revoked or suspended for cause without subsequent reinstatement by the department;

(c) Makes a false statement of a material fact in the application for the license or data attached or in any record required by this chapter or matter under investigation by the department;

(d) Refuses to allow representatives of the department to inspect any part of the agency or books, records, or files required by this chapter;

(e) Willfully prevents or interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of chapter 70.127 RCW and this chapter;

(f) Willfully prevents or interferes with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Fails to pay or make arrangements to pay a civil monetary penalty assessed by the department within ten days after the assessment becomes final, as provided under WAC 248-27-045, Civil Fines;

(h) Uses false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresents, or is fraudulent in an aspect of, the conduct of the applicant's or owner's business.

(2) If the department finds the public health, safety, or welfare imperatively require emergency action, a license may be summarily suspended pending proceedings for revocation or other action.

(3) The department shall inform the owner or applicant, in writing, of a denial, suspension, modification, or revocation of a license, and of the right to appeal, with such notice:

(a) Stating the reasons for the adverse action; and

(b) Personally served in the manner of service of a summons in a civil action or given in another manner showing proof of receipt.

(4) Unless stated otherwise, the department shall consider a denial, suspension, modification, or revocation effective twenty-eight days after receipt.

(5) The department may make the date of action effective:

(a) Later than twenty-eight days after receipt if the department states the effective date in the written notice to the owner or applicant; and

(b) Sooner than twenty-eight days after receipt when necessary to protect the public health, safety, or welfare if the department states the effective date and the reasons supporting the effective date in the written notice.

NEW SECTION

WAC 248-31-045 CIVIL FINES. (1) Following an on-site review, in-home visit, or audit, the department shall give written notice either in person or by personal service or certified mail, return receipt requested, of any violation under chapter 70.127 RCW or this chapter. The notice shall inform the owner or applicant as appropriate including:

- (a) Describing the conditions of noncompliance;
- (b) Specifying a reasonable time of compliance not to exceed sixty days;
- (c) Explaining the possibility of a violation subjecting the owner or applicant to denial, revocation, modification, or suspension of the license, and/or civil fines; and
- (d) Explaining the right of the owner or applicant to appeal.

(2) The department may assess civil monetary penalties in addition to or in lieu of denial, suspension, modification, or revocation of a license if the owner fails to comply with a notice of violation.

(3) The department may assess civil monetary penalties not to exceed one thousand dollars per violation in any case where the department finds the owner, applicant, officer, director, partner, managing employee, or owner of ten percent or more of the applicant's or owner's assets:

- (a) Failed or refused to comply with requirements under chapter 70.127 RCW or this chapter;
- (b) Continued to operate after the license was revoked or suspended for cause and not subsequently reinstated by the department;
- (c) Has knowingly, or with reason to know, made a false statement of a material fact in the:
 - (i) Application for the license; or
 - (ii) Data attached; or
 - (iii) Record required under chapter 70.127 RCW; or
 - (iv) Matter under investigation by the department.
- (d) Refused to allow representatives of the department to inspect any book, record, file, or part of the agency under this chapter;
- (e) Willfully prevented, interfered with, or attempted to impede the work of any representative of the department and the lawful enforcement of a provision under chapter 70.127 RCW and this chapter;
- (f) Willfully prevented or interfered with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;
- (g) Failed to pay or make arrangements to pay any civil monetary penalty assessed by the department under chapter 70.127 RCW within ten days after the assessment became final;
- (h) Used false, fraudulent, or misleading advertising;
- (i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or
- (j) Misrepresented or was fraudulent in any aspect of the conduct of the agency business.

(4) Failure to pay or make arrangements to pay civil monetary penalties within ten days from the time the

assessment becomes final may result in denial, suspension, modification, or revocation of the license, in addition to either the assessment of the penalties or to the assessment of additional penalties.

(5) The department shall give written notice to the owner or applicant against whom the department assesses a civil fine, including the right to appeal. The written notice shall:

- (a) State the reasons for the adverse action;
- (b) Be personally served in the manner of service of a summons in a civil action or given in another manner showing proof of receipt; and
- (c) State the effective date of the civil fine action is:
 - (i) Twenty-eight days after receipt of the written notice; or
 - (ii) A later date at the discretion of the department.

NEW SECTION

WAC 248-31-055 APPEALS—HEARINGS. (1) An owner or applicant aggrieved by the department's denial, suspension, modification, or revocation of a license, or imposition of a civil penalty, may request a department hearing.

(2) Any owner or applicant requesting a department hearing shall make the request, in writing, and:

- (a) State the issue and law upon which the appeal relies;
- (b) State the grounds for contesting the denial, suspension, modification, or revocation of license or imposition of civil fines;
- (c) State the current address and telephone number;
- (d) Attach to the request a copy of the department notice of denial, suspension, modification, or revocation of license or imposition of civil fine;
- (e) Submit the request for hearing within twenty-eight days of the date of receipt of the department notice of denial, suspension, modification, or revocation of license or imposition of civil penalty; and
- (f) Deliver the request by personal service or by certified mail to the Office of Appeals, 12th Avenue and Franklin Street, P.O. Box 2465, Olympia, Washington 98504-2465.

(3) The department shall:

- (a) Treat a mailed request as effective on the date it was postmarked, if the mailed request is received by the office of appeals properly addressed and with no postage due;
- (b) Conduct hearings under chapters 10-08 and 388-08 WAC and chapter 34.05 RCW, Administrative Procedure Act;
- (c) Apply this section if any provision of this section conflicts with chapter 388-08 WAC; and
- (d) Follow the decision-making procedure including:
 - (i) Initial decision;
 - (ii) Petition for review; and
 - (iii) Review decision procedure.
- (4) When an owner or applicant files an appeal within the time limits specified under this section, department action to deny, suspend, modify, or revoke a license, or impose a civil fine shall proceed as follows:
 - (a) When the department gives an owner or applicant twenty-eight or more days' written notice and the owner

or applicant files an appeal before the effective date on the written notice, the department:

(i) Shall delay implementing the adverse action until the order from the administrative hearing is served upon the owner or applicant; and

(ii) May implement part or all of the adverse action while the proceedings are pending if the:

(A) Presiding or reviewing officer permits the department to start such action; and

(B) Owner or applicant causes an unreasonable delay in the proceeding and circumstances change so the implementation is in the public interest or for other good cause.

(b) When the department gives an owner or applicant less than a twenty-eight-day written notice and the owner or applicant files an appeal, the department may:

(i) Implement the adverse action on the effective date stated in the written notice; or

(ii) Stay implementation of part or all of the adverse action, if ordered by the presiding or reviewing officer, while the proceedings are pending if the stay is in the public interest or for other good cause.

NEW SECTION

WAC 248-31-065 GENERAL REQUIREMENTS. (1) The agency shall have a written plan of operation including:

(a) An organizational chart showing ownership and lines for delegation of responsibility to the patient care level;

(b) The services offered including hours of operation and service availability;

(c) Admission discharge, referral, and transfer criteria;

(d) Evidence of administrative and supervisory control and responsibility for all services including services provided by branch offices;

(e) An annual budget approved by the governing body; and

(f) Provisions for ongoing care in the event the agency ceases operation.

(2) Hospice agencies shall:

(a) Arrange for one or more physicians to:

(i) Provide medical direction;

(ii) Advise the agency on policies and procedures;

(iii) Serve as liaison with the patient's attending physicians;

(iv) Provide patient care and approve modifications of the hospice plan of care if the attending physician does not provide care or approve modifications in the plan; and

(v) Participate regularly in hospice care planning conferences with staff.

(b) Provide medical social services with at least one medical social worker available;

(c) Provide spiritual counseling services, either directly or in coordination with an individual of the patient's choice, if the patient or family desires;

(d) Provide nursing consultation and in-home visits as needed twenty-four hours per day, seven days per week, either directly or by arrangement with another agency;

(e) Provide or make available volunteer services to assist in provision of hospice care;

(f) Provide a bereavement care program, either directly or by arrangement for the family of patients, including:

(i) Referral of family members to other resources as needed;

(ii) Group and/or individual support opportunities as appropriate for bereavement care education and support;

(iii) Documented training and supervision of all personnel involved in bereavement care program; and

(iv) Follow-up available for at least one year, after death of the patient.

(g) Provide scheduled support for staff.

(3) The agency shall provide services consistent with an authorized plan of treatment or plan of care and:

(a) Accept the patient unit only if the agency is capable of providing or arranging for needed hospice care at the level of intensity required by the patient unit; and

(b) Inform the patient unit of alternate services, if available, if the agency is unable to meet identified needs of the patient.

(4) Agency personnel shall communicate in a language or form of communication the patient can reasonably be expected to understand. Whenever possible, the agency shall assist in obtaining:

(a) Special devices;

(b) Interpreters; or

(c) Other aids to facilitate communication.

NEW SECTION

WAC 248-31-077 PATIENT BILL OF RIGHTS. Hospice agencies shall provide each patient unit with a written bill of rights affirming each patient's rights to:

(1) Be informed of aspects of his or her condition necessary to make decisions regarding his or her care;

(2) Refuse treatment or services to the extent permitted by law and be informed of the potential consequences of such action;

(3) Be informed of the services offered by the agency, including those services provided in his or her home;

(4) Participate in development of the hospice plan of care;

(5) Be informed of any responsibilities the patient may have in the care process, including the requirement for medical supervision when required for the hospice plan of care;

(6) Be informed of the name of the person supervising the hospice care and how to contact that person;

(7) Be informed of the process for submitting and addressing complaints to both the agency and department;

(8) Receive an explanation of the agency's charges and policy concerning billing and payment for services including, to the extent possible, insurance coverage and other methods for payment, unless services are reimbursed through a managed care plan;

(9) Upon request, receive a fully itemized billing statement at least monthly including the date of each service and the charge, unless service is reimbursed through a managed care plan;

(10) Access the department's directory of licensed agencies;

(11) Upon request, be informed of who owns and controls the agency;

(12) Personnel properly trained to perform assigned tasks;

(13) Coordinated services;

(14) Courteous and respectful treatment, privacy, and freedom from abuse and discrimination;

(15) Confidential management of patient records and information;

(16) Access information in the patient's own record upon request;

(17) Be informed of the nature and purpose of care, as well as name and discipline of the person performing the care;

(18) Be informed of any care provided by the agency which has experimental or research aspects with documentation of voluntary informed consent; and

(19) Be informed of the reason for impending discharge, transfer to another agency and/or level of care, ongoing care requirements, and other available services and options if needed.

NEW SECTION

WAC 248-31-085 GOVERNING BODY—ADMINISTRATION. (1) The governing body of the agency shall establish a mechanism to:

(a) Approve a quality assurance plan whereby problems are identified, monitored, and corrected;

(b) Approve written policies and procedures related to safe, adequate patient care, and operation of the agency;

(c) Assure an annual review of the agency by health professionals to evaluate the scope and quality of the services provided;

(d) Appoint an administrator and provide for an alternate in the administrator's absence;

(e) Adopt and periodically review written bylaws;

(f) Oversee the management and fiscal affairs of the agency; and

(g) Obtain regular reports on patient unit satisfaction.

(2) Each agency shall have an administrator to:

(a) Organize and direct the agency's ongoing functions;

(b) Arrange for professional services;

(c) Maintain ongoing liaison between the governing body and personnel;

(d) Employ qualified personnel and ensure adequate education and supervision of personnel and volunteers;

(e) Ensure the accuracy of public information materials and activities;

(f) Implement a budget and accounting system;

(g) Ensure the presence of an alternate to act in the administrator's absence.

NEW SECTION

WAC 248-31-095 PERSONNEL AND VOLUNTEERS. (1) The agency shall establish minimal written personnel and volunteer policies including, but not limited to:

(a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;

(b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation;

(c) Orientation and in-service training related to safe care, appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform;

(d) Evidence of prehire screening; and

(e) Annual or more frequent performance evaluations including:

(i) Assessment of safe performance of job responsibilities; and

(ii) Conformance with agency policies and procedures.

(2) The agency shall maintain records including:

(a) Qualifications of personnel and direct patient care volunteers;

(b) Evidence of current licensure, certification, or registration when applicable to job requirements;

(c) Evidence of review of agency policy and procedures related to abuse and neglect of children and adults for all personnel and volunteers providing services in the home consistent with chapters 26.44 and 74.34 RCW;

(d) Performance evaluations and evidence of pre-hire screening; and

(e) Health records including evidence of at least one tuberculin skin test by the Mantoux method at the time of employment unless medically contraindicated, and meeting specifications under subsection (3) of this section.

(3) The agency shall ensure personnel and volunteers expected to provide direct patient care have a tuberculin skin test by the Mantoux method prior to patient contact and meeting the following requirements:

(a) When a skin test is negative, less than ten millimeters of induration read at forty-eight to seventy-two hours:

(i) Personnel and volunteers under thirty-five years of age require no further testing; and

(ii) Personnel and volunteers thirty-five years of age or over require a second test in one to three weeks.

(b) Positive reactors, reaction of ten millimeters or more of induration, shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements are as follows:

(i) The hospice agency shall maintain results of skin tests, report of x-ray findings, or exemptions to such in the agency; and

(ii) New personnel and volunteers providing documentation of a significant Mantoux skin test reaction in the past are excluded from screening.

(c) New personnel and volunteers currently and consistently employed by or volunteering in another agency or facility with similar required screening, meeting the requirements under this subsection, may use the previous screening as documentation; and

(d) In the event of personnel or volunteers exposure to an infectious case of tuberculosis, the agency shall supply the names and identifying information to the local health department sufficient for screening to occur.

(4) The agency shall assure observance of appropriate precautions when personnel and volunteers show signs or report symptoms of a communicable disease.

(5) The agency shall assume responsibility for personnel providing agency services included in the hospice plan of care.

NEW SECTION

WAC 248-31-105 AIDS EDUCATION AND TRAINING. Hospice agencies shall:

(1) Verify or arrange for appropriate education and training of personnel and volunteers on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual KNOW - AIDS EDUCATION FOR HEALTH CARE FACILITY EMPLOYEES, March 1, 1989, published by the department office on HIV/AIDS.

NEW SECTION

WAC 248-31-115 PATIENT CARE POLICIES AND PROCEDURES. (1) The agency shall:

(a) Establish and implement written policies and procedures appropriate to the services offered by the agency; and

(b) Make policies and procedures available to all personnel and volunteers including:

(i) Treatments, procedures, and services carried out in providing patient unit care;

(ii) Any special qualifications of persons performing the services;

(iii) Infection control principles and practices;

(iv) Emergency care, patient safety, and death;

(v) Maintenance of supplies and equipment;

(vi) Admission, transfer, and discharge of patients;

(vii) Abuse and neglect consistent with chapters 26.44 and 74.34 RCW;

(viii) Coordination of services;

(ix) Clinical records; and

(x) Management and handling of patient-owned drugs consistent with applicable state laws;

(xi) Spiritual counseling services;

(xii) Bereavement care counseling;

(xiii) Volunteer services; and

(xiv) Respite care services.

(2) The agency shall provide patient unit teaching:

(a) Consistent with agency policies and procedures; and

(b) Including demonstration, supervision, and evaluation.

NEW SECTION

WAC 248-31-125 SUPERVISION AND COORDINATION OF PATIENT CARE. The hospice agency shall employ a registered nurse to supervise and coordinate patient care services who:

(1) Is available, or replaced by a similarly qualified person, at all times;

(2) Participates in the development and revision of written patient care policies and procedures related to each service provided;

(3) Is responsible for assignment and supervision of all personnel and volunteers providing direct patient care services; and

(4) Participates in coordination of interdisciplinary services and interagency services.

NEW SECTION

WAC 248-31-135 HOSPICE PLAN OF CARE. (1) The agency shall provide an individualized plan of care for every hospice patient unit which:

(a) Includes identification of current problems pertaining to the health of the patient with specific interventions and expected outcomes; and

(b) Is reviewed and revised in a case planning conference as necessary and every two weeks by three or more members of the interdisciplinary team including:

(i) Registered nurse, social worker, and one other discipline; and

(ii) Documented contact with all disciplines involved with hospice care of the patient unit.

(2) The agency shall ensure drugs and treatments are:

(a) Ordered by a physician;

(b) Verified by a registered nurse, licensed practical nurse, therapist, or pharmacist with:

(i) Recording of the order documented in the patient record as soon as possible; and

(ii) Countersignature by physician within a reasonable length of time.

(c) Administered by legally authorized agency personnel or volunteers.

(3) The agency shall ensure prompt reporting of suspected drug allergies, adverse reactions to drugs, or other problems related to patient use or drugs to the physician.

NEW SECTION

WAC 248-31-155 FUNCTIONS, DUTIES, AND RESPONSIBILITIES OF DIRECT CARE PERSONNEL. (1) Agencies shall describe functions, duties, and responsibilities of personnel and volunteers in direct contact with the patient unit including:

(a) Initial and ongoing assessment and reassessment evaluation;

(b) Participation in development and revision of the hospice plan of care;

(c) Provision of appropriate services in accordance with agency policy and procedures;

(d) Participation in case conferences or other processes used to coordinate patient care;

(e) Teaching and counseling patient unit to meet needs identified in the hospice plan of care;

(f) Preparation of clinical notes;

(g) Development of written directions for use by home health aide or appropriate therapy assistant; and

(h) Supervision and orientation of home health aide, appropriate therapy assistant, and others to assure safe, therapeutic patient care.

(2) Agencies utilizing the services of licensed practical nurses shall follow agency policies, provide supervision by a registered nurse, and comply with chapter 18.78 RCW.

(3) The agency shall utilize the services of therapy assistants:

- (a) Only as defined under WAC 248-31-015;
- (b) Under supervision of an appropriately qualified therapist; and
- (c) Following a plan of care which is approved by the qualified therapist.

(4) Home health aide services, when utilized, shall:

- (a) Be included in the hospice plan of care;
- (b) Follow a specific written plan of care; and
- (c) Be under the supervision of the agency and a registered nurse, or therapist with:
 - (i) Orientation of the home health aide to the specific hospice care of each patient prior to care given;
 - (ii) Evidence of an in-home supervisory visit at least every two weeks; and
 - (iii) Direct supervisory observation of each home health aide during care at least one time every two months.

(5) The agency shall define the functions and duties of home health aides including the ability to:

- (a) Observe and recognize changes in patient's condition and report changes to the supervisor;
- (b) Initiate emergency procedures under the agency policy;
- (c) Assist with medications ordinarily self-administered by the patient, with assistance limited to:
 - (i) Communication of appropriate information to the patient regarding self-administration including:
 - (A) Reminding a patient of when it is time to take a prescribed medication; and
 - (B) Reading the label of the medication container.
 - (ii) Handing a patient-owned medication container to the patient;
 - (iii) Opening the medication container; or
 - (iv) Application or installation of skin, nose, eye, and ear preparations only under specific direction of the supervisor.
- (d) Record pertinent information in the patient's clinical record.

NEW SECTION

WAC 248-31-165 CLINICAL RECORDS. (1) The agency shall maintain clinical records under agency policies and procedures. Records shall be:

- (a) Legibly written in ink suitable for photocopying;
- (b) On standardized agency forms;
- (c) Written in a legally acceptable manner;
- (d) In chronological order in entirety or by service;
- (e) Fastened together to avoid loss of pages;
- (f) Considered as property of the agency;
- (g) Available in one integrated document in one place, except:

(i) A copy may be kept in the home or in the agency office; and

- (ii) More than one volume may be necessary.
- (h) Available and retrievable during operating hours either in the agency or by electronic means; and
 - (i) Stored following discharge from service:
 - (i) Preventing loss of information;
 - (ii) Protecting the record from damage due to water, mildew, or fire; and

(iii) Preventing access by unauthorized persons.

(2) The agency shall include as contents of the clinical record:

- (a) Patient-identifying information;
- (b) Patient service/treatment consent and agreement;
- (c) Pertinent past and current clinical findings including:

(i) Assessment of patient's physical and mental status as well as social and environmental problems affecting care; and

(ii) Clinical notes describing specific observations including, but not limited to, observations of patient condition.

(d) The hospice plan of care; and

(e) Physician orders.

(3) Agencies shall maintain, retain, and preserve records:

(a) For adults, a period of no less than five years following the date of termination of services; and

(b) For minors, a period of no less than three years following attainment of eighteen years of age, or five years following discharge, whichever is longer.

(4) Agencies shall establish policies and procedures specific to retention and disposition of clinical records including:

(a) A method of disposal of clinical records or patient care data assuring prevention of retrieval and subsequent use of information; and

(b) A means to transmit a copy of the clinical record or an abstract and copy of most recent summary report with the patient in the event of patient transfer to another agency or health care facility. When patients are transferred without notification of the receiving agency, a copy of the abstract shall be forwarded upon notification and as soon as possible.

(5) Agencies shall safeguard clinical record information and patient care data against loss or unauthorized use including:

(a) Adherence to written procedures governing use and removal of records and conditions for release of information; and

(b) Requirement for prior written consent of the patient for release of information unless authorized by law.

(6) Agencies discontinuing operation shall:

(a) Notify the department prior to cessation of operation; and

(b) Obtain department approval of a plan to preserve or destroy clinical records prior to disposition.

NEW SECTION

WAC 248-31-175 PARENTERAL PRODUCT SERVICES. (1) If the agency provides parenteral and/or hyperalimentation services, the agency shall define the scope of the services, in writing, with contracts specifying the responsibilities of the contractor and the contractee for:

(a) Services;

(b) Equipment; and

(c) How reimbursement occurs.

(2) If the agency provides parenteral services, the agency shall have written policies and procedures including:

(a) Preparation of parenteral solutions, medications, and mixing of previously dispensed parenteral drugs including:

(i) Use of aseptic technique when mixing previously dispensed parenteral drugs; and

(ii) If the circumstances require a registered nurse to mix two or more parenteral drugs or reconstitute drugs prior to administration, requirements for the registered nurse to place:

(A) An auxiliary label modifying existing label on the mixture with initials of the registered nurse; or

(B) A label prepared under the supervision of a pharmacist with the initials of the registered nurse on the container.

(b) Consultation available by a dietitian if hyperalimentation services are provided.

(3) Agencies shall establish written policies and procedures for parenteral administration including:

(a) Administration of parenteral solutions, medications, admixtures, blood, and blood products;

(b) Infection control, including:

(i) Site preparation;

(ii) Tubing and dressing management;

(iii) Site assessment and rotation;

(iv) Use of aseptic technique; and

(v) Use of sterile equipment as indicated by the label.

(c) Use and control of parenterally administered investigational drugs;

(d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation;

(e) Safe handling and disposal of biohazardous materials including antineoplastic agents and infectious materials;

(f) Documentation requirements;

(g) Patient and family teaching;

(h) Appropriate labeling of precision volume chambers, if used, so labeling accurately reflects each medication or solution administered via the precision volume chamber; and

(i) Use of electronic infusion control devices.

(4) The agency shall ensure:

(a) Personnel inserting parenteral devices are:

(i) Legally authorized to penetrate skin and insert intravenous devices; and

(ii) Appropriately trained with demonstrated and documented skills in intravenous insertion techniques.

(b) Personnel administering parenteral medications are:

(i) Legally authorized to administer medications;

(ii) Appropriately trained;

(iii) Able to demonstrate and provide evidence of documented skill in parenteral administration;

(iv) Knowledgeable of procedures and equipment; and

(v) Approved by the agency.

(c) Availability of drug compatibility reference material to individuals who administer parenteral medications;

(d) Parenteral solutions are administered only upon the order of a physician; and

(e) All orders and prescriptions for parenteral solutions, medications, and mixtures of previously dispensed drugs include:

(i) Identification and quantity of solution or medication;

(ii) Route;

(iii) Rate of flow or frequency;

(iv) Duration of administration;

(v) Amount of additive;

(vi) Identification of patient; and

(vii) Identification of prescribing physician.

(5) The agency shall ensure documentation in the clinical record including:

(a) Solution, medication or medications, route, modifications, and/or additions made to parenteral products, time, date, amount administered, and rate;

(b) Site and site assessment;

(c) Date and time of insertion and removal of cannula, catheter, or needle;

(d) Device used, including gauge, length and type of needle, cannula, or catheter;

(e) Condition of cannula or catheter and site at the time removed from patient;

(f) Use of electronic infusion devices;

(g) Observed complications and treatment of complications;

(h) Management of tubing and dressing; and

(i) Signature and discipline of the administering individual.

(6) If parenteral preparations are administered to pediatric patients, the agency shall establish written policies for:

(a) Amounts of parenteral fluid infants, children, and adolescents should receive determined by age, body surface area, and weight;

(b) Required use of rate control devices;

(c) Documentation requirements specified for parenteral therapy to include intake, output, weight, and height;

(d) The type of parenteral preparations which may be administered at home;

(e) Conditions requiring a registered nurse to be in attendance; and

(f) A plan for emergency services.

(7) The agency shall ensure, if blood or blood products are administered in the patient's residence, there is:

(a) A registered nurse or physician continuously in attendance;

(b) A plan for emergency services; and

(c) A method of delivery ensuring temperature stability, prevention of contamination, and viability.

NEW SECTION

WAC 248-31-185 MEDICAL SUPPLIES OR EQUIPMENT SERVICES. (1) An agency providing medical supplies or equipment-services shall provide:

(a) A written description of the scope of the services including:

(i) The types of supplies and/or equipment provided; and

(ii) Policies and procedures for cleaning, maintenance, calibration, or replacement of equipment.

(b) Records of the services provided, date, time, and by whom; and

(c) Documentation of approval of patient unit for service, cost, and method of payment unless under a managed care plan.

(2) If provided, the agency shall maintain immediate availability of replacement supplies or equipment essential for the comfort and safety of the patient.

(3) The agency shall provide knowledgeable, trained personnel to:

(a) Initiate service;

(b) Maintain supplies and equipment; and

(c) Instruct patients or caregivers in the use and maintenance of supplies and equipment. Instructions shall be given:

(i) In writing;

(ii) Verbally; and

(iii) By demonstration and redemonstration as necessary.

(4) The agency shall document the training and qualifications of personnel.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 248-31-001	PURPOSE.
WAC 248-31-002	DEFINITIONS.
WAC 248-31-010	CERTIFICATION OF HOSPICE.
WAC 248-31-020	GOVERNING BODY—ADMINISTRATION.
WAC 248-31-030	PERSONNEL.
WAC 248-31-040	GENERAL REQUIREMENTS.
WAC 248-31-050	QUALITY ASSURANCE.
WAC 248-31-060	HOSPICE PLAN OF CARE.
WAC 248-31-070	INTERDISCIPLINARY TEAM.
WAC 248-31-075	CLINICAL MANAGEMENT.
WAC 248-31-080	PHYSICIAN SERVICES.
WAC 248-31-090	NURSING SERVICES.
WAC 248-31-100	COUNSELING SERVICES.
WAC 248-31-110	THERAPY SERVICES.
WAC 248-31-120	MEDICAL SOCIAL SERVICES.
WAC 248-31-130	HOME HEALTH AIDE SERVICES.
WAC 248-31-140	VOLUNTEERS.
WAC 248-31-150	MEDICAL SUPPLIES AND EQUIPMENT—APPARATUS—DRUGS.
WAC 248-31-160	CLINICAL RECORDS.

Chapter 248-36 WAC HOME CARE AGENCY RULES

NEW SECTION

WAC 248-36-005 **PURPOSE.** The purpose of these rules is to administratively implement chapter 70.127 RCW by establishing minimum licensing standards related to safety and well-being of participants in home care agencies.

NEW SECTION

WAC 248-36-015 **DEFINITIONS.** For the purpose of chapter 70.127 RCW and chapter 248-36 WAC, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Administrator" means a person managing and responsible for the day-to-day operation of each licensed agency.

(2) "Agency" means a home care agency as defined under this section and chapter 70.127 RCW.

(3) "AIDS" means acquired immunodeficiency syndrome defined under WAC 248-100-011.

(4) "Branch office" means a location or site from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency, included in the license of the agency, and located sufficiently close to share administration, supervision, and services.

(5) "Bylaws" means a set of rules adopted by an agency for governing the agency operation.

(6) "Department" means the department of social and health services or successor health department.

(7) "Family" means an individual or individuals who are important to and designated by the participant, and who may or may not be relatives.

(8) "Governing body" means the person, who may be the owner or a group, with responsibility and authority to establish policies related to operation of the agency.

(9) "HIV" means human immunodeficiency virus as defined under RCW 70.24.017(7).

(10) "Home care agency" means a private or public agency or organization administering or providing home care services directly or through a contract arrangement to ill, disabled, or infirm persons in places of temporary or permanent residence unless:

(a) Included as an exclusion under RCW 70.127.040; or

(b) A licensed home health agency or hospice agency delivers home care as an integral part of delivery of home health or hospice care; or

(c) The organization provides home care through volunteers without compensation as defined in this section; or

(d) An individual provides home care through direct agreement with the recipient of care; or

(e) An individual provides home care through a direct agreement with a third-party payor where comparable services are not readily available through a home care agency.

(11) "Home care plan of care" or "care plan" means a written personalized plan established and periodically reviewed by a home care agency describing the home care to be provided and requiring consent of the participant or the participant's designated representative.

(12) "Home care services" means personal care services, homemaker services, respite care services, or any other nonmedical services provided to ill, disabled, or infirm persons enabling these persons to remain in their own residences consistent with their desires, abilities, and safety.

(13) "Homemaker services" means services assisting ill, disabled, or infirm persons with household tasks essential to achieving adequate household and family management, including transportation, shopping, and maintenance of premises.

(14) "Ill, disabled, or infirm persons" means persons needing home health, hospice, or home care services in order to maintain themselves in their places of temporary or permanent residence.

(15) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(16) "May" means permissive or discretionary on the part of the department.

(17) "Other nonmedical services" means noninvasive procedures, such as assistance with toileting, applying nonsterile dry dressing, ambulation, transfer, positioning, bathing, reminding about medication, or other services unless such service must be delivered by a licensed or certified individual under Washington state law.

(18) "Owner" means the individual, partnership, or corporate entity legally responsible for the business requiring licensure as a home care agency under chapter 70.127 RCW.

(19) "Participant" means an individual receiving home care services.

(20) "Personal care services" means services assisting ill, disabled, or infirm persons with dressing, feeding, and personal hygiene to facilitate self-care.

(21) "Personnel" means individuals employed or under contract in a home care agency.

(22) "Respite care services" means services assisting or supporting the primary caregiver on a scheduled basis.

(23) "Shall" means compliance is mandatory.

(24) "Supervisor" means an individual qualified by training, education, and demonstrated skills and/or experience in home care service delivery who assumes the responsibility for the accomplishment of a function or activity and who provides initial direction and ongoing monitoring of performance.

(25) "Volunteer" means an individual providing assistance to the home care agency and:

(a) Oriented, trained, and supervised to perform specific assigned tasks; and

(b) Working without compensation.

(26) "Without compensation" means:

(a) A recipient of care is not charged a fee for any service delivered by the volunteer; and

(b) An individual delivering care receives no pay, except reimbursement for personal mileage incurred to deliver home care services.

NEW SECTION

WAC 248-36-025 LICENSURE OF THE HOME CARE AGENCY. (1) Persons operating home care agencies as defined under chapter 70.127 RCW, shall submit application and fees to the department by July 1, 1989.

(2) After July 1, 1990, no person shall:

(a) Advertise, operate, manage, conduct, open, or maintain a home care agency without first obtaining an appropriate license from the department; or

(b) Use the words "home care agency" or "home care services" in its corporate or business name, or advertise using such words unless licensed as a home care agency under chapter 70.127 RCW.

(3) Applicants for a home care agency license shall:

(a) Submit a completed application and fee for initial license or renewal to the department on forms furnished by the department, including signature of the owner or legal representative of the owner; and

(b) Furnish to the department full and complete information as required by the department for the proper administration of department requirements including:

(i) Evidence of current insurance including:

(A) Professional liability insurance coverage specified under RCW 70.127.080; and

(B) Public liability and property damage insurance coverage as specified under RCW 70.127.080.

(ii) Information on organizational and governing structure and the identity of the applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets;

(iii) A list of counties where the applicant will operate;

(iv) A list of branch offices; and

(v) A list of services provided or offered.

(4) Agencies requesting license renewal shall submit a renewal application and fee to the department.

(5) If the applicant or owner meets the requirements of this chapter and chapter 70.127 RCW, the department shall issue or renew a license for the agency, including branch offices.

(6) The department shall:

(a) Deny a license if in the last five years the owner, applicant, officers, directors, partners, managing employees, or owners of ten percent or more of the applicant's assets are found in a civil or criminal proceeding to have committed any act reasonably relating to the fitness of any of the above persons to:

(i) Establish, maintain, or administer an agency; or

(ii) Provide care in the home of another.

(b) Provide a combination of applications and licenses and the reduction of individual license fees if an applicant applies for more than one category of license under chapter 70.127 RCW;

(c) Establish fees to be paid as required under RCW 43.20B.110 and chapter 440-44 WAC, including providing for the reduction of individual license fees if an applicant applies for more than one category of license under RCW 70.127.110;

(d) Prohibit transfer or reassignment of a license without a thirty-day prior notice to the department and department approval;

(e) Issue a license following approval of a new or current owner's application;

(f) Conduct on-site reviews of the agency, which may include in-home visits with the consent of the participant, in order to determine compliance;

(g) Examine and audit records of the agency if the department has reason to believe persons are providing care without an appropriate license;

(h) Provide for combined licensure inspections and audits for owners holding more than one license under RCW 70.127.110;

(i) Give written notice of any violations, including a statement of deficiencies observed;

(j) Inform the owner or applicant of the requirement to:

(i) Present a plan of correction to the department within ten working days; and

(ii) Comply within a specified time not to exceed sixty days.

(k) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency prior to assessing a civil penalty unless:

(i) The deficiency is an immediate threat to life, health, or safety; or

(ii) The owner fails to comply with any of the provisions of WAC 248-36-045 (3)(a), (b), (c), (d), (e), (f), (g), (h), (i), and (j).

(l) Initiate disciplinary action, under RCW 70.127-.170 and this chapter, if the owner or applicant fails to comply.

(7) The department may:

(a) Issue a license effective for one year unless the license is suspended or revoked;

(b) Inspect an agency and examine records at any time to determine compliance with chapter 70.127 RCW and this chapter; and

(c) Deny, suspend, modify, or revoke an agency license for failure to comply with chapter 70.127 RCW or this chapter. Actions to deny, suspend, modify, or revoke the license shall be consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) When a change of ownership is planned, the owner shall notify the department, in writing, at least thirty days prior to the date of transfer, including:

(a) Full name and address of the current owner and prospective new owner;

(b) Name and address of the agency and new name under which the agency will be operating, if known; and

(c) The date of the proposed change of ownership.

(9) The prospective new owner shall submit a new application for an agency license with the fee at least thirty days prior to the change of ownership.

(10) The agency shall inform the department in writing at the time of opening or closing of the agency or branch offices.

NEW SECTION

WAC 248-36-035 LICENSE DENIALS—SUSPENSIONS—MODIFICATIONS—REVOCATIONS.

(1) The department may deny, suspend, modify, or revoke a license or assess civil penalties, or both, against the agency if an applicant, owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions of chapter 70.127 RCW or this chapter;

(b) Continues to operate after the license is revoked or suspended for cause and not subsequently reinstated by the department;

(c) Makes false statement of a material fact in the application for the license or data attached or in any

record required by this chapter or matter under investigation by the department;

(d) Refuses to allow representatives of the department to inspect any part of the agency or books, records, or files required by this chapter;

(e) Willfully prevents or interferes with or attempts to impede in any way the work of any representative of the department in the lawful enforcement of chapter 70.127 RCW and this chapter;

(f) Willfully prevents or interferes with any representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Fails to pay or make arrangements to pay a civil monetary penalty assessed by the department within ten days after the assessment becomes final, as provided under WAC 248-36-045, Civil Fines;

(h) Uses false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond those authorized by the agency or law; or

(j) Misrepresents, or is fraudulent in an aspect of, the conduct of the applicant's or owner's business.

(2) If the department finds the public health, safety, or welfare imperatively require emergency action, a license may be summarily suspended pending proceedings for revocation or other action.

(3) The department shall inform the owner or applicant in writing of a denial, suspension, modification, or revocation of a license, and of the right to appeal, with such notice:

(a) Stating the reasons for the adverse action; and

(b) Personally served in the manner of service of a summons in a civil action or given in another manner showing proof of receipt.

(4) Unless stated otherwise, the department shall consider the denial, suspension, modification, or revocation effective twenty-eight days after receipt.

(5) The department may make the date of action effective:

(a) Later than twenty-eight days after receipt if the department states the effective date in the written notice to the owner or applicant; and

(b) Sooner than twenty-eight days after receipt when necessary to protect the public health, safety, or welfare if the department states the effective date and the reasons supporting the effective date in the written notice.

NEW SECTION

WAC 248-36-045 CIVIL FINES. (1) Following an on-site review, in-home visit, or audit, the department shall give written notice either in person or by personal service or certified mail, return receipt requested, of any violation under chapter 70.127 RCW or this chapter. The notice shall inform the owner or applicant as appropriate including:

(a) Describing the conditions of noncompliance;

(b) Specifying a reasonable time of compliance not to exceed sixty days;

(c) Explaining the possibility of a violation subjecting the owner or applicant to denial, revocation, modification, or suspension of the license and/or civil fines; and

(d) Explaining the right of the owner or applicant to appeal.

(2) The department may assess civil monetary penalties in addition to or in lieu of denial, suspension, modification, or revocation of a license if the owner fails to comply with a notice of violation.

(3) The department may assess civil monetary penalties not to exceed one thousand dollars per violation in any case when the department finds the owner, applicant, officer, director, partner, managing employee, or owner of ten percent or more of the applicant's or owner's assets:

(a) Failed or refused to comply with requirements of chapter 70.127 RCW or this chapter;

(b) Continued to operate after the license was revoked or suspended for cause and not subsequently reinstated by the department;

(c) Has knowingly or with reason to know made a false statement of a material fact in the:

(i) Application for the license; or

(ii) Data attached; or

(iii) Record required under chapter 70.127 RCW; or

(iv) Matter under investigation by the department.

(d) Refused to allow representatives of the department to inspect any book, record, file or part of the agency required under this chapter;

(e) Willfully prevented, interfered with, or attempted to impede the work of any representative of the department in the lawful enforcement of a provision under chapter 70.127 RCW and this chapter;

(f) Willfully prevented or interfered with a representative of the department in the preservation of evidence of a violation under chapter 70.127 RCW or this chapter;

(g) Failed to pay or make arrangements to pay any civil monetary penalty assessed by the department under chapter 70.127 RCW within ten days after the assessment became final;

(h) Used false, fraudulent, or misleading advertising;

(i) Has repeated incidents of personnel performing services beyond services authorized by the agency or law; or

(j) Misrepresented or was fraudulent in any aspect of the conduct of the home care business.

(4) Failure to pay or make arrangements to pay civil monetary penalties within ten days from the time the assessment becomes final may result in denial, suspension, modification, or revocation of the license, in addition to the assessment of the penalties or to the assessment of additional penalties.

(5) The department shall give written notice to the owner or applicant against whom it assesses a civil fine, including the right to appeal. The written notice shall:

(a) State the reasons for the adverse action;

(b) Be personally served in the manner of service of a summons in a civil action or given in another manner showing proof of receipt; and

(c) State the effective date of the civil fine is:

(i) Twenty-eight days after receipt of the written notice; or

(ii) A later date at the discretion of the department.

NEW SECTION

WAC 248-36-055 APPEALS—HEARINGS. (1) Any owner or applicant aggrieved by the department's denial, suspension, modification, or revocation of a license, or imposition of a civil penalty, may request a department hearing.

(2) Any owner or applicant requesting a department hearing shall make the request in writing and:

(a) State the issue and law upon which the appeal relies;

(b) State the grounds for contesting the denial, suspension, modification, or revocation of license or imposition of civil fines;

(c) State current address and telephone number, if any;

(d) Attach a copy of the department notice of denial, suspension, modification, or revocation of license or imposition of civil fines;

(e) Submit the request for hearing within twenty-eight days of the date of receipt of the department notice of denial, suspension, modification, or revocation of license or imposition of civil penalty; and

(f) Deliver the request by personal service or by certified mail to the Office of Appeals, 12th Avenue and Franklin Street, P.O. Box 2465, Olympia, Washington 98504-2465.

(3) The department shall:

(a) Treat a mailed request as effective on the date it was postmarked, if the mailed request is received by the office of appeals properly addressed and with no postage due;

(b) Conduct hearings under chapters 10-08 and 388-08 WAC and chapter 34.05 RCW, Administrative Procedure Act;

(c) Apply this section if any provision of this section conflicts with chapter 388-08 WAC; and

(d) Follow the decision-making procedure including:

(i) Initial decision;

(ii) Petition for review; and

(iii) Review decision procedure.

(4) When an owner or applicant files an appeal within the time limits specified under this section, department action to deny, suspend, modify, or revoke a license, or impose a civil fine shall proceed as follows:

(a) When the department gives an owner or applicant twenty-eight or more days written notice and the owner or applicant files an appeal before the effective date on the written notice, the department:

(i) Shall delay implementing the adverse action until the order from the administrative hearing is served upon the owner or applicant; and

(ii) May implement part or all of the adverse action while the proceedings are pending if the:

(A) Presiding or reviewing officer permits the department to start such action; and

(B) Owner or applicant causes an unreasonable delay in the proceeding and circumstances change so the implementation is in the public interest or for other good cause.

(b) When the department gives an owner or applicant less than a twenty-eight-day written notice and the owner or applicant files an appeal, the department may:

(i) Implement the adverse action on the effective date stated in the written notice; or

(ii) Stay implementation of part or all of the adverse action, if ordered by the presiding or reviewing officer, while the proceedings are pending if the stay is in the public interest or for other good cause.

NEW SECTION

WAC 248-36-065 GENERAL REQUIREMENTS. (1) The agency shall have a written plan of operation including:

(a) An organizational chart showing ownership and lines of delegation of responsibility to the participant care level;

(b) The services offered, including hours of operation and service availability;

(c) Criteria for participant acceptance, referral, transfer, and termination;

(d) Evidence of direct administrative and supervisory control and responsibility for all services including services provided by branch offices;

(e) An annual budget approved by the governing body; and

(f) Provisions for informing each participant of other community resources if the agency ceases operation.

(2) The agency shall provide services for the participant consistent with the care plan and:

(a) Accept participants only when the agency is capable of providing the specific services or level of care requested by the participant or the participant's authorized representative and appropriate to the participant needs; and

(b) Inform the participant of other services when the home care agency is unable to meet identified needs.

(3) Agency personnel shall communicate in a language or form of communication the participant and family can reasonably be expected to understand. Whenever possible, the agency shall assist in obtaining:

(a) Special devices;

(b) Interpreters; or

(c) Other aids to facilitate communication.

NEW SECTION

WAC 248-36-077 PARTICIPANT BILL OF RIGHTS. The agency shall provide each participant and family with a written bill of rights affirming each participant's right to:

(1) Be informed of the services offered by the agency and those being provided;

(2) Refuse services;

(3) Request a change of service;

(4) Participate in development of the care plan;

(5) Receive an explanation of any responsibilities the participant may have in the care process;

(6) Be informed of the name of the person supervising the care and how to contact that person;

(7) Be informed of the process for submitting and addressing complaints to the agency and department;

(8) Receive an explanation of the agency's charges and policy concerning billing and payment for services, including, to the extent possible, insurance coverage and other payment options unless services are reimbursed through a managed care plan;

(9) Receive, upon request, a fully itemized billing statement at least monthly, including the date of each service and the charge unless service is reimbursed through a managed care plan;

(10) Have access to the department's registry of licensed agencies and who to contact in the community for financial resource information;

(11) Upon request, be informed of who owns and controls the agency;

(12) Personnel properly trained to perform assigned tasks;

(13) Coordinated services;

(14) Courteous and respectful treatment, privacy, and freedom from abuse and discrimination;

(15) Confidential management of participant records and information;

(16) Access information in the participant's own record upon request; and

(17) Receive prior notice and an explanation for reasons of termination, referral, transfer, discontinuance of service, or change in the care plan.

NEW SECTION

WAC 248-36-085 GOVERNING BODY—ADMINISTRATION. (1) The governing body of the agency shall establish a mechanism to:

(a) Approve a quality assurance plan whereby problems are identified, monitored, and corrected;

(b) Adopt and periodically review written bylaws or an acceptable equivalent;

(c) Approve written policies and procedures related to safe, adequate services and operation of the agency with annual or more frequent review by administrative and supervisory personnel;

(d) Appoint an administrator and approve a plan for an alternate in the administrator's absence;

(e) Oversee the management and fiscal affairs of the agency; and

(f) Approve a method of obtaining regular reports on participant satisfaction.

(2) Each agency shall have an administrator to:

(a) Organize and direct the agency's ongoing functions;

(b) Maintain ongoing liaison between the governing body and the personnel;

(c) Employ qualified personnel and ensure appropriate ongoing education and supervision of personnel and volunteers;

(d) Ensure the accuracy of public information materials and activities;

(e) Implement a budgeting and accounting system; and

(f) Ensure the presence of an alternate administrator to act in the administrator's absence.

NEW SECTION

WAC 248-36-095 PERSONNEL AND VOLUNTEERS. (1) The agency shall establish written personnel and volunteer policies including, but not limited to:

- (a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;
- (b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation;
- (c) Orientation and in-service training appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform, including information about safety and emergency procedures;
- (d) Evidence of pre-hire screening; and
- (e) Annual or more frequent performance evaluations including:
 - (i) Knowledge of safety pertinent to job assignment;
 - (ii) Conformance with agency policies and procedures; and

(iii) Observation of performance of personnel in the environment appropriate to job expectations.

(2) The agency shall maintain records including:

- (a) Qualifications of personnel and direct participant care volunteers;
- (b) Evidence of current licensure, certification, or registration when applicable to job requirements;
- (c) Documentation of orientation and training required to perform assigned tasks, consistent with this chapter;
- (d) Evidence of review of agency policy and procedures related to reporting any suspected abuse and neglect of children and adults consistent with chapters 26.44 and 74.34 RCW;
- (e) Performance evaluations;
- (f) Evidence of pre-hire screening prior to working with the agency; and
- (g) Evidence of notification of the local health department when personnel are exposed to an infectious case of tuberculosis, as required in subsection (3) of this section.

(3) In the event of personnel or volunteer exposure to an infectious case of tuberculosis, the agency shall supply the names and identifying information to the local health department sufficient for screening to occur.

(4) The agency shall:

- (a) Assure observance of appropriate precautions when personnel and volunteers are known to have a communicable disease in an infectious stage; and
- (b) Assume responsibility for personnel providing all services included in the care plan.

NEW SECTION

WAC 248-36-105 AIDS EDUCATION AND TRAINING. Home care agencies shall:

- (1) Verify or arrange for appropriate education and training of personnel and volunteers on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual Know-AIDS Education for Health Care Facility Employees, March 1, 1989, published by the department office on HIV/AIDS.

NEW SECTION

WAC 248-36-115 PARTICIPANT CARE POLICIES AND PROCEDURES. (1) The home care agency shall establish and implement policies and procedures appropriate to the specific services provided and available in writing to all personnel and volunteers, including:

- (a) All tasks carried out in providing services and implementing the care plan;
- (b) Observations to be reported to the supervisor;
- (c) Coping with difficult situations;
- (d) Transporting of participants by licensed insured drivers;
- (e) Any special qualifications of persons performing the services;
- (f) Infection control principles and practices;
- (g) Emergency procedures, participant safety, and death;
- (h) Safe handling and use of supplies, equipment, and toxic or hazardous substances;
- (i) Safe handling and preparation of food products;
- (j) Abuse and neglect consistent with chapters 26.44 and 74.34 RCW;
- (k) Coordination of inter- and intra-agency services;
- (l) Participant records; and
- (m) Restriction on personnel assisting with participant-owned medications only as provided in the care plan and restricted to:
 - (i) Reminding the participant of when it is time to take a prescribed medication;
 - (ii) Handing the medication container to the participant;
 - (iii) Opening the medication container; and
 - (iv) Assistance with application of skin, nose, eye, and ear preparations according to label when a participant is mentally oriented and able to supervise application.
- (n) Limitations regarding handling of participant-owned money and property.
- (2) Agencies shall review participant care policies and procedures annually and revise as necessary.

NEW SECTION

WAC 248-36-125 SUPERVISION AND COORDINATION OF SERVICES. The agency shall employ a supervisor responsible for:

- (1) Assessment of participant/family needs except under managed care plans;
- (2) Development of care plan, except under managed care plans;
- (3) Implementing the care plan;
- (4) Referral to other community resources;
- (5) Explaining resources the participant may access;
- (6) Performance evaluations as indicated under WAC 248-36-095, Personnel and Volunteers;
- (7) Regular monitoring of effectiveness of the care plan, including:

- (a) The participant's satisfaction with care received;
- (b) Participant's health and safety;
- (c) Periodic contact with participant to re-assess effectiveness and appropriateness of home care plan of care;
- (d) Participating in development and review of agency policies for coordination; and
- (e) Coordination or arrangement of home care services.

NEW SECTION

WAC 248-36-135 HOME CARE PLAN OF CARE. Agencies shall:

- (1) Ensure personnel follow an approved written care plan;
- (2) Include all services to be provided in the care plan; and
- (3) Ensure review and revision of care plan, as necessary:
 - (a) Whenever reports by the participant, family, or caregiver indicate substantial change in services needed;
 - (b) Based upon assessment by the supervisor, unless done through a managed care plan; and
 - (c) At least every six months for personal care services.

NEW SECTION

WAC 248-36-165 RECORDS AND DOCUMENTATION OF PARTICIPANT CARE. (1) The home care agency shall maintain records which are orderly, intact, and:

- (a) Legibly written in ink suitable for photocopying;
- (b) In an agency-approved format;
- (c) Written in a legally acceptable manner;
- (d) Considered as property of the home care agency;
- (e) Include observations about the participant's physical condition;
- (f) Available and retrievable either in the agency or by electronic means during business hours; and
- (g) Stored following discontinuance from service in a manner which:
 - (i) Prevents loss or manipulation of information;
 - (ii) Protects the record from damage; and
 - (iii) Prevents access by unauthorized persons.
- (2) Records shall include:
 - (a) Appropriate participant identifying information;
 - (b) Appropriate service consent and agreement, including payment source;
 - (c) Pertinent past and current information, including:
 - (i) Documentation of a participant assessment by a supervisor on acceptance and when conditions change extensively;
 - (ii) Notation of all services provided and recorded in the record or in another file maintained by the agency; and
 - (iii) Documentation of significant observations.
 - (d) Care plan; and
 - (e) Termination statement.
- (3) Agencies shall ensure documentation, including:

- (a) Recording of the service on the day it is provided;
- (b) Immediate incorporation of reports of unusual events or incidents with date, time, and signature or valid initials of the recorder; and

(c) Entries incorporated within a month from the day service is rendered if the record is maintained in the agency.

(4) Agencies shall maintain, retain, and preserve records:

(a) For adults, a period of no less than five years following the date of discontinuation of service; and

(b) For minors, a period of no less than three years following attainment of eighteen years of age or five years following discontinuance of agency services, whichever is longer.

(5) Agencies shall establish policies and procedures specific to retention and disposition of records, including:

(a) Arrangements for preservation of participant records if the agency discontinues operation with a plan approved by the department; and

(b) A method of disposal of records assuring prevention of retrieval and subsequent use of information.

(6) Agencies shall safeguard recorded participant information against loss or unauthorized use, including:

(a) Adherence to written procedures governing use and removal of records and conditions for release of information; and

(b) Requirement for prior written consent of the participant for release of information unless authorized by law.

WSR 89-12-078

ADOPTED RULES

DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

(Public Assistance)

[Order 2807—Filed June 7, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to acronyms, amending chapter 388-07 WAC.

This action is taken pursuant to Notice No. WSR 89-09-030 filed with the code reviser on April 14, 1989. 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 Social and Health Services as authorized in RCW 74.08.090.

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 June 2, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 1572,
filed 12/8/80)

WAC 388-07-005 (~~(ABBREVIATIONS)~~) AC-
RONYMS.

(AAC)	Actual acquisition cost
AB	Aid to the blind
(ADL)	Activities of daily living
<u>ADATSA</u>	<u>Alcohol and Drug Addiction Treatment and Support Act</u>
AFDC	Aid to families with dependent children (includes both regular and employable)
(AFDC-E)	Aid to families with dependent children-employable
AFDC-FC	Aid to families with dependent children-foster care
(AFDC-R)	Aid to families with dependent children-regular
ARENA	Adoption resource exchange of North America
<u>AICPA</u>	<u>American institute of certified public accountants</u>
<u>AJE</u>	<u>Adjusting journal entries</u>
<u>ALJ</u>	<u>Administrative law judge</u>
<u>APTD</u>	<u>Aid to the permanently and totally disabled</u>
<u>ARTF</u>	<u>Adult residential treatment facility</u>
<u>ATP</u>	<u>Authorization to participate</u>
<u>BEOG</u>	<u>Basic education opportunity grant</u>
<u>BNHA</u>	<u>Bureau of nursing home affairs</u>
(CAT)	Computerized axial tomographic
<u>CAP</u>	<u>community alternative program</u>
<u>CCF</u>	<u>Congregate care facility</u>
<u>CCS</u>	<u>Crisis counseling services</u>
<u>CEAP</u>	<u>Consolidated emergency assistance program</u>
<u>CETA</u>	<u>Comprehensive Employment and Training Act</u>
<u>CFR</u>	<u>Code of federal regulations</u>
Ch	Chapter
CO	County office (now CSO)
<u>COPEs</u>	<u>Community options program entry system</u>
<u>COSMOS</u>	<u>Community services management and operations system</u>
<u>CPI</u>	<u>Clothing, personal incidentals</u>
<u>CPR</u>	<u>Cardio-pulmonary resuscitation</u>
(CR)	Superior court civil rules
<u>CRN</u>	<u>Certified registered nurse</u>
<u>CSO</u>	<u>Community services office</u>
<u>CWEP</u>	<u>Community work experience program</u>
<u>CWS</u>	<u>Child welfare services</u>
<u>DA</u>	<u>Disability assistance</u>
<u>DAC</u>	<u>Disaster assistance center</u>
<u>DCFS</u>	<u>Division of children and family services</u>
<u>DD</u>	<u>Developmental disabilities</u>
<u>DES</u>	<u>Department of employment security</u>
(DNS)	Director of nursing services
<u>DFO</u>	<u>Disaster field offices</u>
<u>DOE</u>	<u>Department of education</u>
<u>DSHS</u>	<u>Department of social and health services</u>
(ECF)	Extended care facility
<u>DVR</u>	<u>Division of vocational rehabilitation</u>

<u>EIC</u>	<u>Earned income tax credit</u>
((ENT)	Ear, nose and throat)
<u>EITC</u>	<u>Earned income tax credits</u>
<u>EPP</u>	<u>Employment partnership program</u>
<u>EPSDT</u>	<u>Early and periodic screening, diagnosis and treatment</u>
<u>ESSO</u>	<u>Economic and social services office (now CSO)</u>
<u>E&T</u>	<u>Employment and training</u>
<u>FAMCO</u>	<u>Federal aid medical care only</u>
<u>FASB</u>	<u>Financial accounting standards board</u>
<u>FCA</u>	<u>Food coupon authorization</u>
<u>FCO</u>	<u>Federal coordinating officer</u>
<u>FDAA</u>	<u>Federal disaster assistance administration</u>
<u>FEMA</u>	<u>Federal emergency management agency</u>
((FFA)	Future farmers of America)
<u>FHA</u>	<u>Farmers home administration</u>
<u>FICA</u>	<u>Federal Insurance Contributions Act</u>
<u>FIP</u>	<u>Family independence program</u>
<u>FMHA</u>	<u>Farmers home administration</u>
<u>FNS</u>	<u>Food and nutrition service</u>
<u>GA</u>	<u>General assistance</u>
<u>GAN</u>	<u>General assistance-noncontinuing</u>
<u>GA-S</u>	<u>General assistance for pregnant women</u>
<u>GAU</u>	<u>General assistance-continuing</u>
<u>GA-U</u>	<u>General assistance-unemployable</u>
<u>GCO</u>	<u>Grant coordinating officer</u>
<u>GED</u>	<u>General education equivalency degree</u>
<u>HEW</u>	<u>United States Department of Health, Education and Welfare (now HHS)</u>
<u>HHS</u>	<u>United States Department of Health and Human Services</u>
<u>HIO</u>	<u>Health insuring organization</u>
<u>HMO</u>	<u>Health maintenance organization</u>
<u>HUD</u>	<u>United States Department of Housing and Urban Development</u>
<u>IAS</u>	<u>Intake/assessment services</u>
<u>ICD</u>	<u>Internal classification of diseases</u>
<u>ICF</u>	<u>Intermediate care facility</u>
<u>ICF/MR</u>	<u>Intermediate care facility/mentally retarded (see IMR)</u>
<u>ICPC</u>	<u>Interstate compact on the placement of children</u>
<u>ID</u>	<u>Identification</u>
<u>IFG</u>	<u>Individual and family grant program</u>
<u>IMR</u>	<u>Institution for the mentally retarded</u>
((IMU)	Income maintenance unit)
<u>INS</u>	<u>Immigration and naturalization service</u>
((IPPB)	Intermittent positive pressure breathing
IRAP	Indochinese refugee assistance program)
<u>IQ</u>	<u>Intelligence quotient</u>
<u>IRCA</u>	<u>Immigration Reform and Control Act</u>
<u>IRS</u>	<u>Internal revenue service</u>
<u>ITA</u>	<u>Involuntary Treatment Act</u>
<u>JCAH</u>	<u>Joint committee on accreditation of hospitals</u>
<u>JSC</u>	<u>Job service center</u>
<u>JTPA</u>	<u>Job Training Partnership Act</u>
<u>LCP-MI</u>	<u>Limited casualty program—Medically indigent</u>
<u>LCP-MN</u>	<u>Limited casualty program—Medically needy</u>

<u>LICWAC</u>	<u>Local indian child welfare advisory committee</u>
LO	Local office (now CSO)
<u>LTAP</u>	<u>Lifeline telephone assistance program</u>
MA	Medical assistance
MAC	Maximum allowable cost
((MCFO	Medical care field office
MDTA	Manpower Development and Training Act
MO	Medical only
MS	Medical care services))
<u>MNIL</u>	<u>Medically needy income level</u>
<u>NDC</u>	<u>National drug code</u>
OAA	Old age assistance
((OEO	Office for equal opportunity
OJT	On-the-job training
ONHA	Office of nursing home affairs (now BNHA)
OTC	Over-the-counter))
<u>OASDI</u>	<u>Old age survivors disability insurance</u>
<u>OSE</u>	<u>Office of support enforcement</u>
PA	Public assistance
PAS	Professional activity study
<u>PBX</u>	<u>Private branch exchange</u>
<u>PCP</u>	<u>Primary care physicians</u>
<u>PEP</u>	<u>Progressive evaluation process</u>
PL	Public Law
<u>PORTAL</u>	<u>Program offering rehabilitation, training, and adult living</u>
<u>PPO</u>	<u>Preferred provider organization</u>
<u>PRS</u>	<u>Permanent resident status</u>
PSE	Public service employment
PSRO	Professional standards review organization
RA	Regional administrator
RCW	Revised Code of Washington
<u>RN</u>	<u>Registered nurse</u>
RR	Railroad retirement
<u>RRLS</u>	<u>Residential rates and licensure services</u>
<u>RSDI</u>	<u>Retirement survivors and disability insurance</u>
RSI	Retirement and survivor's insurance
((RV	Recreational vehicle))
SBA	Small business administration
SCO	State coordinating officer
((SDPA	State department of public assistance))
SES	State employment service
SF	State form
SMI	See SMIAFS
SMIAFS	State median income adjusted for family size
<u>SMIB</u>	<u>Supplementary medical insurance benefit</u>
SNF	Skilled nursing facility
SO	State office of department of social and health services
SSA	Social security administration
<u>SSADO</u>	<u>Social security administration district offices</u>
<u>SSDI</u>	<u>Social security disability insurance</u>
SSI	Supplemental security income
SSN	Social security number
SSP	State supplementary payment
TB	Tuberculosis
TRE	Transportation and related expense
<u>TRS</u>	<u>Temporary resident status</u>

UC	Unemployment compensation
<u>URESA</u>	<u>Uniform Reciprocal Enforcement of Support Act</u>
US	United States
USC	United States Code
USDHEW	United States Department of Health, Education, and Welfare (now United States Department of Health and Human Services)
VA	Veterans administration
VISTA	Volunteers in service to America
VOLAG	Voluntary agency
WA	Washington
WAC	Washington Administrative Code
WARE	Washington adoption resource exchange
WIC	Women, infants and children
WIN	Work incentive program
((WSES	Washington state employment services))
<u>WSPSRO</u>	<u>Washington state professional standards review organization</u>

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

WSR 89-12-079
ADOPTED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)

[Order 2808—Filed June 7, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to aid to families with dependent children, amending chapter 388-24 WAC.

This action is taken pursuant to Notice No. WSR 89-09-031 filed with the code reviser on April 14, 1989. 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 Social and Health Services as authorized in RCW 74.08.090.

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 June 7, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 2033, filed 11/2/83)

WAC 388-24-042 AID TO FAMILIES WITH DEPENDENT CHILDREN—ELIGIBILITY OF STRIKERS. ((Effective August 23, 1983:))

(1) ((Eligibility for AFDC or refugee assistance does not exist when any parent or stepparent with whom the

child lives is, on the last day of the month, participating in a strike:

(2) Eligibility for AFDC or refugee assistance does not exist when the only child or all children in an AFDC assistance unit is/are, on the last day of the month, participating in a strike.

(3) Eligibility for the eligible parent or stepparent and siblings will be determined without regard to the needs of a child in the home who, on the last of the month, is participating in a strike:

(4) ~~((The term))~~ "Strike" ~~((includes))~~ shall mean any ~~((strike or other))~~ concerted stoppage, slowdown, or other interruption of work by employees ~~((f))~~, including a stoppage by reason of the expiration of a collective-bargaining agreement ~~((and any concerted slowdown or other concerted interruption of operations by employees))~~.

(2) The department shall determine:

(a) As ineligible, any AFDC or refugee assistance unit in which the parent(s) or only eligible child participates in a strike on the last day of the month; or

(b) As eligible, only the otherwise eligible parent and sibling(s) of a child in the home who participates in a strike on the last day of the month.

AMENDATORY SECTION (Amending Order 2275A, filed 8/30/85)

WAC 388-24-052 PROVISION OF SOCIAL SECURITY NUMBERS. (1) As a condition of eligibility, the department shall require each applicant for or recipient of assistance ~~((shall be required))~~ to:

(a) Furnish a Social Security number ~~((for all persons whose needs are considered in determining the amount of assistance;))~~; or

(b) Apply for a Social Security number ~~((s))~~ if ~~((they are))~~ the number is unknown or ~~((have))~~ has not been issued ~~((:))~~; and

~~((2))~~ (c) ~~((The applicant/recipient has the responsibility to))~~ Report ~~((promptly and accurately))~~ any new or previously unknown Social Security number ~~((within twenty days of))~~ following its receipt ~~((per WAC 388-38-255))~~.

~~((3))~~ (2) ~~((Assistance will not be denied, delayed, or terminated))~~ The department shall not deny, delay, or terminate assistance pending issuance of Social Security numbers ~~((if the applicant/recipient provides verification that he or she has met the requirement in subsection (1)(b) of this section))~~.

~~((4))~~ (3) If any person in the ~~((applicant or recipient))~~ assistance unit fails to ~~((comply with the requirement to))~~ furnish or apply for a Social Security number ~~((s for each person included in the assistance unit))~~, ~~((eligibility for))~~ the department shall determine such person ~~((or persons cannot be determined and they shall be excluded from the assistance unit))~~ to be ineligible.

~~((5))~~ (4) If a client needs help in obtaining a Social Security number, the department shall ~~((assist the applicant in obtaining a Social Security number by referring him or her))~~:

(a) Refer the client to the nearest Social Security office; and ~~((by furnishing to the client))~~

(b) Furnish requested verification from department records ~~((any verification requested by the Social Security administration:~~

~~((6) These rules shall be effective September 1, 1985))~~.

AMENDATORY SECTION (Amending Order 2731, filed 11/30/88)

WAC 388-24-074 AID TO FAMILIES WITH DEPENDENT CHILDREN-EMPLOYABLE-DEPRIVATION DUE TO UNEMPLOYMENT OF A PARENT. (1) The department shall consider a child to be deprived of parental care and support due to the unemployment of a parent when the child lives with two parents, one of which meets all the requirements in this section.

(2) The department shall designate the qualifying parent as that parent who earned the greater amount of income in the twenty-four-calendar-month period immediately preceding the month the application for assistance is filed. The department shall:

(a) ~~((The department shall))~~ Designate the qualifying parent using the best evidence available ~~((:))~~; and

(b) Consider the earnings of both parents regardless of when the relationship began ~~((, and))~~;

(c) Continue the designation for each consecutive month the family remains on assistance based on the current application ~~((:))~~; and

(d) Designate the qualifying parent if both parents earned an identical amount of income ~~((, the department shall designate the qualifying parent))~~.

(3) The department shall consider a parent to be unemployed when the parent:

(a) Is employed less than one hundred hours a month; ~~((or))~~

(b) Exceeds this standard for a particular month if the excess is of a temporary nature evidenced by being under the one hundred hour standard for the two prior months and is expected to be under the standard during the next month; or

(c) Participates in institutional and work experience training or in public service employment under the OPPORTUNITIES program and is not otherwise employed over one hundred hours.

(4) The qualifying parent shall be unemployed as defined in subsection (3) of this section for at least thirty days prior to the date AFDC-E is authorized except when:

(a) AFDC-E is terminated due to employment of the qualifying parent; and

(b) The full-time employment ends within thirty days of termination; and

(c) The qualifying parent reapplies and is found otherwise eligible for AFDC-E.

(5) ~~((The qualifying parent shall not have;))~~ During the same thirty-day period, or subsequently, the qualifying parent shall not have:

(a) Refused a bona fide offer of employment; or

(b) Refused training for employment; or

(c) Voluntarily left a job without good cause; or

(d) If eligible, refused to apply for or accept unemployment compensation.

(6) The qualifying parent shall:

(a) ~~((Shall be registered))~~ Register for the WIN program; and

(b) ~~((If exempt from OPPORTUNITIES participation due to remoteness, shall be registered for employment with the local DES office, and~~

(c) ~~Shall not be ineligible due to participation in institutional and work experience training or in public service employment under))~~ Participate, as required in the OPPORTUNITIES program.

(7) The qualifying parent shall have:

(a) ~~((Shall have))~~ Six or more quarters of work within any thirteen calendar quarter period ending within one year prior to the application for assistance.

(i) A "quarter of work" means a calendar quarter in which the parent earned income of at least fifty dollars, or participated in the ~~((work incentive (WIN) program or community work experience))~~ OPPORTUNITIES program ~~((CWEP))~~.

(ii) A "calendar quarter" means three consecutive months ending March 31st, June 30th, September 30th, or December 31st; or

(b) Within one year prior to the application ~~((the qualifying parent))~~, received, or had such a work history to be eligible to receive, unemployment compensation.

AMENDATORY SECTION (Amending Order 530, filed 3/31/71, effective 5/1/71)

WAC 388-24-200 REPORTING CHILD NEGLECT OR ABUSE ~~((TO JUVENILE COURT))~~—COORDINATION OF DEPARTMENT SERVICES.

(1) When ~~((the LO has knowledge that a child receiving public assistance is being neglected, abused or in danger of becoming delinquent, and when other reasonable efforts in conjunction with other persons or agencies to correct such a condition have failed, the following action shall be taken:~~

(a) ~~If the condition is not critical, the LO shall notify the juvenile court in writing of the child's situation, requesting the aid of the court for the child by whatever method the court may be able to use in this respect.~~

(b) ~~If the condition is critical or if prior notice(s) have not been productive of results, and if a parent or relative of the child, or other agency of the community is unwilling to take such action, the LO shall file a petition with the court for removal of the child from the parent or other person responsible for him))~~ a department employee has reason to believe a child is neglected or abused, that employee shall report, or cause a report to be made, to the proper department staff or law enforcement agency as provided under RCW 26.44.040.

(2) ~~((This policy applies in all categories of public assistance.~~

(3) ~~When, according to the above criteria, the child is endangered emotionally or physically, the difficulty shall be discussed frankly with the parents. If conditions cannot be improved to the extent that the child is properly cared for, court action should be taken so that the child can be placed in an atmosphere conducive to his welfare))~~ The department shall determine the social service needs for dependent, neglected, and abused children.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 388-24-114 PROCEDURES AFFECTING ABANDONED CHILD.

WAC 388-24-190 COORDINATION OF PUBLIC ASSISTANCE AND CHILD WELFARE SERVICES—RESPONSIBILITY FOR PROTECTIVE CARE FOR CHILDREN.

WSR 89-12-080

ADOPTED RULES

DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

(Public Assistance)

[Order 2809—Filed June 7, 1989]

I, Leslie F. James, director of Administrative Services, do promulgate and adopt at Olympia, Washington, the annexed rules relating to Medical care—Eligibility, amending chapter 388-83 WAC.

This action is taken pursuant to Notice No. WSR 89-10-047 filed with the code reviser on May 1, 1989. 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 Social and Health Services as authorized in RCW 74.08.090.

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 June 7, 1989.

By Leslie F. James, Director
Administrative Services

AMENDATORY SECTION (Amending Order 2168, filed 11/14/84)

WAC 388-83-012 ASSIGNMENT OF RIGHTS.
(1) ~~((To be eligible))~~ As a condition of eligibility for medical assistance, an applicant or recipient/enrollee shall assign to the state of Washington ~~((department of social and health services))~~ all right, title, and interest to any medical care support available ~~((pursuant to an))~~ as a result of:

(a) A court order ~~((of a court or))~~;

(b) An administrative agency ~~((and))~~ order; or

(c) Any third-party payments for medical care.

(2) The applicant or recipient/enrollee shall assign rights of payment to any medical care support the applicant or recipient/enrollee may have in his or her own behalf or on the behalf of any other applicant or recipient/enrollee for whom the applicant or recipient/enrollee can legally assign such rights.

NEW SECTION

WAC 388-83-013 COOPERATION IN SECURING MEDICAL CARE SUPPORT. (1) As a condition of medical eligibility for medical assistance, the department shall require the applicant or recipient/enrollee to cooperate with the department in:

(a) Obtaining medical care support or payment for the applicant or recipient/enrollee or for any other applicant or recipient/enrollee other than an unborn for whom the applicant or recipient/enrollee can legally assign rights; and

(b) Identifying and providing information to assist the department in pursuing any liable third party.

(2) The department shall also require an AFDC/FIP-related medical client to cooperate as described under WAC 388-14-200 (2)(a), (b), (c), (3), (4), (5), (7), (8), (9), and (17), unless there is a finding of good cause under WAC 388-24-111, except for the provision under WAC 388-24-111 (15)(b), in establishing:

(a) The paternity of a child; and

(b) Medical care support.

(3) The department shall waive such cooperation requirements if the department finds the applicant or recipient/enrollee has good cause under WAC 388-83-014 for noncooperation.

(4) Unless the department finds good cause for noncooperation under WAC 388-24-111 or 388-83-014, the department shall find the applicant or recipient/enrollee, who refuses to cooperate under subsection (1) of this section, ineligible to receive medical assistance.

(5) The department shall provide medical assistance to an otherwise eligible applicant or recipient/enrollee when the person who has the legal authority to cooperate on behalf of the applicant or recipient/enrollee refuses such cooperation.

NEW SECTION

WAC 388-83-014 GOOD CAUSE NOT TO COOPERATE IN SECURING MEDICAL CARE SUPPORT. (1) The department shall waive the cooperation requirement under WAC 388-83-013(1), if the client claims and the department determines cooperation is not in the best interest of the:

(a) Medical care client for whom assignment is made; or

(b) Person making the assignment.

(2) The department shall inform a client of the right to claim good cause for not cooperating.

(3) The department shall make a final determination of the existence of good cause using the time limits and exceptions described under WAC 388-84-110.

(4) The department shall find good cause if the cooperation is not in the best interest of the applicant or recipient/enrollee or the person responsible for cooperating. Circumstances constituting good cause for noncooperation include, but are not limited to:

(a) Cooperation is reasonably anticipated to result in physical harm or an emotional impairment substantially affecting the ability to function of the:

(i) Applicant or recipient/enrollee; or

(ii) Person responsible for cooperating.

(b) That the person for whom support is sought was conceived as a result of rape or incest;

(c) Legal proceedings for adoption are pending;

(d) The question of whether to place the child for adoption is under active consideration; or

(e) For an AFDC/FIP applicant or recipient/enrollee, if the department finds good cause for not cooperating under WAC 388-24-111 for establishing paternity for a child or a medical care support resource.

(5) If the client is otherwise eligible, the department shall not deny, delay, or discontinue medical assistance pending a determination of good cause for refusing to cooperate if the client complies with the requirements to furnish evidence or information.

(6) At each reapplication or eligibility reevaluation, the department shall review all cases in which the department found good cause for refusing to cooperate. If good cause no longer exists, the department shall rescind the decision and require cooperation by the client.

(7) If the department determines good cause does not exist:

(a) The department shall notify the client, in writing, and afford the client the opportunity to:

(i) Cooperate;

(ii) Withdraw the application for medical assistance;

(iii) Have the case closed; or

(iv) Request a fair hearing; and

(b) The department shall deny or terminate medical assistance, if the client refuses to cooperate as required under WAC 388-83-013.

WSR 89-12-081
PROPOSED RULES
BOARD OF PHARMACY
[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Pharmacy intends to adopt, amend, or repeal rules concerning the licensure of pharmacists including:

Amd WAC 360-12-015 Examinations.

Rep WAC 360-12-010 Applicants—Citizenship;

that the agency will at 11:00 a.m., Thursday, July 20, 1989, in the Wright Building, 3rd Floor, 464 12th Avenue, Seattle, WA, 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 18.64.005.

The specific statute these rules are intended to implement is RCW 18.64.005.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 20, 1989.

Dated: June 7, 1989

By: John H. Keith
Assistant Attorney General
Board Counsel

STATEMENT OF PURPOSE

Name of Agency: Washington State Board of Pharmacy.

Statutory Authority: RCW 18.64.005.

Summary, Purpose of Rule and Reason Proposed: WAC 360-12-015 would require an applicant who fails the jurisprudence examination to take a refresher course prior to retaking that portion of the examination; and WAC 360-12-010 is proposed for repeal as the citizenship requirement was rescinded by the 1989 legislature.

Responsible Agency Personnel: The board and the executive secretary of the board have responsibility for drafting, implementing and enforcing these rules. The executive secretary is Donald H. Williams, 319 East Seventh Avenue, W.E.A. Building, FF-21, Olympia, WA 98504, phone (206) 753-6834.

Proponents of the Proposed Rules: Washington State Board of Pharmacy.

Federal Law or State or Federal Court Requirements: Not necessitated as a result of federal law or state or federal court action.

Small Business Economic Impact Statement: Not necessary since these rules do not impact small businesses as that term was defined by RCW 43.31.920.

AMENDATORY SECTION (Amending Order 207, filed 9/2/87)

WAC 360-12-015 EXAMINATIONS. (1) The examination for licensure as a pharmacist shall be known as the full board examination in such form as may be determined by the board.

(2) The score required to pass the (~~overall~~) examination shall be 75. In addition, the score achieved in the jurisprudence section of the exam shall be no lower than 75 percent.

(3) An examinee failing the jurisprudence section of the full board examination shall be allowed to retake the jurisprudence section at a time and place to be specified by the board.

(4) An examinee who fails the jurisprudence examination three times shall not be eligible for further examination until he or she has satisfactorily completed (~~additional preparation as directed and~~) a pharmacy law course provided by a college of pharmacy approved by the board.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 360-12-010 APPLICANTS—CITIZENSHIP.

WSR 89-12-082
PROPOSED RULES
BOARD OF PHARMACY
 [Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Pharmacy intends to adopt, amend, or repeal rules concerning the practice of pharmacy and the regulation of controlled substances including the following revision to chapter 360-36 WAC. The following rules are proposed for amendment, adoption or repeal:

Amd WAC 360-36-010 Uniform Controlled Substances Act.
 Amd WAC 360-36-210 Sodium pentobarbital for animal euthanasia.
 Amd WAC 360-36-250 Sodium pentobarbital administration.

Amd WAC 360-36-260 Sodium pentobarbital records and reports.
 Amd WAC 360-36-270 Sodium pentobarbital registration disciplinary action.
 Amd WAC 360-36-410 Schedule I.
 Amd WAC 360-36-420 Schedule II.
 Amd WAC 360-36-430 Schedule III.
 Amd WAC 360-36-440 Schedule IV.
 New WAC 360-36-500 Other Controlled substance registrants—Requirements.
 Rep WAC 360-36-220 Product restrictions.
 Rep WAC 360-36-240 Storage;

that the agency will at 10:30 a.m., Thursday, July 20, 1989, in the Wright Building, 3rd Floor, 464 12th Avenue, Seattle, WA, 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 69.50.201.

The specific statute these rules are intended to implement is RCW 69.50.201.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 20, 1989.

Dated: June 7, 1989

By: John H. Keith
 Assistant Attorney General
 Board Counsel

STATEMENT OF PURPOSE

Name of Agency: Washington State Board of Pharmacy.

Statutory Authority: RCW 69.50.201.

Summary, Purpose of Rule and Reason Proposed: WAC 360-36-010 provides general information on compliance with the state and federal controlled substances laws and rules and is proposed for amendment to update the reference to the most current federal rules revised as of April 1, 1989, in Title 21 Code of Federal Regulations; WAC 360-36-210 provides general information on registration requirements for certain special registrants and for drug storage and use. The proposed amendment is to clarify the rule and incorporate the provisions of related rules into one rule for simplification; WAC 360-36-250 clarifies the manner in which registrants may use sodium pentobarbital for animal euthanasia; WAC 360-36-260 clarifies the recordkeeping and reporting requirements for this activity; WAC 360-36-270 amends the title to clarify which activity the action refers to; WAC 360-36-410 revises the list of Schedule I controlled substances to conform to current state and federal law; WAC 360-36-420 revises the list of Schedule II controlled substances to conform to current state and federal law; WAC 360-36-430 revises the list of Schedule III controlled substances to conform to current state and federal law; WAC 360-36-440 revises the list of Schedule IV controlled substances to conform to current state and federal law; WAC 360-36-500 proposed to provide registration requirements for special classes of controlled substance users or possessors which have a need for access to controlled substances for scientific, training or other legitimate uses not related to

health care, manufacturing, sales or research. The requirements include provision for proper control, storage and disposal of controlled substances; and WAC 360-36-220 and 360-36-240 proposed for repeal as the subject matter of these rules would be included in WAC 360-36-210.

Responsible Agency Personnel: The board and the executive secretary of the board have responsibility for drafting, implementing and enforcing these rules. The executive secretary is Donald H. Williams, 319 East Seventh Avenue, W.E.A. Building, FF-21, Olympia, WA 98504, phone (206) 753-6834.

Proponents of the Proposed Rules: Washington State Board of Pharmacy.

Federal Law or State or Federal Court Requirements: Not necessitated as a result of federal law or state or federal court action.

Small Business Economic Impact Statement: Not necessary since these rules do not impact small businesses as that term was defined by RCW 43.31.920.

AMENDATORY SECTION (Amending Order 206, filed 5/1/87)

WAC 360-36-010 UNIFORM CONTROLLED SUBSTANCES ACT. (1) Consistent with the concept of uniformity where possible with the federal regulations for controlled substances (21 CFR), the federal regulations are specifically made applicable to registrants in this state by virtue of RCW 69.50.306. Although those regulations are automatically applicable to registrants in this state, the board is nevertheless adopting as its own regulations the existing regulations of the federal government published in the Code of Federal Regulations revised as of April 1, ((+1987)) 1989, and all references made therein to the director or the secretary shall have reference to the board of pharmacy, and the following sections are not applicable: Section 1301.11-.13, section 1301.31, section 1301.43-.57, section 1303, section 1308.41-.48, and section 1316.31-.67. The following specific rules shall take precedence over the federal rules adopted herein by reference, and therefore any inconsistencies shall be resolved in favor of the following specific rules.

(2) Registrations under chapter 69.50 RCW shall be for an annual period with the registration period ending on a date to coincide with those license renewal dates as found in rules promulgated under chapter 18.64 RCW.

(3) A separate registration is required for each place of business (as defined in section 1301.23) where controlled substances are manufactured, distributed or dispensed. Application for registration must be made on forms supplied by the pharmacy board, and all information called for thereon must be supplied unless the information is not applicable, in which case it must be indicated. An applicant for registration must hold the appropriate wholesaler, manufacturer or pharmacy license provided for in chapter 18.64 RCW.

(4) Every registrant shall be required to keep inventory records required by section 1304.04 (of the federal rules which have been adopted by reference by Rule 1) and must maintain said inventory records for a period of five years from the date of inventory. Such registrants are further required to keep a record of receipt and distribution of controlled substances. Such record shall include:

- (a) Invoices, orders, receipts, etc. showing the date, supplier and quantity of drug received, and the name of the drug;
- (b) Distribution records; i.e., invoices, etc. from wholesalers and manufacturers and prescriptions records for dispensers;
- (c) In the event of a loss by theft or destruction, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the board;
- (d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to and from whom. Said record must be retained by both the transferee and the transferor. These transfers can only be made in emergencies pursuant to section 1307.11 (federal rules).

(5) The records must be maintained separately for Schedule II drugs. The records for Schedule III, IV and V drugs may be maintained either separately or in a form that is readily retrievable from

the business records of the registrant. Prescription records will be deemed readily retrievable if the prescription has been stamped in red ink in the lower right hand corner with the letter "C" no less than one inch high, and said prescriptions are filed in a consecutively numbered prescription file which includes prescription and noncontrolled substances.

(6) A federal order form is required for each distribution of a Schedule I or II controlled substance, and said forms along with other records required to be kept must be made readily available to authorized employees of the board.

(7) Schedule II drugs require that a dispenser have a signed prescription in his possession prior to dispensing said drugs. An exception is permitted in an "emergency." An emergency exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the physician to provide a written prescription for the drug at that time. If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within 72 hours, and further he must note on the prescription that it was filled on an emergency basis.

AMENDATORY SECTION (Amending Order 138, filed 11/8/77)

WAC 360-36-210 ((ELIGIBILITY)) SODIUM PENTOBARBITAL FOR ANIMAL EUTHANASIA. (1) Registration eligibility. Any humane society or animal control agency who designates a responsible individual under WAC 360-36-260 may apply to the Washington state board of pharmacy for a limited registration under chapter 69.50 RCW (Controlled Substances Act) to purchase, possess and administer sodium pentobarbital. The sodium pentobarbital will be used only to euthanize injured, sick, homeless or unwanted domestic pets and domestic or wild animals.

(2) Sodium pentobarbital restrictions. Sodium pentobarbital obtained under this limited registration shall be labeled "For veterinary use only." The board will make available a list of approved products.

(3) Sodium pentobarbital storage. The registered location supply of sodium pentobarbital shall be kept or stored in a safe or a substantial well-built double-locked drawer or cabinet.

(a) Registrants may designate only the following agents to possess and administer sodium pentobarbital at locations other than the registered location:

- (i) Humane officer;
- (ii) Animal control enforcement officer;
- (iii) Animal control authority;
- (iv) Peace officer authorized by police chief, sheriff or county commissioners.

(b) Specially designated agents of the registrant may possess a supply of sodium pentobarbital for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle. The designated agent shall be responsible to insure that the sodium pentobarbital is present at the beginning and is present or accounted for at the end of each shift. A log book shall be kept in which all receipts and use of sodium pentobarbital from the emergency supply shall be recorded.

AMENDATORY SECTION (Amending Order 138, filed 11/8/77)

WAC 360-36-250 ((DRUG)) SODIUM PENTOBARBITAL ADMINISTRATION. All agencies ((so)) registered under ((the chapter)) WAC 360-36-210 will establish written policies and procedures to insure that any of their agents or personnel which administer sodium pentobarbital for animal euthanasia have received sufficient training in its handling and administration, and have demonstrated adequate knowledge of the potentials and hazards, and proper techniques to be used in administering the drug. A copy of the written policies and procedures shall be filed with the board at the time of initial application for registration. The board shall be notified in writing of any individuals who have qualified to administer sodium pentobarbital or of any amendments or deletions to the policies and procedures.

AMENDATORY SECTION (Amending Order 138, filed 11/8/77)

WAC 360-36-260 SODIUM PENTOBARBITAL RECORDS AND REPORTS. (1) Each agency or society registered in accordance with WAC 360-36-210 shall designate an individual as the registrant who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 360-36 WAC.

(2) This ((~~responsible~~)) designated individual shall also be responsible for the ordering, possession, safe storage and utilization of the sodium pentobarbital.

AMENDATORY SECTION (Amending Order 138, filed 11/8/77)

WAC 360-36-270 ((~~PENALTIES~~)) SODIUM PENTOBARBITAL REGISTRATION DISCIPLINARY ACTION. In addition to any criminal or civil liabilities that may occur, the board may deny, suspend, or revoke registration upon determination that (1) the registration was procured through fraud or misrepresentation, (2) the registrant or any agent or employee of the registrant has violated any of the federal or state laws related to drugs, or has violated any of the rules or regulations of the board of pharmacy.

AMENDATORY SECTION (Amending Order 200, filed 8/1/86)

WAC 360-36-410 SCHEDULE I. The board finds that the following substances have high potential for abuse and have not accepted medical use in treatment in the United States or that they lack accepted safety for use in treatment under medical supervision. The board, therefore, places each of the following substances in Schedule I.

(a) The controlled substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name, are included in Schedule I.

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

- (1) Acetylmethadol;
- (2) ((~~Alfentanil~~;
- (~~3~~)) Allylprodine;
- ((~~4~~)) (3) Alphacetylmethadol;
- ((~~5~~)) (4) Alphameprodine;
- ((~~6~~)) (5) Alphamethadol;
- ((~~7~~)) (6) Alpha-methylfentanyl (N-[1-alpha-methyl-beta-phenyl] ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
- ((~~8~~)) (7) Benzethidol;
- ((~~9~~)) (8) Betacetylmethadol;
- ((~~10~~)) (9) Betameprodine;
- ((~~11~~)) (10) Betamethadol;
- ((~~12~~)) (11) Betaprodine;
- ((~~13~~)) (12) Clonitazene;
- ((~~14~~)) (13) Dextromoramide;
- ((~~15~~)) (14) Diampramine;
- ((~~16~~)) (15) Diethylthiambutene;
- ((~~17~~)) (16) Difenoxy;
- ((~~18~~)) (17) Dimenoxadol;
- ((~~19~~)) (18) Dimepheptanol;
- ((~~20~~)) (19) Dimethylthiambutene;
- ((~~21~~)) (20) Dioxaphetyl butyrate;
- ((~~22~~)) (21) Dipipanone;
- ((~~23~~)) (22) Ethylmethylthiambutene;
- ((~~24~~)) (23) Etonitazene;
- ((~~25~~)) (24) Etoxidine;
- ((~~26~~)) (25) Furethidine;
- ((~~27~~)) (26) Hydroxypethidine;
- ((~~28~~)) (27) Ketobemidone;
- ((~~29~~)) (28) Levomoramide;
- ((~~30~~)) (29) Levophenacymorphan;
- (30) 3-Methylfentanyl (N-[3-Methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
- (31) Morpheridine;
- (32) MPPP (1-Methyl-4-phenyl-4-propionoxypiperidine);
- (33) Noracymethadol;
- ((~~34~~)) (34) Norlevorphanol;
- ((~~35~~)) (35) Normethadone;
- ((~~36~~)) (36) Norpipanone;
- (37) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
- ((~~38~~)) (38) Phenadoxone;
- ((~~39~~)) (39) Phenampromide;
- ((~~40~~)) (40) Phenomorphan;
- ((~~41~~)) (41) Phenoperidine;
- ((~~42~~)) (42) Piritramide;
- ((~~43~~)) (43) Propheptazine;

- ((~~44~~)) (44) Properidine;
- ((~~45~~)) (45) Propiram;
- ((~~46~~)) (46) Racemoramide;
- ((~~47~~)) (47) Tilidine;
- ((~~48~~)) (48) Trimeperidine.

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine;
- (2) Acetyldihydrocodeine;
- (3) Benzylmorphine;
- (4) Codeine methylbromide;
- (5) Codeine-N-Oxide;
- (6) Cyprenorphine;
- (7) Desomorphine;
- (8) Dihydromorphine;
- (9) Drotebanol;
- (10) Etorphine (except hydrochloride salt);
- (11) Heroin;
- (12) Hydromorphanol;
- (13) Methyl-desorphine;
- (14) Methyl-dihydromorphine;
- (15) Morphine methylbromide;
- (16) Morphine methylsulfonate;
- (17) Morphine-N-Oxide;
- (18) Myrophine;
- (19) Nicocodeine;
- (20) Nicomorphine;
- (21) Normorphine;
- (22) Thebaine;
- (23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of paragraph (d) of this section, only, the term "isomer" includes the optical, position, and geometric isomers.):

- (1) (~~3,4-methylenedioxyamphetamine~~;
- (~~2~~) 5-methoxy-3,4-methylenedioxyamphetamine;
- (~~3~~) 3,4,5-trimethoxyamphetamine;
- (~~4~~) 4-bromo-2,5-dimethoxyamphetamine. Some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA;
- (~~5~~) 2,5-dimethoxyamphetamine. Some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA;
- (~~6~~) 4-methoxyamphetamine. Some trade or other names: 4-methoxy-alpha-methylphenethylamine; paramethoxyamphetamine, PMA;
- (~~7~~) 4-methyl-2,5-dimethoxyamphetamine. Some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP";
- (~~8~~) 4-bromo-2,5-dimethoxyamphetamine. Some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA;
- (~~2~~) 2,5-dimethoxyamphetamine. Some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA;
- (~~3~~) 4-methoxyamphetamine. Some trade or other names: 4-methoxy-alpha-methylphenethylamine; paramethoxyamphetamine, PMA;
- (~~4~~) 5-methoxy-3,4-methylenedioxyamphetamine;
- (~~5~~) 4-methyl-2,5-dimethoxyamphetamine. Some trade and other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; and "STP";
- (~~6~~) 3,4-methylenedioxyamphetamine;
- (~~7~~) 3,4-methylenedioxymethamphetamine (MDMA);
- (~~8~~) 3,4,5-trimethoxyamphetamine;
- (~~9~~) Bufotenine. Some trade or other names: 3-(beta-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;
- ((~~9~~)) (10) Diethyltryptamine. Some trade or other names: N,N-Diethyltryptamine; DET;
- ((~~10~~)) (11) Dimethyltryptamine. Some trade or other names: DMT;

((+11)) (12) Ibogaine: Some trade or other names: 7-Ethyl-6,6 beta,7,8,9,10,12,13,-octahydro-2-methoxy-6,9methano-5H-pyndo (1',2'1,2) azepino (5,4-b) indole; Tabernanthe iboga;

((+12)) (13) Lysergic acid diethylamide;

((+13)) (14) Marihuana;

((+14)) (15) Mescaline;

((+15)) (16) Parahexyl-7374; some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo[b,d]pyran; synhexyl;

((+16)) (17) Peyote, meaning all parts of the plant presently classified botanically as *Lophophora Williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds, or extracts; (interprets 21 USC § 812 (c), Schedule I (c)(12))

((+17)) (18) N-ethyl-3-piperidyl benzilate;

((+18)) (19) N-methyl-3-piperidyl benzilate;

((+19)) (20) Psilocybin;

((+20)) (21) Psilocyn;

((+21)) (22) Tetrahydrocannabinols, synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, specifically, and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:

(i) Delta 1 - cis - or trans tetrahydrocannabinol, and their optical isomers, excluding dronabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration;

(ii) Delta 6 - cis - or trans tetrahydrocannabinol, and their optical isomers;

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

((+22)) (23) Ethylamine analog of phencyclidine: Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)ethylamine; cyclohexamine; PCE;

((+23)) (24) Pyrrolidine analog of phencyclidine: Some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP;

((+24)) (25) Thiophene analog of phencyclidine: Some trade or other names: 1-(1-[2-thenyl]-cyclohexyl)-piperidine; 2-thienylanalog of phencyclidine; TPCP; TCP;

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of mecloqualone having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

(i) Mecloqualone;

(ii) Methaqualone.

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(i) Fenethyline;

(ii) N-ethylamphetamine.

Reviser's note: The brackets and enclosed material in the text of 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 200, filed 8/1/86)

WAC 360-36-420 SCHEDULE II. The board finds that the following substances have a high potential for abuse and have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions and that the abuse of the following substances may lead to severe psychic or psychological dependence. The board, therefore, places each of the following substances in Schedule II.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule II.

(b) Substances. (Vegetable origin or chemical synthesis.) Unless specifically excepted, any of the following substances, except those listed in other schedules, whether produced directly or indirectly by

extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

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

- (i) Raw opium;
- (ii) Opium extracts;
- (iii) Opium fluid ((extracts));
- (iv) Powdered opium;
- (v) Granulated opium;
- (vi) Tincture of opium;
- (vii) Codeine;
- (viii) Ethylmorphine;
- (ix) Etorphine hydrochloride;
- (x) Hydrocodone;
- (xi) Hydromorphone;
- (xii) Metopon;
- (xiii) Morphine;
- (xiv) Oxycodone;
- (xv) Oxymorphone; and
- (xvi) Thebaine.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b)(1) of this section, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine alkaloids of the opium poppy.)

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted:

- (1) Alfentanil;
- (2) Alphaprodine;
- ((+2)) (3) Anileridine;
- ((+3)) (4) Bezitramide;
- ((+4)) (5) Bulk dextropropoxyphene (nondosage forms);
- ((+5)) (6) Dihydrocodeine;
- ((+6)) (7) Diphenoxylate;
- ((+7)) (8) Fentanyl;
- ((+8)) (9) Isomethadone;
- ((+9)) (10) Levomethorphan;
- ((+10)) (11) Levorphanol;
- ((+11)) (12) Metazocine;
- ((+12)) (13) Methadone;
- ((+13)) (14) Methadone—Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;
- ((+14)) (15) Moramide—Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
- ((+15)) (16) Pethidine (meperidine);
- ((+16)) (17) Pethidine—Intermediate—A, 4-cyano-1-methyl-4-phenylpiperidine;
- ((+17)) (18) Pethidine—Intermediate—B, ethyl-4-phenylpiperidine-4-carboxylate;
- ((+18)) (19) Pethidine—Intermediate—C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
- ((+19)) (20) Phenazocine;
- ((+20)) (21) Piminodine;
- ((+21)) (22) Racemethorphan;
- ((+22)) (23) Racemorphan;
- ((+23)) (24) Sufentanil.

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;
- (2) Methamphetamine, its salts, isomers, and salts of its isomers;

(3) Phenmetrazine and its salts;
 (4) Methylphenidate.
 (e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Amobarbital;
- (2) Pentobarbital;
- (3) Phencyclidine;
- (4) ((Phencyclidine immediate precursors;
 (i) 1-phenylcyclohexylamine;
 (ii) 1-piperidinocyclohexanecarbonitrile (PCC);
 (5)) Secobarbital.
- (f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:
 - (1) Immediate precursor to amphetamine and methamphetamine;
 - (2) Phenylacetone: Some trade or other names phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone.
 - (3) Immediate precursors to phencyclidine (PCP):
 - (i) 1-phenylcyclohexylamine;
 - (ii) 1-piperidinocyclohexanecarbonitrile (PCC).
 - (g) Hallucinogenic substances. Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product. (Some other names for dronabinol [6aR-trans]-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]pyran-i-ol,or (-)-delta-9-(trans)-tetrahydrocannabinol.)

Reviser's note: The brackets and enclosed material in the text of 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 190, filed 11/7/84)

WAC 360-36-430 SCHEDULE III. The board finds that the following substances have a potential for abuse less than the substances listed in Schedules I and II, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to moderate or low physical dependency or high psychological dependency. The board, therefore, places each of the following substances in Schedule III.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations are referred to as excepted compounds in Schedule III as published in 21 CFR 1308.13(b)(1) as of April 1, 1984, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

- (2) Benzphetamine;
- (3) Chlorphentermine;
- (4) Clortermine;
- (5) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

- (1) Any compound, mixture, or preparation containing:
 - (i) Amobarbital;
 - (ii) Secobarbital;
 - (iii) Pentobarbital;

or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

- (2) Any suppository dosage form containing:
 - (i) Amobarbital;
 - (ii) Secobarbital;

(iii) Pentobarbital;
 or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid;

- (4) Chlorhexadol;
- (5) Glutethimide;
- (6) Lysergic acid;
- (7) Lysergic acid amide;
- (8) Methyprylon;
- (9) Sulfondiethylmethane;
- (10) Sulfonethylmethane;
- (11) Sulfonmethane;

(12) Tiletamine and zolazepam or any salt thereof—some trade or other names for a tiletamine-zolazepam combination product: Telazol
 some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl) cyclohexanone—some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4] diazepin 7 (1H)-one fluprazapon.

(d) Nalorphine.

(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in paragraph (e) of this section:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

Reviser's note: The brackets and enclosed material in the text of 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 190, filed 11/7/84)

WAC 360-36-440 SCHEDULE IV. The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

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

- (1) Alprazolam;
- (2) Barbitol;
- (3) Bromazepam;
- (4) Carmazepam;
- (5) Chloral betaine;
- ~~((4))~~ (6) Chloral hydrate;
- ~~((5))~~ (7) Chlordiazepoxide;
- ~~((6))~~ (8) Clobazam;
- (9) Clonazepam;
- ~~((7))~~ (10) Clorazepate;
- ~~((8))~~ (11) Clotiazepam;
- (12) Cloxazolam;
- (13) Delorazepam;
- (14) Diazepam;
- ~~((9))~~ (15) Estazolam;
- (16) Ethchlorvynol;
- ~~((10))~~ (17) Ethinamate;
- ~~((11))~~ (18) Ethyl loflazepate;
- (19) Fludiazepam;
- (20) Flunitrazepam;
- (21) Flurazepam;
- ~~((12))~~ (22) Halazepam;
- ~~((13))~~ (23) Haloxazolam;
- (24) Ketazolam;
- (25) Loprazolam;
- (26) Lorazepam;
- ~~((14))~~ (27) Lormetazepam;
- (28) Mebutamate;
- ~~((15))~~ (29) Medazepam;
- (30) Meprobamate;
- ~~((16))~~ (31) Methohexital;
- ~~((17))~~ (32) Methylphenobarbital (mephobarbital);
- ~~((18))~~ (33) Midazolam;
- (34) Nimetazepam;
- (35) Nitrazepam;
- (36) Nordiazepam;
- (37) Oxazepam;
- ~~((19))~~ (38) Oxazolam;
- (39) Paraldehyde;
- ~~((20))~~ (40) Petrichloral;
- ~~((21))~~ (41) Phenobarbital;
- ~~((22))~~ (42) Pinazepam;
- (43) Prazepam;
- ~~((23))~~ (44) Quazepam;
- (45) Temazepam;
- ~~((24))~~ (46) Tetrazepam;
- (47) Triazolam.

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Diethylpropion;
- (2) Mazindol;
- (3) Pemoline (including organometallic complexes and chelates thereof);
- (4) Phentermine;
- (5) Pipradrol;
- (6) SPA ((-)-1-dimethylamino-1, 2-diphenylethane.
- (f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:
 - (1) Pentazocine.

REPEALER

The following sections of the Washington Administrative Code are repealed:

- WAC 360-36-220 PRODUCT RESTRICTIONS.
WAC 360-36-240 STORAGE.

NEW SECTION

WAC 360-36-500 OTHER CONTROLLED SUBSTANCE REGISTRANTS—REQUIREMENTS. (1) All persons and firms, except persons exempt from registration, shall register with the board in order to legally possess or use controlled substances.

(2) Persons or firms which are not classified as pharmacies, wholesalers, manufacturers, or researchers shall be classified as other controlled substance registrants. Examples of persons or firms in this classification include analytical laboratories, dog handlers/trainers who use dogs for drug detection purposes, school laboratories and other agencies which have a legitimate need to use precursor chemicals as defined in WAC 360-36-425.

(3) The applicant for a controlled substance registration shall complete and return an application form supplied by the board. Either on the form or on an addendum, the applicant shall list the controlled substances to be used, the purpose for such use, and the names of the persons authorized to access the controlled substances.

(4) All controlled substances shall be stored in a substantially constructed locked cabinet. The registrant shall maintain records in sufficient detail in order to account for the receipt, use, and disposition of all controlled substances. An inventory of all controlled substances in the possession of the registrant shall be completed every two years on the anniversary of the issuance of the registration and shall be maintained for two years. Unwanted, outdated, or unusable controlled substances shall be returned to the source from which obtained or surrendered to the Federal Drug Enforcement Administration.

WSR 89-12-083

PROPOSED RULES

CHIROPRACTIC DISCIPLINARY BOARD

[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Chiropractic Disciplinary Board intends to adopt, amend, or repeal rules concerning the practice of chiropractic including:

- New WAC 113-12-104 Delegation of services to unlicensed personnel.
Amd WAC 113-12-195 Full disclosure of cost of services;

that the agency will at 10:30 a.m., Thursday, July 13, 1989, in the Ramada Inn Sea-Tac, 18118 Pacific Highway South, Seattle, WA, 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 18.26.110.

The specific statute these rules are intended to implement is chapter 18.26 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 13, 1989.

Dated: June 7, 1989

By: John H. Keith
Assistant Attorney General
Board Counsel

STATEMENT OF PURPOSE

Name of Agency: Washington State Chiropractic Disciplinary Board.

Rule Title, Summary, and Purpose: WAC 113-12-104 would establish guidelines for the use of chiropractor assistants; and WAC 113-12-195 would be amended to provide that advertising forgiveness of coinsurance is prohibited without full disclosure to insurance companies in order to prevent false, fraudulent or misleading insurance billings.

Statutory Authority: RCW 18.26.110.

Reason Proposed: To protect the public health, safety and welfare.

Responsible Departmental Personnel: In addition to the Chiropractic Disciplinary Board, the following Department of Licensing personnel have knowledge of and responsibility for drafting, implementing and enforcing these rules: Connie Glasgow, Chiropractic Disciplinary Board, 1300 Quince Street S.E., Olympia, WA 98504, phone (206) 753-0776 comm, 234-0776 scan.

Small Business Economic Impact Statement: Not required and has not been filed since these rules do not impact small businesses as that term is defined in RCW 43.31.920.

NEW SECTION

WAC 113-12-104 DELEGATION OF SERVICES TO UNLICENSED PERSONNEL. (1) A licensed chiropractor may delegate auxiliary services to persons carrying out the duties necessary for the support of chiropractic care provided the auxiliary services are performed under the chiropractor's supervision.

(2) Nonlicensed persons may not perform the following services:

- (a) Detection of subluxations;
- (b) Adjustment or manipulation of the articulations of the spinal column or its immediate articulations;
- (c) Interpretation of radiographs;
- (d) Determination of the necessity for chiropractic care;
- (e) Examination procedures where professional judgment is required.

(3)(a) The supervising chiropractor is responsible for determining that the auxiliary staff person is competent to perform the delegated service and must render adequate supervision so that the patient's health or safety is not at a risk. Chiropractors are reminded that the failure to adequately supervise auxiliary staff to the extent that a patient's health or safety is at risk is grounds for disciplinary action pursuant to RCW 18.130.180(14);

(b) Unlicensed doctors of chiropractic will be presumed competent to perform orthological and neurological examination procedures under supervision but may not detect subluxations nor perform the procedures in subsection (2) of this section;

(c) Unlicensed persons who are not graduates of chiropractic college who are adequately trained may perform chiropractic screening examinations which may include height, weight, temperature, vital signs, and gross postural observation including spinal range of motion with an accepted measuring device, i.e., goniometer or inclinometer, such personnel shall not perform any orthological or neurological examinations;

(d) Adequate supervision is defined as having the supervising chiropractor on the premises and immediately available.

AMENDATORY SECTION (Amending Order PM 693, filed 12/1/87)

WAC 113-12-195 FULL DISCLOSURE OF COST OF SERVICES. (1) This rule will apply to all representations made in public advertising regarding the provision of chiropractic services, including x-rays or chiropractic examinations, on a free basis or at a reduced cost. This rule will also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third party health care payors, or to any other person, firm, or governmental agency.

(2) When a chiropractic service is represented in public advertising as available without cost or at a reduced cost that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third party health care payor for any services which have been provided on a free basis unless full disclosure is made.

(3) All billings to third party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.

(4) Billings to patients or to third party health care payors should accurately reflect the actual charge to the patient, including any discounts, reduced fees, or waiver of co-payment.

(5) Because of the potential element of fraud being present, advertising full or partial forgiveness of coinsurance is prohibited unless the insurance company is given accurate and complete information relating to the actual charge to the patient and that coinsurance has been fully or partially waived.

WSR 89-12-084

PROPOSED RULES

EMPLOYMENT SECURITY DEPARTMENT

[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Employment Security Department intends to adopt, amend, or repeal rules concerning overpayment collection and maximum benefits payable, new section WAC 192-28-135;

that the agency will at 9:00 a.m., Thursday, July 13, 1989, in the Employment Security Training Facility, Training Room #1, 106 Maple Park, Olympia, WA, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 14, 1989.

The authority under which these rules are proposed is RCW 50.12.010 and 50.12.140.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Please direct written comments to:

Wm. Eric Jordan
UI Rules Coordinator
Employment Security Department
212 Maple Park
Olympia, WA 98504

Dated: June 6, 1989

By: Ernest F. LaPalm

Deputy Commissioner

STATEMENT OF PURPOSE

This rule prevents an unemployment insurance claimant from receiving benefits in excess of his or her maximum benefits payable when receiving benefits after a previous benefit overpayment. Such a payment is currently possible as result of the existing benefit collection rules.

This rule was drafted by Lee Gregory, Employment Security Program Coordinator 3, Employment Security Department, Mailstop KG-11, Olympia, Washington 98504, (206) 586-3537.

This rule will be implemented and enforced by Israel David Mendoza, Senior Assistant Commissioner, Employment Security Department, Mailstop KG-11, Olympia, Washington 98504, (206) 753-1527.

This rule is not required by any federal law or regulation.

Small Business Economic Impact Statement: This rule has no direct impact on small business. The rule's scope is limited to benefit payments to an overpayment collection from unemployed workers. As a result of this rule, some nonprofit organizations or government entities may see a lessening of liability for payments to the Employment Security Department.

NEW SECTION

WAC 192-28-135 OVERPAYMENT COLLECTION AND MAXIMUM BENEFIT PAYABLE AS ESTABLISHED PURSUANT TO RCW 50.20.120 AND/OR RCW 50.22.040 AND RCW 50.22.050. (1) No otherwise eligible individual shall receive as benefit payment an amount in excess of the maximum benefit payable from an entitlement as established pursuant to the provisions of RCW 50.20.120 and/or RCW 50.22.040 and RCW 50.22.050.

(2) Provided, however, an individual may continue to certify for offset credit of an overpayment after receipt of maximum benefit payable on an entitlement, but the offset against the amount of benefits improperly paid shall be at the rate of 100 per cent, notwithstanding the provisions of any other section of Chapter 192-28 WAC.

(3) Any offset of an overpayment granted on the basis of information later determined to be fraudulent or misrepresented shall be canceled and the amount restored to the overpayment balance.

(4) If any provision of this section is in conflict with federal regulation, the federal regulation shall apply.

WSR 89-12-085
PROPOSED RULES
DEPARTMENT OF FISHERIES
[Filed June 7, 1989]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Department of Fisheries intends to adopt, amend, or repeal rules concerning commercial fishing rules;

that the agency will at 7:00 p.m., Tuesday, July 11, 1989, in the South Bend Community Center, South Bend, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 18, 1989.

The authority under which these rules are proposed is RCW 75.08.080.

The specific statute these rules are intended to implement is RCW 75.08.080.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 11, 1989.

Dated: June 7, 1989

By: J. McKillip
for Joseph R. Blum
Director

STATEMENT OF PURPOSE

Title: WAC 220-36-015 Gill net gear—Grays Harbor specifications; 220-36-020 Salmon fishing areas—Seasons and lawful gear—Salmon; 220-36-021 Salmon—Grays Harbor—Summer fishery; 220-36-023

Salmon—Grays Harbor fall fishery; 220-40-015 Gill net gear—Willapa Bay specifications; 220-40-020 Willapa Bay—Seasons and lawful gear—Salmon; 220-40-021 Salmon—Willapa Bay—Summer fishery; 220-40-026 Salmon—Willapa Bay—Late summer fishery; and 220-40-027 Salmon—Willapa Bay fall fishery.

Description of Purpose: Set coastal harbors salmon seasons.

Statutory Authority: RCW 75.08.080.

Summary of Rule and Reasons Supporting Proposed Action: WAC 220-36-015 and 220-40-015, identify legal gear (no change) and place in easily referenced section to prevent necessity of repetition; WAC 220-36-020 and 220-40-020, identify that gill net gear is the only lawful commercial salmon gear in coastal harbors; WAC 220-36-021 and 220-40-021, reserve numbering scheme for chapter rewrite; WAC 220-36-023, establish Grays Harbor fall salmon season based on preseason forecast and expected returns; and WAC 220-40-026 and 220-40-027, establish Willapa Bay late summer and fall salmon seasons based on preseason forecast and expected returns.

Personnel Responsible for Drafting: Evan S. Jacoby, 115 General Administration Building, Olympia, WA, 586-2429; Implementation: Gene DiDonato, 115 General Administration Building, Olympia, WA, 753-6749; and Enforcement: James W. McKillip, 115 General Administration Building, Olympia, WA, 753-6585.

These rules are proposed by the Washington State Department of Fisheries.

Comments: None.

These proposals are not the result of federal law or court order.

Small Business Economic Impact Statement: No differential impact is anticipated. No effect on 10% of businesses in any one three-digit industrial classification nor 20% of all businesses is expected.

NEW SECTION

WAC 220-36-015 GILL NET GEAR—GRAYS HARBOR SPECIFICATIONS. It is unlawful to fish for food fish in Grays Harbor for commercial purposes with gill net gear or to possess food fish taken from those waters with gill net gear unless:

(1) The gill net does not exceed 1,500 feet in length along the cork line; and

(2) Except as otherwise provided in this chapter, the mesh size of the gill net is not less than 5 inches or greater than 6-1/2 inches stretch measure.

AMENDATORY SECTION (Amending Order 86-55, filed 7/10/86)

WAC 220-36-020 SALMON FISHING AREAS—SEASONS AND LAWFUL GEAR—SALMON. It shall be unlawful to take, fish for or possess salmon taken ~~((with troll line gear))~~ for commercial purposes in Grays Harbor fishing areas except for salmon taken with gill net gear as provided for in this chapter.

AMENDATORY SECTION (Amending Order 88-116, filed 9/20/88)

WAC 220-36-021 SALMON ~~((FISHING AREAS))~~—GRAYS HARBOR—~~((GILL NET))~~ SUMMER FISHERY. ~~((It is unlawful to take, fish for or possess salmon for commercial purposes with gill net gear in Grays Harbor fishing areas except as provided in this section:))~~

(1) Area 2B=

6:00 p.m. October 26, to 6:00 p.m. October 27, 1988, 6-1/2 inch maximum mesh.
 6:00 p.m. October 29, to 6:00 p.m. October 31, 1988, 6-1/2 inch maximum mesh.
 6:00 p.m. November 2, to 6:00 p.m. November 4, 1988, 6-1/2 inch maximum mesh.

(2) Area 2C=

6:00 p.m. September 6, to 6:00 p.m. September 8, 1988, 7-1/2 inch minimum mesh.
 6:00 p.m. September 12, to 6:00 p.m. September 14, 1988, 7-1/2 inch minimum mesh.
 6:00 p.m. September 19, to 6:00 p.m. September 21, 1988, 6-1/2 inch maximum mesh.
 6:00 p.m. September 26, to 6:00 p.m. September 28, 1988, 6-1/2 inch maximum mesh.

(3) It is unlawful to fish for salmon in Grays Harbor using gill net gear longer than 1,500 feet or containing mesh less than 5 inches.)

NEW SECTION

WAC 220-36-023 SALMON—GRAYS HARBOR FALL FISHERY. From August 16 through December 31 of each year, it is unlawful to fish for salmon in Grays Harbor for commercial purposes or to possess salmon taken from those waters for commercial purposes, except that:

FISHING PERIOD

(1) Gill net gear may be used to fish for salmon from:

6:00 a.m. to 6:00 p.m. August 28 in SMCRA 2B, 2C, and 2D;
 6:00 a.m. to 6:00 p.m. September 5 in SMCRA 2B and 2C;
 6:00 a.m. to 6:00 p.m. September 11 in SMCRA 2B and 2C;
 6:00 a.m. to 6:00 p.m. September 18 in SMCRA 2C;
 6:00 a.m. to 6:00 p.m. September 25 in SMCRA 2C;
 6:00 a.m. to 6:00 p.m. October 16 in SMCRA 2C;
 6:00 p.m. October 27 to 6:00 p.m. October 28 in SMCRA 2B;
 6:00 p.m. October 30 to 6:00 p.m. October 31 in SMCRA 2B.

GEAR

(2) Gill net gear shall be used as provided in WAC 220-36-015 except, prior to September 18, the mesh size shall not be less than 7-1/2 inches stretch measure.

NEW SECTION

WAC 220-40-015 GILL NET GEAR—WILLAPA BAY SPECIFICATIONS. It is unlawful to fish for food fish in Willapa Bay for commercial purposes with gill net gear or to possess food fish taken from those waters with gill net gear unless:

(1) The gill net does not exceed 1,500 feet in length along the cork line; and

(2) Except as otherwise provided in this chapter, the mesh size of the gill net is not less than 5 inches or greater than 6-1/2 inches stretch measure.

AMENDATORY SECTION (Amending Order 86-55, filed 7/10/86)

WAC 220-40-020 WILLAPA ((HARBOR)) BAY—SEASONS AND LAWFUL GEAR—SALMON. It shall be unlawful to take, fish for or possess salmon taken ((with troll line gear)) for commercial purposes in Willapa ((Harbor)) Bay fishing areas except for salmon taken with gill net gear as provided for in this chapter.

AMENDATORY SECTION (Amending Order 88-116, filed 9/20/88)

WAC 220-40-021 SALMON—WILLAPA ((HARBOR)) BAY—((GILL NET)) SUMMER FISHERY. ((It is unlawful to fish for or possess salmon taken for commercial purposes with gill net gear in Willapa Harbor fishing areas, except as provided for in this section:

(1) Area 2G=

6:00 p.m. August 25, to 6:00 p.m. August 26, 1988, 8 inch maximum mesh.
 6:00 p.m. August 31, to 6:00 p.m. September 1, 1988, 8 inch maximum mesh.
 6:00 p.m. September 7, to 6:00 p.m. September 8, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. September 15, to 6:00 p.m. October 14, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 20, to 6:00 p.m. October 22, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 27, to 6:00 p.m. October 29, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. November 1, to 11:59 p.m. November 19, 1988, 6-1/2 inch maximum mesh.

11:59 p.m. November 19, to 6:00 p.m. November 30, 1988, 7-1/2 inch maximum mesh.

Area 2H=

6:00 p.m. September 21, to 11:59 p.m. November 19, 1988, 6-1/2 inch maximum mesh.

11:59 p.m. November 19, to 6:00 p.m. November 30, 1988, 7-1/2 inch maximum mesh.

Areas 2J and 2K=

6:00 p.m. September 22, to 6:00 p.m. September 23, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. September 26, to 6:00 p.m. September 27, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. September 29, to 6:00 p.m. September 30, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 3, to 6:00 p.m. October 4, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 6, to 6:00 p.m. October 7, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 10, to 6:00 p.m. October 11, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 13, to 6:00 p.m. October 14, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 20, to 6:00 p.m. October 22, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 27, to 6:00 p.m. October 29, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. November 1, to 11:59 p.m. November 19, 1988, 6-1/2 inch maximum mesh.

11:59 p.m. November 19, to 6:00 p.m. November 30, 1988, 7-1/2 inch maximum mesh.

Area 2M=

6:00 p.m. September 21, to 6:00 p.m. October 14, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 20, to 6:00 p.m. October 22, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. October 27, to 6:00 p.m. October 29, 1988, 6-1/2 inch maximum mesh.

6:00 p.m. November 1, to 11:59 p.m. November 19, 1988, 6-1/2 inch maximum mesh.

11:59 p.m. November 19, to 6:00 p.m. November 30, 1988, 7-1/2 inch maximum mesh.

Naselle River = in those waters upstream of Highway 101 bridge to the boundary marker near the mouth of Roaring Creek slough.

6:00 p.m. October 1, to 6:00 p.m. October 14, 1988, 6-1/2 inch maximum mesh.

Willapa River = in those waters downstream from the overhead powerline crossing located between Willapa River markers #55 and #56.

6:00 p.m. October 1, to 11:59 p.m. November 19, 1988, 6-1/2 inch maximum mesh.

12:01 a.m. November 20, to 6:00 p.m. November 30, 1988, 7-1/2 inch maximum mesh.

(2) It is unlawful to fish for salmon in Willapa Harbor using gill net gear longer than 1,500 feet in length or containing mesh less than 5 inches.

(3) It is unlawful to fish for or possess salmon taken with gill net gear in that portion of Willapa Harbor Area 2J between Long Island and the North Beach Peninsula, south of a line drawn true east-west through Marker Piling 18 after 6:00 p.m., October 7.)

NEW SECTION

WAC 220-40-026 SALMON—WILLAPA BAY LATE SUMMER FISHERY. From August 16 through September 20 of each year, it is unlawful to fish for salmon in Willapa Bay for commercial purposes or to possess salmon taken from those waters for commercial purposes, except that:

FISHING PERIOD

(1) Gill net gear may be used to fish for salmon from: 6:00 p.m. September 17 through 6:00 p.m. September 21 in SMCRA 2G.

GEAR

(2) Gill net gear shall be used as provided in WAC 220-40-015.

NEW SECTION

WAC 220-40-027 SALMON—WILLAPA BAY FALL FISHERY. From August 16 through December 31 of each year, it is unlawful to fish for salmon in Willapa Bay for commercial purposes or to possess salmon taken from those waters for commercial purposes, except that:

FISHING PERIOD

- (1) Gill net gear may be used to fish for salmon from:
- (a) 6:00 p.m. September 21 to 6:00 p.m. November 30 in SMCRA 2H;
 - (b) 6:00 p.m. September 21 to 6:00 p.m. October 14 in SMCRA 2G and 2M;
 - (c) 6:00 p.m. Monday to 6:00 p.m. Tuesday and 6:00 p.m. Thursday to 6:00 p.m. Friday of each week September 21 to October 14 in SMCRA 2J and 2K;
 - (d) 6:00 p.m. October 1 to 6:00 p.m. October 14 in the Naselle River upstream of Highway 101 to the boundary marker near the mouth of Roaring Creek slough;
 - (e) 6:00 p.m. October 20 to 6:00 p.m. October 21 in SMCRA 2G, 2J, 2K and 2M; and
 - (f) 6:00 p.m. November 1 to 6:00 p.m. November 30 in SMCRA 2G, 2J, 2K and 2M.

GEAR

(2) Gill net gear shall be used as provided in WAC 220-40-015 except, after November 19, the mesh size shall not be less than 7-1/2 inches stretch measure.

WSR 89-12-086
EMERGENCY RULES
DEPARTMENT OF FISHERIES
 [Order 89-43—Filed June 7, 1989]

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

I, Joseph R. Blum, 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 closure of troll fishery north of Cape Falcon is necessary due to quota of 39,500 being exceeded if fishing occurs after June 8. Landing requirements are necessary to keep an orderly and timely accounting of salmon taken during the quota management period. There is inadequate time to promulgate permanent regulations.

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 June 7, 1989.

By J. McKillip
 for Joseph R. Blum
 Director

NEW SECTION

WAC 220-24-02000E **LAWFUL ACTS—TROLL FISHERY.** Notwithstanding the provisions of WAC 220-20-010, WAC 220-20-020 and WAC 220-20-030: (1) Effective 12:01 a.m. June 9, 1989, it is unlawful to fish for salmon taken for commercial purposes with troll gear in the waters west of the Bonilla-Tatoosh Line, the Pacific Ocean, or waters west of a line drawn true north-south through Buoy 10 at the mouth of the Columbia River.

(2) Any salmon taken for commercial purposes from the above-described waters prior to 12:01 a.m. June 9, 1989 must be landed by 12:01 a.m. June 11, 1989, at a Washington port west of the Sekiu River, except that:

(a) Landings may occur in ports other than those described above only if catch number notification is provided to the Harvest Management Division of the Department of Fisheries. Such notification may be by telephone, facsimile reproduction, or other such means such that is actually received prior to 12:01 a.m. June 11, 1989.

Reviser's note: The spelling error in the above section occurred in the copy filed by the agency and appears herein pursuant to the requirements of RCW 34.08.040.

REPEALER

The following section of the Washington Administrative Code is repealed effective 12:01 a.m. June 9, 1989:

WAC 220-24-02000D **LAWFUL ACTS—TROLL FISHERY.** (89-20)

WSR 89-12-087
PROPOSED RULES
DEPARTMENT OF ECOLOGY
 [Filed June 7, 1989]

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 Bellevue, city of, amending WAC 173-19-2503;

that the agency will at 6:30 p.m., Wednesday, July 12, 1989, in the City Council Chambers, 11511 Main Street, Bellevue, WA, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 25, 1989.

The authority under which these rules are proposed 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 July 17, 1989.

This notice is connected to and continues the matter in Notice No. WSR 89-08-112 filed with the code reviser's office on April 5, 1989.

Dated: June 6, 1989

By: Carol Jolly

Assistant Director

AMENDATORY SECTION (Amending Order DE 83-3, filed 3/23/83)

WAC 173-19-2503 BELLEVUE, CITY OF. City of Bellevue master program approved February 26, 1975. Revision approved January 8, 1979. Revision approved May 14, 1981. Revision approved February 24, 1983. Revision approved July 25, 1989.

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
1-21-080	NEW-P 89-09-068	16-59-030	AMD 89-06-007	16-232-425	REP-E 89-08-006
1-21-080	NEW 89-12-028	16-212-087	NEW-P 89-08-019	16-232-435	NEW-E 89-05-004
1-21-090	NEW-P 89-09-068	16-212-087	NEW 89-11-092	16-232-435	REP-E 89-08-006
1-21-090	NEW 89-12-028	16-212-110	AMD-P 89-08-019	16-232-440	NEW-E 89-08-006
1-21-100	NEW-P 89-09-068	16-212-110	AMD 89-11-092	16-232-445	NEW-E 89-05-004
1-21-100	NEW 89-12-028	16-212-230	AMD-P 89-08-019	16-232-445	REP-E 89-08-006
1-21-110	NEW-P 89-09-068	16-212-230	AMD 89-11-092	16-232-450	NEW-E 89-08-006
1-21-110	NEW 89-12-028	16-224-010	AMD-P 89-08-019	16-232-455	NEW-E 89-05-004
1-21-120	NEW-P 89-09-068	16-224-010	AMD 89-11-092	16-232-455	REP-E 89-08-006
1-21-120	NEW 89-12-028	16-225-001	REP-P 89-08-019	16-232-460	NEW-E 89-08-006
1-21-130	NEW-P 89-09-068	16-225-001	REP 89-11-092	16-232-465	NEW-E 89-05-004
1-21-130	NEW 89-12-028	16-225-010	REP-P 89-08-019	16-232-465	REP-E 89-08-006
1-21-140	NEW-P 89-09-068	16-225-010	REP 89-11-092	16-232-470	NEW-E 89-08-006
1-21-140	NEW 89-12-028	16-225-020	REP-P 89-08-019	16-232-480	NEW-E 89-08-006
1-21-150	NEW-P 89-09-068	16-225-020	REP 89-11-092	16-232-490	NEW-E 89-08-006
1-21-150	NEW 89-12-028	16-225-030	REP-P 89-08-019	16-300-010	AMD-E 89-07-029
1-21-160	NEW-P 89-09-068	16-225-030	REP 89-11-092	16-300-010	AMD-P 89-07-074
1-21-160	NEW 89-12-028	16-225-040	REP-P 89-08-019	16-300-010	AMD 89-11-078
1-21-170	NEW-P 89-09-068	16-225-040	REP 89-11-092	16-300-020	AMD-E 89-12-001
1-21-170	NEW 89-12-028	16-225-050	REP-P 89-08-019	16-304-040	AMD-P 89-07-074
4-25-040	AMD 89-03-062	16-225-050	REP 89-11-092	16-304-040	AMD 89-11-078
4-25-040	AMD-P 89-10-012	16-228	AMD-C 89-06-006	16-316-160	AMD-P 89-07-074
4-25-080	AMD-P 89-10-013	16-228-162	AMD 89-07-006	16-316-160	AMD 89-11-078
4-25-080	AMD-P 89-12-073	16-228-164	NEW 89-07-006	16-316-165	AMD-E 89-12-001
4-25-180	REP 89-03-062	16-228-165	REP 89-07-006	16-316-185	AMD-P 89-07-074
4-25-191	NEW 89-03-062	16-228-166	NEW 89-07-006	16-316-185	AMD 89-11-078
10-04-020	AMD-P 89-10-035	16-228-400	NEW-E 89-09-012	16-316-230	AMD-P 89-07-074
10-04-060	AMD-P 89-10-035	16-228-410	NEW-E 89-09-012	16-316-230	AMD 89-11-078
10-08-001	NEW-P 89-10-035	16-228-420	NEW-E 89-09-012	16-316-245	AMD-E 89-12-001
10-08-010	REP-P 89-10-035	16-228-430	NEW-E 89-09-012	16-316-270	AMD-P 89-07-074
10-08-020	REP-P 89-10-035	16-228-440	NEW-E 89-09-012	16-316-270	AMD 89-11-078
10-08-030	REP-P 89-10-035	16-228-450	NEW-E 89-09-012	16-316-315	AMD-P 89-07-074
10-08-035	NEW-P 89-10-035	16-228-460	NEW-E 89-09-012	16-316-315	AMD 89-11-078
10-08-040	AMD-P 89-10-035	16-228-470	NEW-E 89-09-012	16-316-350	AMD-P 89-07-074
10-08-045	NEW-P 89-10-035	16-228-480	NEW-E 89-09-012	16-316-350	AMD-E 89-09-013
10-08-050	AMD-P 89-10-035	16-228-490	NEW-E 89-09-012	16-316-350	AMD 89-11-078
10-08-060	REP-P 89-10-035	16-228-500	NEW-E 89-09-012	16-316-360	AMD-P 89-07-074
10-08-090	AMD-P 89-10-035	16-228-510	NEW-E 89-09-012	16-316-360	AMD 89-11-078
10-08-110	AMD-P 89-10-035	16-228-520	NEW-E 89-09-012	16-316-370	AMD-P 89-07-074
10-08-120	AMD-P 89-10-035	16-228-520	REP-E 89-09-017	16-316-375	NEW-E 89-12-001
10-08-130	AMD-P 89-10-035	16-228-521	NEW-E 89-09-017	16-316-380	NEW-E 89-12-001
10-08-140	AMD-P 89-10-035	16-228-610	NEW-E 89-12-002	16-316-385	NEW-E 89-12-001
10-08-150	AMD-P 89-10-035	16-228-615	NEW-E 89-12-002	16-316-390	NEW-E 89-12-001
10-08-160	AMD-P 89-10-035	16-228-620	NEW-E 89-12-002	16-316-395	NEW-E 89-12-001
10-08-170	AMD-P 89-10-035	16-228-625	NEW-E 89-12-002	16-316-440	AMD-P 89-07-074
10-08-180	AMD-P 89-10-035	16-228-630	NEW-E 89-12-002	16-316-440	AMD 89-11-078
10-08-190	AMD-P 89-10-035	16-228-650	NEW-E 89-12-046	16-316-455	AMD-E 89-12-001
10-08-200	AMD-P 89-10-035	16-228-660	NEW-E 89-12-046	16-316-474	AMD-P 89-07-074
10-08-210	AMD-P 89-10-035	16-228-670	NEW-E 89-12-046	16-316-474	AMD 89-11-078
10-08-211	NEW-P 89-10-035	16-230	NEW-C 89-04-056	16-316-525	AMD-P 89-07-074
10-08-215	NEW-P 89-10-035	16-230	NEW-C 89-07-051	16-316-525	AMD 89-11-078
10-08-230	NEW-P 89-10-035	16-230-800	NEW-P 89-03-065	16-316-620	AMD-E 89-12-001
10-08-250	NEW-P 89-10-035	16-230-800	NEW-P 89-11-093	16-316-660	AMD-P 89-07-074
10-08-251	NEW-P 89-10-035	16-230-805	NEW-P 89-03-065	16-316-660	AMD 89-11-078
10-08-252	NEW-P 89-10-035	16-230-805	NEW-P 89-11-093	16-316-800	AMD-P 89-07-074
10-08-260	NEW-P 89-10-035	16-230-810	NEW-P 89-03-065	16-316-800	AMD 89-11-078
10-08-261	NEW-P 89-10-035	16-230-810	NEW-P 89-11-093	16-316-810	AMD-P 89-07-074
16-22-040	AMD-P 89-10-065	16-230-815	NEW-P 89-03-065	16-316-810	AMD 89-11-078
16-30-010	AMD-P 89-02-056	16-230-815	NEW-P 89-11-093	16-316-820	AMD-P 89-07-074
16-30-010	AMD 89-06-014	16-230-820	NEW-P 89-03-065	16-316-820	AMD 89-11-078
16-30-020	AMD-P 89-02-056	16-230-820	NEW-P 89-11-093	16-316-830	AMD-E 89-12-001
16-30-020	AMD 89-06-014	16-230-825	NEW-P 89-03-065	16-333-050	AMD-P 89-12-063
16-30-025	NEW-P 89-02-056	16-230-825	NEW-P 89-11-093	16-333-060	AMD-P 89-12-063
16-30-025	NEW 89-06-014	16-230-830	NEW-P 89-03-065	16-400-007	AMD-P 89-05-040
16-30-030	AMD-P 89-02-056	16-230-830	NEW-P 89-11-093	16-400-007	AMD 89-08-040
16-30-030	AMD 89-06-014	16-230-835	NEW-P 89-11-093	16-400-010	AMD-P 89-05-040
16-30-050	AMD-P 89-02-056	16-230-840	NEW-P 89-11-093	16-400-010	AMD 89-08-040
16-30-050	AMD 89-06-014	16-230-845	NEW-P 89-11-093	16-400-040	AMD-P 89-05-040
16-30-060	AMD-P 89-02-056	16-230-850	NEW-P 89-11-093	16-400-040	AMD 89-08-040
16-30-060	AMD 89-06-014	16-230-855	NEW-P 89-11-093	16-400-050	REP-P 89-05-040
16-30-070	AMD-P 89-02-056	16-230-860	NEW-P 89-11-093	16-400-050	REP 89-08-040
16-30-070	AMD 89-06-014	16-230-865	NEW-P 89-11-093	16-400-100	AMD-P 89-05-040
16-30-090	AMD-P 89-02-056	16-232-405	NEW-E 89-05-004	16-400-100	AMD 89-08-040
16-30-090	AMD 89-06-014	16-232-405	REP-E 89-08-006	16-400-150	AMD-P 89-05-040
16-30-100	AMD-P 89-02-056	16-232-415	NEW-E 89-05-004	16-400-150	AMD 89-08-040
16-30-100	AMD 89-06-014	16-232-415	REP-E 89-08-006	16-400-210	AMD-P 89-05-040
16-59	AMD 89-06-007	16-232-425	NEW-E 89-05-004	16-400-210	AMD 89-08-040

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
16-400-270	AMD-P 89-05-040	82-30-050	NEW-P 89-11-107	132D-10-030	REP-P 89-07-069
16-400-270	AMD 89-08-040	82-30-060	NEW-P 89-11-107	132D-10-030	REP 89-11-022
16-403-142	AMD-P 89-09-011	82-50-021	AMD 89-03-063	132D-10-033	REP-P 89-07-069
16-403-190	AMD-P 89-09-011	82-54-010	NEW-E 89-12-022	132D-10-033	REP 89-11-022
16-403-280	AMD-P 89-09-011	82-54-020	NEW-E 89-12-022	132D-10-036	REP-P 89-07-069
16-528-020	AMD-P 89-04-049	98-08-150	AMD-P 89-05-054	132D-10-036	REP 89-11-022
16-528-020	AMD 89-08-020	98-08-150	AMD 89-08-043	132D-10-037	REP-P 89-07-069
16-550-020	AMD-P 89-09-057	98-11-010	AMD-P 89-05-054	132D-10-037	REP 89-11-022
16-550-020	AMD 89-12-054	98-11-010	AMD 89-08-043	132D-10-039	REP-P 89-07-069
16-690-015	AMD-P 89-05-041	98-12-010	REP-P 89-05-054	132D-10-039	REP 89-11-022
16-690-015	AMD 89-08-039	98-12-010	REP 89-08-043	132D-10-042	REP-P 89-07-069
16-750-950	NEW-P 89-11-071	98-12-050	NEW-P 89-05-054	132D-10-042	REP 89-11-022
16-750-950	NEW-E 89-11-072	98-14-090	AMD-P 89-05-054	132D-10-045	REP-P 89-07-069
44-10-040	AMD-P 89-12-030	98-14-090	AMD 89-08-043	132D-10-045	REP 89-11-022
44-10-040	AMD-E 89-12-031	98-14-100	NEW-P 89-05-054	132D-10-048	REP-P 89-07-069
44-10-050	AMD-P 89-12-030	98-14-100	NEW 89-08-043	132D-10-048	REP 89-11-022
44-10-050	AMD-E 89-12-031	98-16-020	AMD-P 89-05-054	132D-10-051	REP-P 89-07-069
44-10-055	REP-P 89-12-030	98-16-020	AMD 89-08-043	132D-10-051	REP 89-11-022
44-10-055	REP-E 89-12-031	98-20-010	REP-P 89-05-054	132D-10-054	REP-P 89-07-069
44-10-060	AMD-P 89-12-030	98-20-010	REP 89-08-043	132D-10-054	REP 89-11-022
44-10-060	AMD-E 89-12-031	98-20-020	AMD-P 89-05-054	132D-10-057	REP-P 89-07-069
44-10-100	AMD-P 89-12-030	98-20-020	AMD 89-08-043	132D-10-057	REP 89-11-022
44-10-100	AMD-E 89-12-031	98-40-020	AMD-P 89-05-054	132D-10-060	REP-P 89-07-069
44-10-110	AMD-P 89-12-030	98-40-020	AMD 89-08-043	132D-10-060	REP 89-11-022
44-10-110	AMD-E 89-12-031	98-40-030	AMD-P 89-05-054	132D-10-063	REP-P 89-07-069
44-10-120	AMD 89-06-026	98-40-030	AMD 89-08-043	132D-10-063	REP 89-11-022
44-10-130	AMD-P 89-12-030	98-40-040	AMD-P 89-05-054	132D-10-066	REP-P 89-07-069
44-10-130	AMD-E 89-12-031	98-40-040	AMD 89-08-043	132D-10-066	REP 89-11-022
44-10-140	AMD-P 89-12-030	98-40-050	AMD-P 89-05-054	132D-10-069	REP-P 89-07-069
44-10-140	AMD-E 89-12-031	98-40-050	AMD 89-08-043	132D-10-069	REP 89-11-022
44-10-150	AMD-P 89-12-030	98-40-070	AMD-P 89-05-054	132D-10-072	REP-P 89-07-069
44-10-150	AMD-E 89-12-031	98-40-070	AMD 89-08-043	132D-10-072	REP 89-11-022
44-10-160	AMD-P 89-12-030	98-40-080	AMD-P 89-05-054	132D-10-075	REP-P 89-07-069
44-10-160	AMD-E 89-12-031	98-40-080	AMD 89-08-043	132D-10-075	REP 89-11-022
44-10-170	AMD-P 89-12-030	98-70-010	AMD-P 89-03-032	132D-10-078	REP-P 89-07-069
44-10-170	AMD-E 89-12-031	98-70-010	AMD-E 89-03-033	132D-10-078	REP 89-11-022
44-10-180	AMD-P 89-12-030	98-70-010	AMD 89-06-074	132D-10-084	REP-P 89-07-069
44-10-180	AMD-E 89-12-031	113-12-104	NEW-P 89-12-083	132D-10-084	REP 89-11-022
44-10-200	AMD-P 89-12-030	113-12-195	AMD-P 89-12-083	132D-10-087	REP-P 89-07-069
44-10-200	AMD-E 89-12-031	131-28	AMD-C 89-09-056	132D-10-087	REP 89-11-022
44-10-220	AMD-P 89-12-030	131-28	AMD-C 89-11-079	132D-10-096	REP-P 89-07-069
44-10-220	AMD-E 89-12-031	131-28-015	AMD-P 89-06-054	132D-10-096	REP 89-11-022
44-10-230	AMD-P 89-12-030	131-28-021	AMD-P 89-06-054	132D-10-120	REP-P 89-07-069
44-10-230	AMD-E 89-12-031	131-28-025	AMD-P 89-06-054	132D-10-120	REP 89-11-022
44-10-240	AMD-P 89-12-030	131-28-026	AMD-P 89-06-054	132D-10-144	REP-P 89-07-069
44-10-240	AMD-E 89-12-031	131-28-030	AMD-P 89-06-054	132D-10-144	REP 89-11-022
44-10-300	NEW 89-06-025	131-28-040	AMD-P 89-06-054	132D-10-147	REP-P 89-07-069
44-10-310	NEW 89-06-025	131-28-045	AMD-P 89-06-054	132D-10-147	REP 89-11-022
44-10-320	NEW 89-06-025	131-28-080	AMD-P 89-06-054	132D-10-150	REP-P 89-07-069
50-44-020	AMD-P 89-06-059	131-28-085	AMD-P 89-06-054	132D-10-150	REP 89-11-022
50-44-020	AMD 89-09-004	131-28-090	AMD-P 89-06-054	132D-10-153	REP-P 89-07-069
51-12-102	AMD 89-04-043	132D-08-010	REP-P 89-07-061	132D-10-153	REP 89-11-022
51-12-206	AMD 89-04-043	132D-08-010	REP 89-11-023	132D-10-165	REP-P 89-07-069
51-12-219	AMD 89-04-043	132D-08-015	REP-P 89-07-061	132D-10-165	REP 89-11-022
51-12-223	AMD 89-04-043	132D-08-015	REP 89-11-023	132D-10-168	REP-P 89-07-069
51-12-305	AMD 89-04-043	132D-08-020	REP-P 89-07-061	132D-10-168	REP 89-11-022
51-12-402	AMD 89-04-043	132D-08-020	REP 89-11-023	132D-10-171	REP-P 89-07-069
51-12-411	AMD 89-04-043	132D-08-025	REP-P 89-07-061	132D-10-171	REP 89-11-022
51-12-426	AMD 89-04-043	132D-08-025	REP 89-11-023	132D-10-175	REP-P 89-07-069
51-12-503	AMD 89-04-043	132D-10-003	REP-P 89-07-069	132D-10-175	REP 89-11-022
51-12-601	AMD 89-04-043	132D-10-003	REP 89-11-022	132D-10-177	REP-P 89-07-069
51-12-602	AMD 89-04-043	132D-10-006	REP-P 89-07-069	132D-10-177	REP 89-11-022
51-12-605	AMD 89-04-043	132D-10-006	REP 89-11-022	132D-10-180	REP-P 89-07-069
51-12-608	AMD 89-04-043	132D-10-009	REP-P 89-07-069	132D-10-180	REP 89-11-022
51-16-030	AMD 89-11-081	132D-10-009	REP 89-11-022	132D-10-183	REP-P 89-07-069
51-16-050	AMD 89-11-081	132D-10-012	REP-P 89-07-069	132D-10-183	REP 89-11-022
55-01-010	AMD 89-06-001	132D-10-012	REP 89-11-022	132D-10-186	REP-P 89-07-069
55-01-010	AMD-E 89-08-055	132D-10-015	REP-P 89-07-069	132D-10-186	REP 89-11-022
55-01-010	AMD-P 89-08-097	132D-10-015	REP 89-11-022	132D-10-189	REP-P 89-07-069
55-01-010	AMD 89-11-059	132D-10-018	REP-P 89-07-069	132D-10-189	REP 89-11-022
55-01-030	AMD 89-06-001	132D-10-018	REP 89-11-022	132D-10-192	REP-P 89-07-069
55-01-050	AMD 89-06-001	132D-10-021	REP-P 89-07-069	132D-10-192	REP 89-11-022
55-01-060	AMD 89-06-001	132D-10-021	REP 89-11-022	132D-10-195	REP-P 89-07-069
82-30-010	NEW-P 89-11-107	132D-10-024	REP-P 89-07-069	132D-10-195	REP 89-11-022
82-30-020	NEW-P 89-11-107	132D-10-024	REP 89-11-022	132D-10-198	REP-P 89-07-069
82-30-030	NEW-P 89-11-107	132D-10-027	REP-P 89-07-069	132D-10-198	REP 89-11-022
82-30-040	NEW-P 89-11-107	132D-10-027	REP 89-11-022	132D-10-201	REP-P 89-07-069

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
132D-20-140	REP-P	89-07-070	132D-122-030	NEW	89-09-039	132I-120-425	AMD	89-08-016
132D-20-140	REP	89-11-025	132D-140-010	NEW	89-06-012	132I-120-430	AMD-P	89-04-039
132D-20-150	REP-P	89-05-012	132D-140-020	NEW	89-06-012	132I-120-430	AMD	89-08-016
132D-20-150	REP-W	89-05-046	132D-140-030	NEW	89-06-012	132I-136-010	REP-P	89-08-015
132D-20-150	REP-P	89-07-070	132D-140-040	NEW	89-06-012	132I-136-010	REP	89-11-091
132D-20-150	REP	89-11-025	132D-140-050	NEW	89-06-012	132I-136-020	REP-P	89-08-015
132D-20-160	REP-P	89-05-012	132D-140-060	NEW	89-06-012	132I-136-020	REP	89-11-091
132D-20-160	REP-W	89-05-046	132D-140-070	NEW	89-06-012	132I-136-030	REP-P	89-08-015
132D-20-160	REP-P	89-07-070	132D-140-080	NEW	89-06-012	132I-136-030	REP	89-11-091
132D-20-160	REP	89-11-025	132D-276-010	NEW-P	89-07-062	132I-136-040	REP-P	89-08-015
132D-20-170	REP-P	89-05-012	132D-276-010	NEW	89-11-024	132I-136-040	REP	89-11-091
132D-20-170	REP-W	89-05-046	132D-276-020	NEW-P	89-07-062	132I-136-050	REP-P	89-08-015
132D-20-170	REP-P	89-07-070	132D-276-020	NEW	89-11-024	132I-136-050	REP	89-11-091
132D-20-170	REP	89-11-025	132D-276-030	NEW-P	89-07-062	132I-136-060	REP-P	89-08-015
132D-20-180	REP-P	89-05-012	132D-276-030	NEW	89-11-024	132I-136-060	REP	89-11-091
132D-20-180	REP-W	89-05-046	132D-276-040	NEW-P	89-07-062	132I-136-070	REP-P	89-08-015
132D-20-180	REP-P	89-07-070	132D-276-040	NEW	89-11-024	132I-136-070	REP	89-11-091
132D-20-180	REP	89-11-025	132D-276-050	NEW-P	89-07-062	132I-136-080	REP-P	89-08-015
132D-20-190	REP-P	89-05-012	132D-276-050	NEW	89-11-024	132I-136-080	REP	89-11-091
132D-20-190	REP-W	89-05-046	132D-276-060	NEW-P	89-07-062	132I-136-100	NEW-P	89-08-015
132D-20-190	REP-P	89-07-070	132D-276-060	NEW	89-11-024	132I-136-100	NEW	89-11-091
132D-20-190	REP	89-11-025	132D-276-070	NEW-P	89-07-062	132I-136-110	NEW-P	89-08-015
132D-20-200	REP-P	89-05-012	132D-276-070	NEW	89-11-024	132I-136-110	NEW	89-11-091
132D-20-200	REP-W	89-05-046	132D-276-080	NEW-P	89-07-062	132I-136-120	NEW-P	89-08-015
132D-20-200	REP-P	89-07-070	132D-276-080	NEW	89-11-024	132I-136-120	NEW	89-11-091
132D-20-200	REP	89-11-025	132D-276-090	NEW-P	89-07-062	132I-136-130	NEW-P	89-08-015
132D-20-210	REP-P	89-05-012	132D-276-090	NEW	89-11-024	132I-136-130	NEW	89-11-091
132D-20-210	REP-W	89-05-046	132D-276-100	NEW-P	89-07-062	132I-136-140	NEW-P	89-08-015
132D-20-210	REP-P	89-07-070	132D-276-100	NEW	89-11-024	132I-136-140	NEW	89-11-091
132D-20-210	REP	89-11-025	132D-276-110	NEW-P	89-07-062	132I-136-150	NEW-P	89-08-015
132D-20-220	REP-P	89-05-012	132D-276-110	NEW	89-11-024	132I-136-150	NEW	89-11-091
132D-20-220	REP-W	89-05-046	132D-276-120	NEW-P	89-07-062	132I-136-160	NEW-P	89-08-015
132D-20-220	REP-P	89-07-070	132D-276-120	NEW	89-11-024	132I-136-160	NEW	89-11-091
132D-20-220	REP	89-11-025	132D-276-130	NEW-P	89-07-062	132I-136-170	NEW-P	89-08-015
132D-20-230	REP-P	89-05-012	132D-276-130	NEW	89-11-024	132I-136-170	NEW	89-11-091
132D-20-230	REP-W	89-05-046	132D-276-140	NEW-P	89-07-062	132N-276-070	AMD-P	89-04-035
132D-20-230	REP-P	89-07-070	132D-276-140	NEW	89-11-024	132N-276-070	AMD	89-12-024
132D-20-230	REP	89-11-025	132D-280-010	NEW-P	89-07-063	132N-276-080	AMD-P	89-04-035
132D-20-240	REP-P	89-05-012	132D-280-010	NEW	89-11-044	132N-276-080	AMD	89-12-024
132D-20-240	REP-W	89-05-046	132D-280-020	NEW-P	89-07-063	132N-276-110	AMD-P	89-04-035
132D-20-240	REP-P	89-07-070	132D-280-020	NEW	89-11-044	132N-276-110	AMD	89-12-024
132D-20-240	REP	89-11-025	132D-280-025	NEW-P	89-07-063	132N-276-130	AMD-P	89-04-035
132D-20-250	REP-P	89-05-012	132D-280-025	NEW	89-11-044	132N-276-130	AMD	89-12-024
132D-20-250	REP-W	89-05-046	132D-280-030	NEW-P	89-07-063	132N-276-150	AMD-P	89-04-035
132D-20-250	REP-P	89-07-070	132D-280-030	NEW	89-11-044	132N-276-150	AMD	89-12-024
132D-20-250	REP	89-11-025	132D-280-035	NEW-P	89-07-063	132Q-04-035	AMD-C	89-04-018
132D-20-260	REP-P	89-05-012	132D-280-035	NEW	89-11-044	132Q-04-035	AMD-C	89-06-023
132D-20-260	REP-W	89-05-046	132D-280-040	NEW-P	89-07-063	132Q-04-035	AMD	89-07-068
132D-20-260	REP-P	89-07-070	132D-280-040	NEW	89-11-044	132Y-300-001	NEW	89-04-008
132D-20-260	REP	89-11-025	132D-300-010	NEW-P	89-07-058	132Y-300-002	NEW	89-04-008
132D-20-260	REP-P	89-05-012	132D-300-010	NEW	89-11-038	132Y-300-003	NEW	89-04-008
132D-20-270	REP-W	89-05-046	132D-300-020	NEW-P	89-07-058	132Y-300-004	NEW	89-04-008
132D-20-270	REP-P	89-07-070	132D-300-020	NEW	89-11-038	132Y-310-010	NEW-P	89-08-023
132D-20-270	REP	89-11-025	132D-300-030	NEW-P	89-07-058	132Y-310-010	NEW	89-12-056
132D-20-280	REP-P	89-05-012	132D-300-030	NEW	89-11-038	132Y-310-020	NEW-P	89-08-023
132D-20-280	REP-W	89-05-046	132D-325-010	NEW-P	89-05-048	132Y-310-020	NEW	89-12-056
132D-20-280	REP-P	89-07-070	132D-325-010	NEW	89-09-042	132Y-310-030	NEW-P	89-08-023
132D-20-280	REP	89-11-025	132D-350-010	NEW-P	89-07-064	132Y-310-030	NEW	89-12-056
132D-20-290	REP-P	89-05-012	132D-350-010	NEW	89-11-026	132Y-310-040	NEW-P	89-08-023
132D-20-290	REP-W	89-05-046	132D-350-020	NEW-P	89-07-064	132Y-310-040	NEW	89-12-056
132D-20-290	REP-P	89-07-070	132D-350-020	NEW	89-11-026	132Y-320-010	NEW-P	89-08-022
132D-20-290	REP	89-11-025	132D-350-030	NEW-P	89-07-064	132Y-320-010	NEW	89-12-057
132D-36-010	REP-P	89-05-048	132D-350-030	NEW	89-11-026	132Y-320-020	NEW-P	89-08-022
132D-36-010	REP	89-09-042	132D-350-040	NEW-P	89-07-064	132Y-320-020	NEW	89-12-057
132D-104-010	NEW-P	89-07-061	132D-350-040	NEW	89-11-026	132Y-320-030	NEW-P	89-08-022
132D-104-010	NEW	89-11-023	132D-350-050	NEW-P	89-07-064	132Y-320-030	NEW	89-12-057
132D-104-020	NEW-P	89-07-061	132F-120-090	AMD-P	89-08-069	132Y-320-040	NEW-P	89-08-022
132D-104-020	NEW	89-11-023	132I-120-315	AMD-P	89-04-039	132Y-320-050	NEW-P	89-08-022
132D-104-030	NEW-P	89-07-061	132I-120-315	AMD	89-08-016	132Y-320-050	NEW	89-12-057
132D-104-030	NEW	89-11-023	132I-120-400	AMD-P	89-04-039	132Y-320-060	NEW-P	89-08-022
132D-104-040	NEW-P	89-07-061	132I-120-400	AMD	89-08-016	132Y-320-060	NEW	89-12-057
132D-104-040	NEW	89-11-023	132I-120-400	AMD	89-08-016	132Y-320-070	NEW-P	89-08-022
132D-122-010	NEW-P	89-05-006	132I-120-405	AMD-P	89-04-039	132Y-320-070	NEW	89-12-057
132D-122-010	NEW	89-09-039	132I-120-405	AMD	89-08-016	132Y-320-080	NEW-P	89-08-022
132D-122-020	NEW-P	89-05-006	132I-120-410	AMD-P	89-04-039	132Y-320-080	NEW	89-12-057
132D-122-020	NEW	89-09-039	132I-120-410	AMD	89-08-016	132Y-320-090	NEW-P	89-08-022
132D-122-030	NEW-P	89-05-006	132I-120-425	AMD-P	89-04-039			

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
132Y-320-090	NEW 89-12-057	137-56-100	AMD-P 89-02-058	154-12-075	NEW-E 89-11-008
132Y-320-100	NEW-P 89-08-022	137-56-100	AMD-C 89-07-083	154-12-075	NEW 89-11-010
132Y-320-100	NEW 89-12-057	137-56-110	AMD-P 89-02-058	154-12-080	AMD-P 89-07-090
132Y-320-110	NEW-P 89-08-022	137-56-110	AMD-C 89-07-083	154-12-080	AMD-E 89-11-008
132Y-320-110	NEW 89-12-057	137-56-120	AMD-P 89-02-058	154-12-080	AMD 89-11-010
132Y-320-120	NEW-P 89-08-022	137-56-120	AMD-C 89-07-083	154-12-085	NEW-P 89-07-090
132Y-320-120	NEW 89-12-057	137-56-140	AMD-P 89-02-058	154-12-085	NEW-E 89-11-008
132Y-320-130	NEW-P 89-08-022	137-56-140	AMD-C 89-07-083	154-12-085	NEW 89-11-010
132Y-320-130	NEW 89-12-057	137-56-150	AMD-P 89-02-058	154-12-086	NEW-P 89-07-090
132Y-320-990	NEW-P 89-08-022	137-56-150	AMD-C 89-07-083	154-12-086	NEW-E 89-11-008
132Y-320-990	NEW 89-12-057	137-56-160	AMD-P 89-02-058	154-12-086	NEW 89-11-010
137-25-010	NEW-P 89-04-031	137-56-160	AMD-C 89-07-083	154-12-087	NEW-P 89-07-090
137-25-010	NEW-E 89-06-010	137-56-170	AMD-P 89-02-058	154-12-087	NEW-E 89-11-008
137-25-020	NEW-P 89-04-031	137-56-170	AMD-C 89-07-083	154-12-087	NEW 89-11-010
137-25-020	NEW-E 89-06-010	137-56-180	AMD-P 89-02-058	154-12-087	AMD-P 89-07-090
137-25-030	NEW-P 89-04-031	137-56-180	AMD-C 89-07-083	154-12-090	AMD-E 89-11-008
137-25-030	NEW-E 89-06-010	137-56-190	AMD-P 89-02-058	154-12-090	AMD 89-11-010
137-25-040	NEW-P 89-04-031	137-56-190	AMD-C 89-07-083	154-12-100	REP-P 89-07-090
137-25-040	NEW-E 89-06-010	137-56-200	AMD-P 89-02-058	154-12-100	REP-E 89-11-008
137-28-006	AMD 89-04-032	137-56-200	AMD-C 89-07-083	154-12-100	REP 89-11-010
137-28-025	AMD 89-04-032	137-56-210	AMD-P 89-02-058	154-12-107	NEW-P 89-07-090
137-28-030	AMD 89-04-032	137-56-210	AMD-C 89-07-083	154-12-107	NEW-E 89-11-008
137-28-035	AMD 89-04-032	137-56-220	AMD-P 89-02-058	154-12-107	NEW 89-11-010
137-28-080	AMD 89-04-032	137-56-220	AMD-C 89-07-083	154-12-110	AMD-P 89-07-090
137-28-090	AMD 89-04-032	137-56-230	AMD-P 89-02-058	154-12-110	AMD-E 89-11-008
137-28-094	NEW 89-04-032	137-56-230	AMD-C 89-07-083	154-12-110	AMD 89-11-010
137-28-097	AMD 89-04-032	137-56-240	AMD-P 89-02-058	154-16-010	REP-P 89-07-090
137-28-107	NEW 89-04-032	137-56-240	AMD-C 89-07-083	154-16-010	REP-E 89-11-008
137-36-020	AMD-E 89-04-029	137-56-250	AMD-P 89-02-058	154-16-010	REP 89-11-010
137-36-030	AMD-E 89-04-029	137-56-250	AMD-C 89-07-083	154-16-020	REP-P 89-07-090
137-36-040	AMD-E 89-04-029	137-70-040	AMD-P 89-07-075	154-16-020	REP-E 89-11-008
137-44-010	NEW-P 89-11-029	137-70-040	AMD 89-12-003	154-16-020	REP 89-11-010
137-44-020	NEW-P 89-11-029	137-78-010	NEW-P 89-11-108	154-20-010	REP-P 89-07-090
137-44-030	NEW-P 89-11-029	137-78-020	NEW-P 89-11-108	154-20-010	REP-E 89-11-008
137-44-040	NEW-P 89-11-029	137-78-030	NEW-P 89-11-108	154-20-010	REP 89-11-010
137-44-050	NEW-P 89-11-029	137-78-040	NEW-P 89-11-108	154-20-020	REP-P 89-07-090
137-44-060	NEW-P 89-11-029	137-78-050	NEW-P 89-11-108	154-20-020	REP-E 89-11-008
137-44-070	NEW-P 89-11-029	137-78-060	NEW-P 89-11-108	154-20-020	REP 89-11-010
137-44-080	NEW-P 89-11-029	137-78-070	NEW-P 89-11-108	154-24-010	AMD-P 89-07-090
137-44-090	NEW-P 89-11-029	139-05-200	AMD-P 89-07-049	154-24-010	AMD-E 89-11-008
137-44-100	NEW-P 89-11-029	139-05-200	AMD-E 89-07-050	154-24-010	AMD 89-11-010
137-44-110	NEW-P 89-11-029	139-05-230	AMD-P 89-07-048	154-32-010	AMD-P 89-07-090
137-44-120	NEW-P 89-11-029	143-06-990	REP 89-05-007	154-32-010	AMD-E 89-11-008
137-44-130	NEW-P 89-11-029	154-04-040	REP-P 89-07-090	154-32-010	AMD 89-11-010
137-44-140	NEW-P 89-11-029	154-04-040	REP-E 89-11-008	154-32-020	AMD-P 89-07-090
137-44-150	NEW-P 89-11-029	154-04-040	REP 89-11-010	154-32-020	AMD-E 89-11-008
137-44-160	NEW-P 89-11-029	154-04-060	REP-P 89-07-090	154-32-020	AMD 89-11-010
137-44-170	NEW-P 89-11-029	154-04-060	REP-E 89-11-008	154-68-020	AMD-P 89-07-090
137-44-180	NEW-P 89-11-029	154-04-060	REP 89-11-010	154-68-020	AMD-E 89-11-008
137-44-190	NEW-P 89-11-029	154-04-065	NEW-P 89-07-090	154-68-020	AMD 89-11-010
137-44-200	NEW-P 89-11-029	154-04-065	NEW-E 89-11-008	154-120-015	AMD-P 89-07-089
137-44-210	NEW-P 89-11-029	154-04-065	NEW 89-11-010	154-120-015	AMD-E 89-11-009
137-44-220	NEW-P 89-11-029	154-04-090	REP-P 89-07-090	154-120-015	AMD 89-11-011
137-44-230	NEW-P 89-11-029	154-04-090	REP-E 89-11-008	173-06-030	AMD-E 89-04-013
137-44-240	NEW-P 89-11-029	154-04-090	REP 89-11-010	173-06-030	AMD-P 89-08-078
137-44-250	NEW-P 89-11-029	154-12-010	AMD-P 89-07-090	173-06-030	AMD-E 89-08-079
137-44-260	NEW-P 89-11-029	154-12-010	AMD-E 89-11-008	173-06-030	AMD 89-11-021
137-56-010	AMD-P 89-02-058	154-12-010	AMD 89-11-010	173-19-110	AMD-W 89-03-012
137-56-010	AMD-C 89-07-083	154-12-020	AMD-P 89-07-090	173-19-240	AMD 89-08-012
137-56-015	AMD-P 89-02-058	154-12-020	AMD-E 89-11-008	173-19-240	AMD 89-08-035
137-56-015	AMD-C 89-07-083	154-12-020	AMD 89-11-010	173-19-2503	AMD-P 89-08-112
137-56-030	AMD-P 89-02-058	154-12-030	AMD-P 89-07-090	173-19-2503	AMD-C 89-12-087
137-56-030	AMD-C 89-07-083	154-12-030	AMD-E 89-11-008	173-19-2505	AMD-P 89-09-076
137-56-040	AMD-P 89-02-058	154-12-030	AMD 89-11-010	173-19-2512	AMD 89-03-009
137-56-040	AMD-C 89-07-083	154-12-040	AMD-P 89-07-090	173-19-2515	AMD 89-03-011
137-56-050	AMD-P 89-02-058	154-12-040	AMD-E 89-11-008	173-19-2519	AMD-P 89-09-075
137-56-050	AMD-C 89-07-083	154-12-050	AMD 89-11-010	173-19-2519	AMD-W 89-12-071
137-56-060	AMD-P 89-02-058	154-12-050	AMD-P 89-07-090	173-19-360	AMD 89-09-077
137-56-060	AMD-C 89-07-083	154-12-050	AMD-E 89-11-008	173-19-390	AMD 89-07-026
137-56-070	AMD-P 89-02-058	154-12-050	AMD 89-11-010	173-19-390	AMD-P 89-08-114
137-56-070	AMD-C 89-07-083	154-12-060	REP-P 89-07-090	173-19-3910	AMD-P 89-08-115
137-56-080	AMD-P 89-02-058	154-12-060	REP-E 89-11-008	173-19-4501	AMD-P 89-08-113
137-56-080	AMD-C 89-07-083	154-12-060	REP 89-11-010	173-19-4507	AMD 89-03-010
137-56-090	AMD-P 89-02-058	154-12-070	AMD-P 89-07-090	173-20-700	AMD-W 89-07-025
137-56-090	AMD-C 89-07-083	154-12-070	AMD-E 89-11-008	173-50	NEW-C 89-07-032
137-56-095	AMD-P 89-02-058	154-12-070	AMD 89-11-010	173-50-010	NEW-P 89-04-052
137-56-095	AMD-C 89-07-083	154-12-075	NEW-P 89-07-090	173-50-010	NEW 89-10-001

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
173-50-020	NEW-P	89-04-052	173-223-050	AMD	89-05-026	173-313-040	NEW-E	89-06-060
173-50-020	NEW	89-10-001	173-223-050	AMD-E	89-06-053	173-313-040	NEW-P	89-11-086
173-50-030	NEW-P	89-04-052	173-223-050	REP-P	89-07-088	173-313-040	NEW-E	89-12-021
173-50-030	NEW	89-10-001	173-223-050	REP	89-12-027	173-313-050	NEW-E	89-06-060
173-50-040	NEW-P	89-04-052	173-223-060	REP-P	89-07-088	173-313-050	NEW-P	89-11-086
173-50-040	NEW	89-10-001	173-223-060	REP	89-12-027	173-313-050	NEW-E	89-12-021
173-50-050	NEW-P	89-04-052	173-223-070	AMD	89-05-026	173-314-010	NEW	89-03-047
173-50-050	NEW	89-10-001	173-223-070	AMD-E	89-06-053	173-314-100	NEW	89-03-047
173-50-060	NEW-P	89-04-052	173-223-070	REP-P	89-07-088	173-314-200	NEW	89-03-047
173-50-060	NEW	89-10-001	173-223-070	REP	89-12-027	173-314-210	NEW	89-03-047
173-50-070	NEW-P	89-04-052	173-223-080	REP-P	89-07-088	173-314-220	NEW	89-03-047
173-50-070	NEW	89-10-001	173-223-080	REP	89-12-027	173-314-300	NEW	89-03-047
173-50-080	NEW-P	89-04-052	173-223-090	AMD	89-05-026	173-314-310	NEW	89-03-047
173-50-080	NEW	89-10-001	173-223-090	AMD-E	89-06-053	173-314-320	NEW	89-03-047
173-50-090	NEW-P	89-04-052	173-223-090	REP-P	89-07-088	173-314-330	NEW	89-03-047
173-50-090	NEW	89-10-001	173-223-090	REP	89-12-027	173-314-340	NEW	89-03-047
173-50-100	NEW-P	89-04-052	173-223-100	REP-P	89-07-088	173-315-010	NEW-E	89-06-061
173-50-100	NEW	89-10-001	173-223-100	REP	89-12-027	173-315-010	NEW-P	89-11-087
173-50-110	NEW-P	89-04-052	173-223-110	REP-P	89-07-088	173-315-010	NEW-E	89-12-020
173-50-110	NEW	89-10-001	173-223-110	REP	89-12-027	173-315-020	NEW-E	89-06-061
173-50-120	NEW-P	89-04-052	173-224	NEW-C	89-12-016	173-315-020	NEW-P	89-11-087
173-50-120	NEW	89-10-001	173-224-015	NEW-P	89-07-088	173-315-020	NEW-E	89-12-020
173-50-130	NEW-P	89-04-052	173-224-015	NEW	89-12-027	173-315-030	NEW-E	89-06-061
173-50-130	NEW	89-10-001	173-224-020	NEW-P	89-07-088	173-315-030	NEW-P	89-11-087
173-50-140	NEW-P	89-04-052	173-224-020	NEW	89-12-027	173-315-030	NEW-E	89-12-020
173-50-140	NEW	89-10-001	173-224-030	NEW-P	89-07-088	173-315-040	NEW-E	89-06-061
173-50-150	NEW-P	89-04-052	173-224-030	NEW	89-12-027	173-315-040	NEW-P	89-11-087
173-50-150	NEW	89-10-001	173-224-040	NEW-P	89-07-088	173-315-040	NEW-E	89-12-020
173-50-160	NEW-P	89-04-052	173-224-040	NEW	89-12-027	173-315-050	NEW-E	89-06-061
173-50-160	NEW	89-10-001	173-224-050	NEW-P	89-07-088	173-315-050	NEW-P	89-11-087
173-50-170	NEW-P	89-04-052	173-224-050	NEW	89-12-027	173-315-050	NEW-E	89-12-020
173-50-170	NEW	89-10-001	173-224-060	NEW-P	89-07-088	173-315-060	NEW-E	89-06-061
173-50-180	NEW-P	89-04-052	173-224-060	NEW	89-12-027	173-315-060	NEW-P	89-11-087
173-50-180	NEW	89-10-001	173-224-070	NEW-P	89-07-088	173-315-060	NEW-E	89-12-020
173-50-190	NEW-P	89-04-052	173-224-070	NEW	89-12-027	173-315-070	NEW-E	89-06-061
173-50-190	NEW	89-10-001	173-224-080	NEW-P	89-07-088	173-315-070	NEW-P	89-11-087
173-50-200	NEW-P	89-04-052	173-224-080	NEW	89-12-027	173-315-070	NEW-E	89-12-020
173-50-200	NEW	89-10-001	173-224-090	NEW-P	89-07-088	173-315-080	NEW-E	89-06-061
173-50-210	NEW-P	89-04-052	173-224-090	NEW	89-12-027	173-315-090	NEW-E	89-06-061
173-50-210	NEW	89-10-001	173-224-100	NEW-P	89-07-088	173-318-010	NEW-E	89-09-005
173-98-010	NEW-P	89-11-082	173-224-100	NEW	89-12-027	173-318-010	NEW-P	89-12-065
173-98-020	NEW-P	89-11-082	173-224-110	NEW-P	89-07-088	173-318-010	NEW-E	89-09-005
173-98-030	NEW-P	89-11-082	173-224-110	NEW	89-12-027	173-318-020	NEW-E	89-12-065
173-98-040	NEW-P	89-11-082	173-224-120	NEW-P	89-07-088	173-318-020	NEW-P	89-12-065
173-98-050	NEW-P	89-11-082	173-224-120	NEW	89-12-027	173-318-030	NEW-E	89-09-005
173-98-060	NEW-P	89-11-082	173-303-040	AMD	89-02-059	173-318-030	NEW-P	89-12-065
173-98-070	NEW-P	89-11-082	173-303-045	AMD	89-02-059	173-318-040	NEW-E	89-09-005
173-98-080	NEW-P	89-11-082	173-303-070	AMD	89-02-059	173-318-040	NEW-P	89-12-065
173-98-090	NEW-P	89-11-082	173-303-071	AMD	89-02-059	173-318-050	NEW-E	89-09-005
173-98-100	NEW-P	89-11-082	173-303-080	AMD	89-02-059	173-318-050	NEW-P	89-12-065
173-98-110	NEW-P	89-11-082	173-303-110	AMD	89-02-059	173-318-060	NEW-E	89-09-005
173-98-120	NEW-P	89-11-082	173-303-161	AMD	89-02-059	173-318-060	NEW-P	89-12-065
173-158-030	AMD-C	89-05-003	173-303-200	AMD	89-02-059	173-318-070	NEW-E	89-09-005
173-158-030	AMD	89-07-022	173-303-202	NEW	89-02-059	173-318-080	NEW-E	89-09-005
173-158-060	AMD-C	89-05-003	173-303-400	AMD	89-02-059	173-318-080	NEW-P	89-12-065
173-158-060	AMD	89-07-022	173-303-505	AMD	89-02-059	173-400-120	AMD	89-02-055
173-160-215	AMD-E	89-03-046	173-303-515	AMD	89-02-059	173-403-030	AMD	89-02-055
173-160-215	AMD-P	89-12-058	173-303-550	AMD	89-02-059	173-403-050	AMD	89-02-055
173-216-125	NEW-P	89-04-051	173-303-610	AMD	89-02-059	173-403-080	AMD	89-02-055
173-216-125	NEW-W	89-09-015	173-303-620	AMD	89-02-059	173-405-078	AMD	89-02-055
173-220-210	AMD-P	89-04-051	173-303-640	AMD	89-02-059	173-410-071	AMD	89-02-055
173-220-210	AMD-W	89-09-015	173-303-645	AMD	89-02-059	173-415-080	AMD	89-02-055
173-223	REP-C	89-12-016	173-303-805	AMD	89-02-059	173-425-030	AMD	89-02-055
173-223-015	AMD	89-05-026	173-303-806	AMD	89-02-059	173-425-035	REP	89-02-055
173-223-015	AMD-E	89-06-053	173-303-830	AMD	89-02-059	173-425-036	NEW	89-02-055
173-223-015	REP-P	89-07-088	173-303-9903	AMD	89-02-059	173-425-045	AMD	89-02-055
173-223-015	REP	89-12-027	173-303-9904	AMD	89-02-059	173-425-065	AMD	89-02-055
173-223-020	REP-P	89-07-088	173-303-9905	AMD	89-02-059	173-425-075	AMD	89-02-055
173-223-020	REP	89-12-027	173-313-010	NEW-E	89-06-060	173-425-085	AMD	89-02-055
173-223-030	AMD	89-05-026	173-313-010	NEW-P	89-11-086	173-425-095	AMD	89-02-055
173-223-030	AMD-E	89-06-053	173-313-010	NEW-E	89-12-021	173-425-130	AMD	89-02-055
173-223-030	REP-P	89-07-088	173-313-020	NEW-E	89-06-060	173-433-030	AMD	89-02-054
173-223-030	REP	89-12-027	173-313-020	NEW-P	89-11-086	173-433-100	AMD	89-02-054
173-223-040	AMD	89-05-026	173-313-020	NEW-E	89-12-021	173-433-120	AMD	89-02-054
173-223-040	AMD-E	89-06-053	173-313-030	NEW-E	89-06-060	173-433-130	NEW	89-02-054
173-223-040	REP-P	89-07-088	173-313-030	NEW-P	89-11-086	173-433-170	NEW	89-02-054
173-223-040	REP	89-12-027	173-313-030	NEW-E	89-12-021	173-434-050	AMD	89-02-055

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
173-434-200	AMD	89-02-055	182-12-127	AMD	89-12-045	204-91A-130	NEW-P	89-10-029
173-435-010	AMD	89-02-055	182-12-140	REP-P	89-02-070	204-91A-140	NEW-P	89-10-029
173-435-015	NEW	89-02-055	182-12-140	REP	89-05-013	204-91A-150	NEW-P	89-10-029
173-435-020	AMD	89-02-055	182-12-210	AMD-P	89-08-005	204-91A-160	NEW-P	89-10-029
173-435-030	AMD	89-02-055	182-12-210	AMD-W	89-09-053	204-91A-170	NEW-P	89-10-029
173-435-040	AMD	89-02-055	182-12-210	AMD-P	89-09-054	204-91A-180	NEW-P	89-10-029
173-435-050	AMD	89-02-055	182-12-210	AMD	89-12-045	220-12-010	AMD-P	89-10-068
173-435-060	AMD	89-02-055	192-09-030	AMD	89-03-070	220-16-410	NEW-P	89-12-006
173-435-070	AMD	89-02-055	192-09-063	AMD	89-03-070	220-20-017	AMD-P	89-09-080
173-470-030	AMD	89-02-055	192-09-315	AMD	89-03-070	220-20-055	AMD-P	89-06-033
173-470-100	AMD	89-02-055	192-12-025	AMD	89-03-068	220-20-055	AMD	89-09-052
173-802-050	AMD-P	89-08-078	192-12-180	AMD	89-03-069	220-22-030	AMD-P	89-09-080
173-802-050	AMD-E	89-08-079	192-12-182	AMD	89-03-069	220-24-02000D	NEW-E	89-09-073
173-802-050	AMD	89-11-021	192-28-135	NEW-P	89-12-084	220-24-02000D	REP-E	89-12-086
180-25-300	NEW-P	89-05-066	194-18-010	NEW-P	89-11-083	220-24-02000E	NEW-E	89-12-086
180-25-300	NEW-E	89-06-018	194-18-020	NEW-P	89-11-083	220-32-05100P	NEW-E	89-04-046
180-25-300	NEW	89-08-086	194-18-030	NEW-P	89-11-083	220-32-05100P	REP-E	89-07-080
180-26-055	AMD-P	89-05-065	196-16-007	AMD	89-05-021	220-32-05100Q	NEW-E	89-07-080
180-26-055	AMD-E	89-06-017	196-16-020	AMD	89-05-021	220-32-05700C	REP-E	89-07-080
180-26-055	AMD	89-08-085	196-16-031	AMD	89-05-021	220-32-05700D	NEW-E	89-07-080
180-29-300	NEW-P	89-05-067	196-24-080	AMD	89-05-021	220-32-05900P	NEW-E	89-10-009
180-29-300	NEW-E	89-06-019	196-24-085	AMD	89-05-021	220-32-05900P	REP-E	89-10-059
180-29-300	NEW	89-08-087	204-29-010	NEW-E	89-10-007	220-32-05900Q	NEW-E	89-10-059
180-51-025	AMD-P	89-05-060	204-29-010	NEW	89-10-016	220-33-005	AMD-P	89-06-032
180-51-025	AMD-C	89-08-080	204-65-010	AMD-E	89-09-023	220-33-005	AMD	89-09-051
180-51-025	AMD	89-12-061	204-65-010	AMD-P	89-09-024	220-33-01000C	NEW-E	89-04-047
180-59	NEW-C	89-05-061	204-65-010	AMD	89-12-018	220-33-01000C	REP-E	89-07-002
180-59-005	NEW	89-09-044	204-65-020	AMD-E	89-09-023	220-33-01000D	NEW-E	89-07-002
180-59-010	NEW	89-09-044	204-65-020	AMD-P	89-09-024	220-33-01000D	REP-E	89-07-021
180-59-015	NEW	89-09-044	204-65-020	AMD	89-12-018	220-33-01000E	NEW-E	89-07-021
180-59-020	NEW	89-09-044	204-65-030	AMD-E	89-09-023	220-33-03000A	NEW-E	89-11-050
180-59-025	NEW	89-09-044	204-65-030	AMD-P	89-09-024	220-36-015	NEW-P	89-12-085
180-59-030	NEW	89-09-044	204-65-030	AMD	89-12-018	220-36-020	AMD-P	89-12-085
180-59-032	NEW	89-09-044	204-65-040	AMD-E	89-09-023	220-36-021	AMD-P	89-12-085
180-59-035	NEW	89-09-044	204-65-040	AMD-P	89-09-024	220-36-023	NEW-P	89-12-085
180-59-037	NEW	89-09-044	204-65-040	AMD	89-12-018	220-40-015	NEW-P	89-12-085
180-59-040	NEW	89-09-044	204-65-050	AMD-E	89-09-023	220-40-020	AMD-P	89-12-085
180-59-045	NEW	89-09-044	204-65-050	AMD-P	89-09-024	220-40-021	AMD-P	89-12-085
180-59-047	NEW	89-09-044	204-65-050	AMD	89-12-018	220-40-026	NEW-P	89-12-085
180-59-050	NEW	89-09-044	204-65-060	AMD-E	89-09-023	220-40-027	NEW-P	89-12-085
180-59-055	NEW	89-09-044	204-65-060	AMD-P	89-09-024	220-44-050	AMD-P	89-03-003
180-59-060	NEW	89-09-044	204-65-060	AMD	89-12-018	220-44-050	AMD	89-06-030
180-59-065	NEW	89-09-044	204-76-99001	AMD-P	89-09-025	220-44-050	AMD-P	89-11-105
180-59-070	NEW	89-09-044	204-76-99001	AMD	89-12-019	220-44-05000V	NEW-E	89-10-019
180-59-075	NEW	89-09-044	204-76-99002	AMD-P	89-09-025	220-47-311	AMD-P	89-09-080
180-59-080	NEW	89-09-044	204-76-99002	AMD	89-12-019	220-47-312	AMD-P	89-09-080
180-59-090	NEW	89-09-044	204-91-010	REP-P	89-10-029	220-47-313	AMD-P	89-09-080
180-59-095	NEW	89-09-044	204-91-020	REP-P	89-10-029	220-47-401	AMD-P	89-09-080
180-59-100	NEW	89-09-044	204-91-030	REP-P	89-10-029	220-47-411	AMD-P	89-09-080
180-59-105	NEW	89-09-044	204-91-040	REP-P	89-10-029	220-47-412	AMD-P	89-09-080
180-59-110	NEW	89-09-044	204-91-050	REP-P	89-10-029	220-47-413	AMD-P	89-09-080
180-59-115	NEW	89-09-044	204-91-060	REP-P	89-10-029	220-47-414	AMD-P	89-09-080
180-59-120	NEW	89-09-044	204-91-070	REP-P	89-10-029	220-48-015	AMD-P	89-10-068
180-59-125	NEW	89-09-044	204-91-080	REP-P	89-10-029	220-48-01700B	NEW-E	89-07-033
180-59-130	NEW	89-09-044	204-91-100	REP-P	89-10-029	220-48-029	AMD-P	89-10-068
180-59-135	NEW	89-09-044	204-91-110	REP-P	89-10-029	220-48-062	AMD-P	89-10-068
180-59-140	NEW	89-09-044	204-91-120	REP-P	89-10-029	220-49-017	AMD-P	89-10-068
180-59-145	NEW	89-09-044	204-91-130	REP-P	89-10-029	220-49-02000A	NEW-E	89-11-013
180-59-150	NEW	89-09-044	204-91-140	REP-P	89-10-029	220-49-02000A	REP-E	89-11-014
180-59-155	NEW	89-09-044	204-91-150	REP-P	89-10-029	220-49-02000B	NEW-E	89-11-014
180-59-160	NEW	89-09-044	204-91-160	REP-P	89-10-029	220-49-02000Y	NEW-E	89-09-041
180-59-165	NEW	89-09-044	204-91-170	REP-P	89-10-029	220-49-02000Y	REP-E	89-10-010
180-75-085	AMD-P	89-08-082	204-91-180	REP-P	89-10-029	220-49-02000Z	NEW-E	89-10-010
180-75-085	AMD-E	89-08-084	204-91-190	REP-P	89-10-029	220-49-02000Z	REP-E	89-11-013
180-75-085	AMD	89-12-025	204-91-200	REP-P	89-10-029	220-52-03000E	NEW-E	89-10-034
180-79-230	AMD-P	89-08-081	204-91A-010	NEW-P	89-10-029	220-52-05100B	NEW-E	89-11-049
180-79-230	AMD-E	89-08-083	204-91A-020	NEW-P	89-10-029	220-52-05100B	REP-E	89-11-066
180-79-230	AMD	89-12-026	204-91A-030	NEW-P	89-10-029	220-52-05100C	NEW-E	89-11-066
182-08-165	NEW-P	89-02-070	204-91A-040	NEW-P	89-10-029	220-55-010	AMD-P	89-03-013
182-08-165	NEW	89-05-013	204-91A-050	NEW-P	89-10-029	220-55-010	AMD	89-07-071
182-08-190	AMD-P	89-08-005	204-91A-060	NEW-P	89-10-029	220-55-015	AMD-P	89-03-013
182-08-190	AMD-W	89-09-053	204-91A-070	NEW-P	89-10-029	220-55-015	AMD	89-07-071
182-12-115	AMD-P	89-09-054	204-91A-080	NEW-P	89-10-029	220-55-020	REP-P	89-03-013
182-12-115	AMD	89-12-045	204-91A-090	NEW-P	89-10-029	220-55-020	REP	89-07-071
182-12-127	AMD-P	89-08-005	204-91A-100	NEW-P	89-10-029	220-55-025	REP-P	89-03-013
182-12-127	AMD-W	89-09-053	204-91A-110	NEW-P	89-10-029	220-55-025	REP	89-07-071
182-12-127	AMD-P	89-09-054	204-91A-120	NEW-P	89-10-029	220-55-030	REP-P	89-03-013

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
220-55-030	REP	89-07-071	220-56-190	AMD-P	89-03-075	220-57-135	AMD	89-07-060
220-55-035	REP-P	89-03-013	220-56-190	AMD-C	89-07-059	220-57-137	AMD-P	89-03-075
220-55-035	REP	89-07-071	220-56-190	AMD	89-07-060	220-57-137	AMD-C	89-07-059
220-55-040	AMD-P	89-03-013	220-56-19000J	NEW-E	89-08-074	220-57-137	AMD	89-07-060
220-55-040	AMD	89-07-071	220-56-19000J	REP-E	89-10-031	220-57-140	AMD-P	89-03-075
220-55-04000A	NEW-E	89-03-014	220-56-19000K	NEW-E	89-09-072	220-57-140	AMD-C	89-07-059
220-55-045	REP-P	89-03-013	220-56-195	AMD-P	89-03-075	220-57-140	AMD	89-07-060
220-55-045	REP-E	89-03-014	220-56-195	AMD-C	89-07-059	220-57-14000J	NEW-E	89-11-001
220-55-045	REP	89-07-071	220-56-195	AMD	89-07-060	220-57-150	AMD-P	89-03-075
220-55-060	AMD-P	89-03-013	220-56-196	AMD-P	89-03-075	220-57-150	AMD-C	89-07-059
220-55-060	AMD	89-07-071	220-56-196	AMD-C	89-07-059	220-57-150	AMD	89-07-060
220-55-070	AMD-P	89-03-013	220-56-196	AMD	89-07-060	220-57-155	AMD-P	89-03-075
220-55-070	AMD	89-07-071	220-56-235	AMD-P	89-03-075	220-57-155	AMD-C	89-07-059
220-55-07000A	NEW-E	89-03-014	220-56-235	AMD-C	89-07-059	220-57-155	AMD	89-07-060
220-55-075	AMD-P	89-03-013	220-56-235	AMD	89-07-060	220-57-160	AMD-P	89-03-075
220-55-075	AMD	89-07-071	220-56-23500E	NEW-E	89-08-074	220-57-160	AMD-C	89-07-059
220-55-07500A	NEW-E	89-03-014	220-56-240	AMD-P	89-03-075	220-57-160	AMD	89-07-060
220-55-086	NEW-P	89-03-013	220-56-240	AMD-C	89-07-059	220-57-160	AMD-P	89-11-104
220-55-086	NEW	89-07-071	220-56-240	AMD	89-07-060	220-57-16000X	NEW-E	89-08-031
220-55-08600A	NEW-E	89-03-014	220-56-24000E	NEW-E	89-08-074	220-57-165	AMD-P	89-03-075
220-55-08600B	NEW-E	89-12-047	220-56-245	AMD-P	89-03-075	220-57-165	AMD-C	89-07-059
220-55-090	AMD-P	89-03-013	220-56-245	AMD-C	89-07-059	220-57-165	AMD	89-07-060
220-55-090	AMD	89-07-071	220-56-245	AMD	89-07-060	220-57-180	AMD-P	89-03-075
220-55-09000A	NEW-E	89-03-014	220-56-24500F	NEW-E	89-06-052	220-57-180	AMD-C	89-07-059
220-55-105	AMD-P	89-03-013	220-56-250	AMD-P	89-07-018	220-57-180	AMD	89-07-060
220-55-105	AMD	89-07-071	220-56-250	AMD	89-10-032	220-57-181	AMD-P	89-03-075
220-55-110	AMD-P	89-03-013	220-56-255	AMD-P	89-03-075	220-57-181	AMD-C	89-07-059
220-55-110	AMD	89-07-071	220-56-255	AMD-C	89-07-059	220-57-181	AMD	89-07-060
220-55-11000A	NEW-E	89-03-014	220-56-255	AMD	89-07-060	220-57-185	AMD-P	89-03-075
220-55-115	AMD-P	89-03-013	220-56-25500E	NEW-E	89-06-052	220-57-185	AMD-C	89-07-059
220-55-115	AMD	89-07-071	220-56-282	NEW-P	89-03-075	220-57-185	AMD	89-07-060
220-55-11500A	NEW-E	89-03-014	220-56-282	NEW-C	89-07-059	220-57-190	AMD-P	89-03-075
220-55-120	AMD-P	89-03-013	220-56-282	NEW	89-07-060	220-57-190	AMD-C	89-07-059
220-55-120	AMD	89-07-071	220-56-28200A	NEW-E	89-08-074	220-57-190	AMD	89-07-060
220-55-12000A	NEW-E	89-03-014	220-56-295	AMD-P	89-03-075	220-57-195	AMD-P	89-03-075
220-55-125	AMD-P	89-03-013	220-56-295	AMD-C	89-07-059	220-57-195	AMD-C	89-07-059
220-55-125	AMD	89-07-071	220-56-295	AMD	89-07-060	220-57-195	AMD	89-07-060
220-55-12500A	NEW-E	89-03-014	220-56-310	AMD-P	89-03-075	220-57-200	AMD-P	89-03-075
220-55-130	AMD-P	89-03-013	220-56-310	AMD-C	89-07-059	220-57-200	AMD-C	89-07-059
220-55-130	AMD	89-07-071	220-56-310	AMD	89-07-060	220-57-200	AMD	89-07-060
220-55-13000A	NEW-E	89-03-014	220-56-31000I	NEW-E	89-08-074	220-57-205	AMD-P	89-03-075
220-55-135	REP-P	89-03-013	220-56-315	AMD-P	89-03-075	220-57-205	AMD-C	89-07-059
220-55-135	REP	89-07-071	220-56-315	AMD-C	89-07-059	220-57-205	AMD	89-07-060
220-55-140	NEW-P	89-03-013	220-56-315	AMD	89-07-060	220-57-210	AMD-P	89-03-075
220-55-140	NEW	89-07-071	220-56-320	AMD-P	89-03-075	220-57-210	AMD-C	89-07-059
220-55-200	NEW-P	89-09-049	220-56-320	AMD-C	89-07-059	220-57-210	AMD	89-07-060
220-56-100	AMD-P	89-03-075	220-56-320	AMD	89-07-060	220-57-215	AMD-P	89-03-075
220-56-100	AMD-C	89-07-059	220-56-32000B	NEW-E	89-08-074	220-57-215	AMD-C	89-07-059
220-56-105	AMD-P	89-03-075	220-56-325	AMD-P	89-03-075	220-57-215	AMD	89-07-060
220-56-105	AMD-C	89-07-059	220-56-325	AMD-C	89-07-059	220-57-220	AMD-P	89-03-075
220-56-105	AMD	89-07-060	220-56-325	AMD	89-07-060	220-57-220	AMD-C	89-07-059
220-56-116	AMD-P	89-07-018	220-56-32500P	NEW-E	89-11-049	220-57-220	AMD	89-07-060
220-56-116	AMD	89-10-032	220-56-32500P	REP-E	89-11-066	220-57-225	AMD-P	89-07-060
220-56-120	REP-P	89-03-075	220-56-32500Q	NEW-E	89-11-066	220-57-225	AMD-C	89-07-059
220-56-120	REP-C	89-07-059	220-56-345	REP-P	89-03-075	220-57-225	AMD	89-07-060
220-56-120	REP	89-07-060	220-56-345	REP-C	89-07-059	220-57-230	AMD-P	89-03-075
220-56-126	AMD-P	89-03-075	220-56-345	REP	89-07-060	220-57-230	AMD-C	89-07-059
220-56-126	AMD-C	89-07-059	220-56-350	AMD-P	89-03-075	220-57-230	AMD	89-07-060
220-56-126	AMD	89-07-060	220-56-350	AMD-C	89-07-059	220-57-240	AMD-P	89-03-075
220-56-128	AMD-P	89-03-075	220-56-350	AMD	89-07-060	220-57-240	AMD-C	89-07-059
220-56-128	AMD-C	89-07-059	220-56-35000E	NEW-E	89-08-074	220-57-240	AMD	89-07-060
220-56-128	AMD	89-07-060	220-56-355	AMD-P	89-03-075	220-57-260	AMD-P	89-03-075
220-56-133	NEW-P	89-03-075	220-56-355	AMD-C	89-07-059	220-57-260	AMD-C	89-07-059
220-56-133	NEW-C	89-07-059	220-56-355	AMD	89-07-060	220-57-260	AMD	89-07-060
220-56-133	NEW	89-07-060	220-56-35500B	NEW-E	89-08-074	220-57-265	AMD-P	89-03-075
220-56-13300A	NEW-E	89-08-074	220-56-36000R	NEW-E	89-07-066	220-57-265	AMD-C	89-07-059
220-56-156	AMD-P	89-10-060	220-56-380	AMD-P	89-03-075	220-57-265	AMD	89-07-060
220-56-156	AMD-P	89-11-080	220-56-380	AMD-C	89-07-059	220-57-270	AMD-P	89-03-075
220-56-175	AMD-P	89-03-013	220-56-380	AMD	89-07-060	220-57-270	AMD-C	89-07-059
220-56-175	AMD	89-07-071	220-57-120	AMD-P	89-03-075	220-57-270	AMD	89-07-060
220-56-180	AMD-P	89-03-075	220-57-120	AMD-C	89-07-059	220-57-275	AMD-P	89-03-075
220-56-180	AMD-C	89-07-059	220-57-120	AMD	89-07-060	220-57-275	AMD-C	89-07-059
220-56-180	AMD	89-07-060	220-57-130	AMD-P	89-03-075	220-57-275	AMD	89-07-060
220-56-18000B	NEW-E	89-08-074	220-57-130	AMD-C	89-07-059	220-57-280	AMD-P	89-03-075
220-56-185	AMD-P	89-03-075	220-57-130	AMD	89-07-060	220-57-280	AMD-C	89-07-059
220-56-185	AMD-C	89-07-059	220-57-135	AMD-P	89-03-075	220-57-280	AMD	89-07-060
220-56-185	AMD	89-07-060	220-57-135	AMD-C	89-07-059	220-57-285	AMD-P	89-03-075

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
220-57-285	AMD-C	89-07-059	220-57-435	AMD-C	89-07-059	230-02-150	REP-P	89-07-053
220-57-285	AMD	89-07-060	220-57-435	AMD	89-07-060	230-02-150	REP	89-11-048
220-57-290	AMD-P	89-03-075	220-57-440	AMD-P	89-03-075	230-02-155	NEW-P	89-05-064
220-57-290	AMD-C	89-07-059	220-57-440	AMD-C	89-07-059	230-02-155	NEW	89-09-047
220-57-290	AMD	89-07-060	220-57-440	AMD	89-07-060	230-02-160	NEW-P	89-05-064
220-57-29000K	NEW-E	89-12-012	220-57-445	AMD-P	89-03-075	230-02-160	NEW	89-09-047
220-57-300	AMD-P	89-03-075	220-57-445	AMD-C	89-07-059	230-02-161	NEW-P	89-05-064
220-57-300	AMD-C	89-07-059	220-57-445	AMD	89-07-060	230-02-161	NEW	89-09-047
220-57-300	AMD	89-07-060	220-57-450	AMD-P	89-03-075	230-02-163	NEW-P	89-05-064
220-57-31500M	NEW-E	89-08-073	220-57-450	AMD-C	89-07-059	230-02-163	NEW	89-09-047
220-57-31500M	REP-E	89-11-018	220-57-450	AMD	89-07-060	230-02-166	NEW-P	89-05-064
220-57-31500N	NEW-E	89-11-018	220-57-455	AMD-P	89-03-075	230-02-166	NEW	89-09-047
220-57-31500N	REP-E	89-11-034	220-57-455	AMD-C	89-07-059	230-02-169	NEW-P	89-05-064
220-57-31500P	NEW-E	89-11-034	220-57-455	AMD	89-07-060	230-02-169	NEW	89-09-047
220-57-31500P	REP-E	89-11-106	220-57-460	AMD-P	89-03-075	230-02-173	NEW-P	89-05-064
220-57-31500Q	NEW-E	89-11-106	220-57-460	AMD-C	89-07-059	230-02-173	NEW	89-09-047
220-57-325	AMD-P	89-03-075	220-57-460	AMD	89-07-060	230-02-176	NEW-P	89-05-064
220-57-325	AMD-C	89-07-059	220-57-465	AMD-P	89-03-075	230-02-176	NEW	89-09-047
220-57-325	AMD	89-07-060	220-57-465	AMD-C	89-07-059	230-02-179	NEW-P	89-05-064
220-57-326	AMD-P	89-03-075	220-57-465	AMD	89-07-060	230-02-179	NEW	89-09-047
220-57-326	AMD-C	89-07-059	220-57-470	AMD-P	89-03-075	230-02-182	NEW-P	89-05-064
220-57-326	AMD	89-07-060	220-57-470	AMD-C	89-07-059	230-02-182	NEW	89-09-047
220-57-327	AMD-P	89-03-075	220-57-470	AMD	89-07-060	230-02-185	NEW-P	89-05-064
220-57-327	AMD-C	89-07-059	220-57-475	AMD-P	89-03-075	230-02-185	NEW	89-09-047
220-57-327	AMD	89-07-060	220-57-475	AMD-C	89-07-059	230-02-188	NEW-P	89-05-064
220-57-330	AMD-P	89-03-075	220-57-475	AMD	89-07-060	230-02-188	NEW	89-09-047
220-57-330	AMD-C	89-07-059	220-57-490	AMD-P	89-03-075	230-02-191	NEW-P	89-05-064
220-57-330	AMD	89-07-060	220-57-490	AMD-C	89-07-059	230-02-191	NEW	89-09-047
220-57-335	AMD-P	89-03-075	220-57-490	AMD	89-07-060	230-02-370	AMD-P	89-03-066
220-57-335	AMD-C	89-07-059	220-57-49700D	NEW-E	89-12-012	230-02-500	NEW	89-05-024
220-57-335	AMD	89-07-060	220-57-500	AMD-P	89-03-075	230-04-005	NEW-P	89-05-064
220-57-340	AMD-P	89-03-075	220-57-500	AMD-C	89-07-059	230-04-005	NEW	89-09-047
220-57-340	AMD-C	89-07-059	220-57-500	AMD	89-07-060	230-04-010	AMD-P	89-05-064
220-57-340	AMD	89-07-060	220-57-502	AMD-P	89-03-075	230-04-010	AMD	89-09-047
220-57-342	NEW-P	89-03-075	220-57-502	AMD-C	89-07-059	230-04-020	AMD-P	89-05-064
220-57-342	NEW-C	89-07-059	220-57-502	AMD	89-07-060	230-04-020	AMD	89-09-047
220-57-342	NEW	89-07-060	220-57-50500P	NEW-E	89-08-073	230-04-022	NEW-P	89-05-064
220-57-350	AMD-P	89-03-075	220-57-50500P	REP-E	89-11-018	230-04-022	NEW	89-09-047
220-57-350	AMD-C	89-07-059	220-57-50500Q	NEW-E	89-11-018	230-04-024	NEW-P	89-05-064
220-57-350	AMD	89-07-060	220-57-510	AMD-P	89-03-075	230-04-024	NEW	89-09-047
220-57-365	AMD-P	89-03-075	220-57-510	AMD-C	89-07-059	230-04-035	NEW-P	89-05-064
220-57-365	AMD-C	89-07-059	220-57-510	AMD	89-07-060	230-04-035	NEW	89-09-047
220-57-365	AMD	89-07-060	220-57-51000D	NEW-E	89-08-073	230-04-040	NEW-P	89-05-064
220-57-370	AMD-P	89-03-075	220-57-520	AMD-P	89-03-075	230-04-040	NEW	89-09-047
220-57-370	AMD-C	89-07-059	220-57-520	AMD-C	89-07-059	230-04-050	REP-P	89-05-064
220-57-370	AMD	89-07-060	220-57-520	AMD	89-07-060	230-04-050	REP	89-09-047
220-57-375	AMD-P	89-03-075	220-57-525	AMD-P	89-03-075	230-04-060	REP-P	89-05-064
220-57-375	AMD-C	89-07-059	220-57-525	AMD-C	89-07-059	230-04-060	REP	89-09-047
220-57-375	AMD	89-07-060	220-57-525	AMD	89-07-060	230-04-061	REP-P	89-05-064
220-57-380	AMD-P	89-03-075	220-57A-030	AMD-P	89-03-075	230-04-061	REP	89-09-047
220-57-380	AMD-C	89-07-059	220-57A-030	AMD-C	89-07-059	230-04-064	NEW-P	89-05-064
220-57-380	AMD	89-07-060	220-57A-030	AMD	89-07-060	230-04-064	NEW	89-09-047
220-57-385	AMD-P	89-03-075	220-57A-175	AMD-P	89-03-075	230-04-065	AMD-P	89-05-064
220-57-385	AMD-C	89-07-059	220-57A-175	AMD-C	89-07-059	230-04-065	AMD	89-09-047
220-57-385	AMD	89-07-060	220-57A-175	AMD	89-07-060	230-04-190	AMD-P	89-05-064
220-57-400	AMD-P	89-03-075	220-57A-180	AMD-P	89-03-075	230-04-190	AMD	89-09-047
220-57-400	AMD-C	89-07-059	220-57A-180	AMD-C	89-07-059	230-04-201	AMD-P	89-03-066
220-57-400	AMD	89-07-060	220-57A-180	AMD	89-07-060	230-04-201	AMD-P	89-05-064
220-57-405	AMD-P	89-03-075	220-69-237	AMD-P	89-03-013	230-04-201	AMD-C	89-08-010
220-57-405	AMD-C	89-07-059	220-69-237	AMD	89-07-071	230-04-201	AMD	89-11-048
220-57-405	AMD	89-07-060	220-69-23700A	NEW-E	89-03-014	230-04-201	AMD	89-11-048
220-57-410	AMD-P	89-03-075	220-69-238	AMD-P	89-03-013	230-08-070	AMD-P	89-03-066
220-57-410	AMD-C	89-07-059	220-69-238	AMD	89-07-071	230-08-070	AMD	89-07-045
220-57-410	AMD	89-07-060	220-69-23800A	NEW-E	89-03-014	230-08-095	AMD-P	89-05-064
220-57-415	AMD-P	89-03-075	220-69-247	REP-P	89-03-013	230-08-095	AMD	89-09-047
220-57-415	AMD-C	89-07-059	220-69-247	REP-E	89-03-014	230-08-120	AMD-P	89-05-064
220-57-415	AMD	89-07-060	220-69-247	REP	89-07-071	230-08-120	AMD	89-09-047
220-57-420	AMD-P	89-03-075	220-76-010	AMD-P	89-07-019	230-08-122	NEW-P	89-05-064
220-57-420	AMD-C	89-07-059	220-76-010	AMD	89-10-033	230-08-122	NEW	89-09-047
220-57-420	AMD	89-07-060	220-76-020	AMD-P	89-07-019	230-08-125	AMD-P	89-05-064
220-57-425	AMD-P	89-03-075	220-76-020	AMD	89-10-033	230-08-125	AMD	89-09-047
220-57-425	AMD-C	89-07-059	220-77-080	NEW-P	89-03-004	230-12-010	AMD-P	89-11-046
220-57-425	AMD	89-07-060	220-77-080	NEW	89-06-031	230-12-020	AMD-P	89-05-064
220-57-430	AMD-P	89-03-075	220-130-010	AMD	89-03-015	230-12-020	AMD	89-09-047
220-57-430	AMD-C	89-07-059	220-130-020	AMD	89-03-015	230-12-050	AMD	89-05-024
220-57-430	AMD	89-07-060	220-130-070	NEW	89-03-015	230-12-053	NEW	89-05-024
220-57-435	AMD-P	89-03-075	230-02-030	AMD-P	89-09-045	230-12-060	NEW-P	89-05-064

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
230-12-060	NEW	89-09-047	248-14-090	AMD-P	89-04-054	248-27-020	REP	89-12-077
230-20-064	AMD-P	89-05-064	248-14-090	AMD	89-08-054	248-27-025	NEW-P	89-07-023
230-20-064	AMD-E	89-07-046	248-14-235	AMD-P	89-04-054	248-27-025	NEW	89-12-077
230-20-064	AMD	89-09-047	248-14-235	AMD	89-08-054	248-27-030	REP-P	89-07-023
230-20-248	NEW-P	89-03-066	248-14-247	AMD-P	89-04-054	248-27-030	REP	89-12-077
230-20-248	NEW	89-07-045	248-14-247	AMD	89-08-054	248-27-035	NEW-P	89-07-023
230-20-325	AMD	89-05-024	248-14-270	AMD	89-06-050	248-27-035	NEW	89-12-077
230-20-350	AMD-P	89-07-053	248-14-285	AMD-P	89-04-054	248-27-040	REP-P	89-07-023
230-20-350	AMD	89-11-048	248-14-285	AMD	89-08-054	248-27-040	REP	89-12-077
230-20-699	AMD	89-05-024	248-14-300	AMD-P	89-04-054	248-27-045	NEW-P	89-07-023
230-20-699	AMD-E	89-05-025	248-14-300	AMD	89-08-054	248-27-045	NEW	89-12-077
230-20-699	AMD-E	89-11-047	248-15-040	AMD	89-06-003	248-27-050	REP-P	89-07-023
230-25-065	AMD-P	89-11-046	248-15-050	AMD	89-06-003	248-27-050	REP	89-12-077
230-25-160	AMD-P	89-11-046	248-16-001	AMD	89-09-034	248-27-055	NEW-P	89-07-023
230-30-106	AMD-P	89-07-053	248-16-030	REP	89-09-034	248-27-055	NEW	89-12-077
230-30-106	AMD	89-11-048	248-16-031	NEW	89-09-034	248-27-060	REP-P	89-07-023
230-40-070	AMD	89-05-024	248-16-033	NEW	89-09-034	248-27-060	REP	89-12-077
230-40-070	AMD-P	89-07-053	248-16-035	REP	89-09-034	248-27-065	NEW-P	89-07-023
230-40-070	AMD	89-11-048	248-16-036	NEW	89-09-034	248-27-065	NEW	89-12-077
230-40-120	AMD-P	89-11-046	248-16-040	REP	89-09-034	248-27-070	REP-P	89-07-023
232-12-001	AMD-P	89-06-080	248-16-045	REP	89-09-034	248-27-070	REP	89-12-077
232-12-001	AMD	89-10-026	248-16-046	NEW	89-09-034	248-27-077	NEW-P	89-07-023
232-12-011	AMD-P	89-08-102	248-16-050	REP	89-09-034	248-27-077	NEW	89-12-077
232-12-011	AMD	89-11-061	248-16-055	REP	89-09-034	248-27-080	REP-P	89-07-023
232-12-051	AMD-P	89-08-103	248-16-056	REP	89-09-034	248-27-080	REP	89-12-077
232-12-051	AMD	89-11-062	248-16-057	NEW	89-09-034	248-27-085	NEW-P	89-07-023
232-12-267	AMD-P	89-06-079	248-16-060	AMD	89-09-034	248-27-085	NEW	89-12-077
232-12-267	AMD-C	89-09-058	248-16-070	AMD	89-09-034	248-27-090	REP-P	89-07-023
232-12-271	AMD-W	89-04-034	248-16-080	AMD	89-09-034	248-27-090	REP	89-12-077
232-12-271	AMD-P	89-08-104	248-16-090	AMD	89-09-034	248-27-095	NEW-P	89-07-023
232-12-271	AMD	89-12-044	248-16-105	AMD	89-09-034	248-27-095	NEW	89-12-077
232-12-285	NEW-P	89-08-105	248-16-110	AMD	89-09-034	248-27-100	REP-P	89-07-023
232-12-285	NEW-W	89-12-043	248-16-115	AMD	89-09-034	248-27-100	REP	89-12-077
232-12-828	NEW-E	89-08-034	248-16-120	REP	89-09-034	248-27-105	NEW-P	89-07-023
232-12-829	NEW-P	89-08-107	248-16-121	NEW	89-09-034	248-27-105	NEW	89-12-077
232-12-829	NEW	89-11-073	248-16-130	REP	89-09-034	248-27-115	NEW-P	89-07-023
232-28-110	REP-P	89-08-108	248-16-131	NEW	89-09-034	248-27-115	NEW	89-12-077
232-28-110	REP	89-11-063	248-16-140	REP	89-09-034	248-27-120	REP-P	89-07-023
232-28-217	REP-P	89-08-108	248-16-141	NEW	89-09-034	248-27-120	REP	89-12-077
232-28-217	REP	89-11-063	248-16-150	AMD	89-09-034	248-27-125	NEW-P	89-07-023
232-28-218	NEW-P	89-08-108	248-16-160	AMD	89-09-034	248-27-125	NEW	89-12-077
232-28-61521	NEW-E	89-04-007	248-16-170	AMD	89-09-034	248-27-135	NEW-P	89-07-023
232-28-61703	REP-P	89-08-106	248-16-180	AMD	89-09-034	248-27-135	NEW	89-12-077
232-28-61703	REP	89-11-051	248-16-190	AMD	89-09-034	248-27-145	NEW-P	89-07-023
232-28-61713	NEW	89-04-037	248-16-202	AMD	89-09-034	248-27-145	NEW	89-12-077
232-28-61715	NEW-E	89-04-009	248-16-213	AMD	89-09-034	248-27-155	NEW-P	89-07-023
232-28-61716	NEW-E	89-03-028	248-16-215	AMD	89-09-034	248-27-155	NEW	89-12-077
232-28-61716	REP-E	89-05-002	248-16-216	NEW	89-09-034	248-27-165	NEW-P	89-07-023
232-28-61717	NEW-E	89-04-011	248-16-222	AMD	89-09-034	248-27-165	NEW	89-12-077
232-28-61717	NEW-P	89-06-080	248-16-223	AMD	89-09-034	248-27-175	NEW-P	89-07-023
232-28-61717	NEW-E	89-10-025	248-16-226	AMD	89-09-034	248-27-175	NEW	89-12-077
232-28-61717	NEW	89-10-026	248-16-227	REP	89-09-034	248-27-185	NEW-P	89-07-023
232-28-61718	NEW-E	89-04-010	248-16-228	REP	89-09-034	248-27-185	NEW	89-12-077
232-28-61719	NEW-E	89-05-002	248-16-229	NEW	89-09-034	248-31	AMD-P	89-07-023
232-28-61720	NEW-P	89-06-080	248-16-230	AMD	89-09-034	248-31	AMD	89-12-077
232-28-61720	NEW	89-10-026	248-16-235	AMD	89-09-034	248-31-001	REP-P	89-07-023
232-28-61721	NEW-P	89-06-080	248-16-300	NEW	89-09-034	248-31-001	REP	89-12-077
232-28-61721	NEW	89-10-026	248-16-900	AMD	89-09-034	248-31-002	REP-P	89-07-023
232-28-61722	NEW-P	89-06-081	248-17-020	AMD-P	89-10-069	248-31-002	REP	89-12-077
232-28-61722	NEW	89-10-027	248-17-020	AMD-E	89-10-071	248-31-005	NEW-P	89-07-023
232-28-61723	NEW-P	89-06-082	248-17-213	AMD-P	89-10-069	248-31-005	NEW	89-12-077
232-28-61724	NEW-E	89-06-042	248-17-213	AMD-E	89-10-071	248-31-010	REP-P	89-07-023
232-28-61725	NEW-E	89-08-011	248-17-260	AMD-P	89-10-069	248-31-010	REP	89-12-077
232-28-61726	NEW-E	89-08-032	248-17-260	AMD-E	89-10-071	248-31-015	NEW-P	89-07-023
232-28-61727	NEW-E	89-11-052	248-27	AMD-P	89-07-023	248-31-015	NEW	89-12-077
232-28-710	REP	89-06-002	248-27	AMD	89-12-077	248-31-020	REP-P	89-07-023
232-28-712	NEW	89-06-002	248-27-001	REP-P	89-07-023	248-31-020	REP	89-12-077
232-28-810	REP-P	89-06-083	248-27-001	REP	89-12-077	248-31-025	NEW-P	89-07-023
232-28-810	REP-C	89-09-059	248-27-002	REP-P	89-07-023	248-31-025	NEW	89-12-077
232-28-810	REP	89-11-064	248-27-002	REP	89-12-077	248-31-030	REP-P	89-07-023
232-28-811	NEW-P	89-06-083	248-27-005	NEW-P	89-07-023	248-31-030	REP	89-12-077
232-28-811	NEW	89-12-041	248-27-005	NEW	89-12-077	248-31-035	NEW-P	89-07-023
236-80-010	NEW-P	89-08-033	248-27-010	REP-P	89-07-023	248-31-035	NEW	89-12-077
236-80-020	NEW-P	89-08-033	248-27-010	REP	89-12-077	248-31-040	REP-P	89-07-023
236-80-030	NEW-P	89-08-033	248-27-015	NEW-P	89-07-023	248-31-040	REP	89-12-077
248-14-001	AMD-P	89-04-054	248-27-015	NEW	89-12-077	248-31-045	NEW-P	89-07-023
248-14-001	AMD	89-08-054	248-27-020	REP-P	89-07-023	248-31-045	NEW	89-12-077

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
248-31-050	REP-P	89-07-023	248-36-125	NEW	89-12-077	248-144-141	NEW	89-11-058
248-31-050	REP	89-12-077	248-36-135	NEW-P	89-07-023	248-144-150	REP-P	89-08-098
248-31-055	NEW-P	89-07-023	248-36-135	NEW	89-12-077	248-144-150	REP	89-11-058
248-31-055	NEW	89-12-077	248-36-165	NEW-P	89-07-023	248-144-151	NEW-P	89-08-098
248-31-060	REP-P	89-07-023	248-36-165	NEW	89-12-077	248-144-151	NEW	89-11-058
248-31-060	REP	89-12-077	248-56-500	AMD-P	89-11-055	248-144-160	REP-P	89-08-098
248-31-065	NEW-P	89-07-023	248-56-510	AMD-P	89-11-055	248-144-160	REP	89-11-058
248-31-065	NEW	89-12-077	248-57-500	AMD-P	89-11-055	248-144-161	NEW-P	89-08-098
248-31-070	REP-P	89-07-023	248-100-011	AMD-P	89-04-055	248-144-161	NEW	89-11-058
248-31-070	REP	89-12-077	248-100-011	AMD	89-07-095	248-144-170	REP-P	89-08-098
248-31-075	REP-P	89-07-023	248-100-206	AMD-P	89-04-055	248-144-170	REP	89-11-058
248-31-075	REP	89-12-077	248-100-206	AMD	89-07-095	248-144-171	NEW-P	89-08-098
248-31-077	NEW-P	89-07-023	248-100-207	AMD-P	89-10-021	248-144-171	NEW	89-11-058
248-31-077	NEW	89-12-077	248-100-207	AMD-E	89-10-022	248-144-180	REP-P	89-08-098
248-31-080	REP-P	89-07-023	248-124-990	REP-P	89-06-047	248-144-180	REP	89-11-058
248-31-080	REP	89-12-077	248-124-990	REP	89-10-023	248-144-181	NEW-P	89-08-098
248-31-085	NEW-P	89-07-023	248-124-99001	REP-P	89-06-047	248-144-181	NEW	89-11-058
248-31-085	NEW	89-12-077	248-124-99001	REP	89-10-023	248-144-190	REP-P	89-08-098
248-31-090	REP-P	89-07-023	248-124-99002	REP-P	89-06-047	248-144-190	REP	89-11-058
248-31-090	REP	89-12-077	248-124-99002	REP	89-10-023	248-144-191	NEW-P	89-08-098
248-31-095	NEW-P	89-07-023	248-124-99003	REP-P	89-06-047	248-144-191	NEW	89-11-058
248-31-095	NEW	89-12-077	248-124-99003	REP	89-10-023	248-144-200	REP-P	89-08-098
248-31-100	REP-P	89-07-023	248-124-99004	REP-P	89-06-047	248-144-200	REP	89-11-058
248-31-100	REP	89-12-077	248-124-99004	REP	89-10-023	248-144-201	NEW-P	89-08-098
248-31-105	NEW-P	89-07-023	248-144-010	AMD-P	89-08-098	248-144-201	NEW	89-11-058
248-31-105	NEW	89-12-077	248-144-010	AMD	89-11-058	248-144-210	REP-P	89-08-098
248-31-110	REP-P	89-07-023	248-144-020	AMD-P	89-08-098	248-144-210	REP	89-11-058
248-31-110	REP	89-12-077	248-144-020	AMD	89-11-058	248-144-211	NEW-P	89-08-098
248-31-115	NEW-P	89-07-023	248-144-030	REP-P	89-08-098	248-144-211	NEW	89-11-058
248-31-115	NEW	89-12-077	248-144-030	REP	89-11-058	248-144-220	REP-P	89-08-098
248-31-120	REP-P	89-07-023	248-144-031	NEW-P	89-08-098	248-144-220	REP	89-11-058
248-31-120	REP	89-12-077	248-144-031	NEW	89-11-058	248-144-230	REP-P	89-08-098
248-31-125	NEW-P	89-07-023	248-144-035	REP-P	89-08-098	248-144-230	REP	89-11-058
248-31-125	NEW	89-12-077	248-144-035	REP	89-11-058	248-144-240	REP-P	89-08-098
248-31-130	REP-P	89-07-023	248-144-040	REP-P	89-08-098	248-144-240	REP-P	89-08-098
248-31-130	REP	89-12-077	248-144-040	REP	89-11-058	248-144-240	REP	89-11-058
248-31-135	NEW-P	89-07-023	248-144-041	NEW-P	89-08-098	250-44-050	AMD-P	89-04-048
248-31-135	NEW	89-12-077	248-144-041	NEW	89-11-058	250-44-050	AMD	89-08-056
248-31-140	REP-P	89-07-023	248-144-050	REP-P	89-08-098	250-44-050	AMD-E	89-08-057
248-31-140	REP	89-12-077	248-144-050	REP	89-11-058	250-44-110	AMD-P	89-04-048
248-31-150	REP-P	89-07-023	248-144-051	NEW-P	89-08-098	250-44-110	AMD	89-08-056
248-31-150	REP	89-12-077	248-144-051	NEW	89-11-058	250-44-110	AMD-E	89-08-057
248-31-155	NEW-P	89-07-023	248-144-060	REP-P	89-08-098	250-44-130	AMD-P	89-04-048
248-31-155	NEW	89-12-077	248-144-060	REP	89-11-058	250-44-130	AMD	89-08-056
248-31-160	REP-P	89-07-023	248-144-061	NEW-P	89-08-098	250-44-130	AMD-E	89-08-057
248-31-160	REP	89-12-077	248-144-061	NEW	89-11-058	251-01-077	NEW-P	89-06-044
248-31-165	NEW-P	89-07-023	248-144-070	REP-P	89-08-098	251-01-077	NEW-P	89-06-045
248-31-165	NEW	89-12-077	248-144-070	REP	89-11-058	251-01-077	NEW-W	89-09-060
248-31-175	NEW-P	89-07-023	248-144-071	NEW-P	89-08-098	251-01-077	NEW-C	89-09-061
248-31-175	NEW	89-12-077	248-144-071	NEW	89-11-058	251-01-078	NEW-P	89-06-044
248-31-185	NEW-P	89-07-023	248-144-080	REP-P	89-08-098	251-01-078	NEW-P	89-06-045
248-31-185	NEW	89-12-077	248-144-080	REP	89-11-058	251-01-078	NEW-W	89-09-060
248-36-005	NEW-P	89-07-023	248-144-081	NEW-P	89-08-098	251-01-078	NEW-C	89-09-061
248-36-005	NEW	89-12-077	248-144-081	NEW	89-11-058	251-01-415	AMD-P	89-06-044
248-36-015	NEW-P	89-07-023	248-144-090	REP-P	89-08-098	251-01-415	AMD-P	89-06-045
248-36-015	NEW	89-12-077	248-144-090	REP	89-11-058	251-01-415	AMD-W	89-09-060
248-36-025	NEW-P	89-07-023	248-144-091	NEW-P	89-08-098	251-01-415	AMD-C	89-09-061
248-36-025	NEW	89-12-077	248-144-091	NEW	89-11-058	251-01-415	AMD-P	89-09-063
248-36-035	NEW-P	89-07-023	248-144-100	REP-P	89-08-098	251-01-416	NEW-P	89-09-063
248-36-035	NEW	89-12-077	248-144-100	REP	89-11-058	251-01-417	NEW-P	89-09-063
248-36-045	NEW-P	89-07-023	248-144-101	NEW-P	89-08-098	251-04-040	AMD-P	89-06-044
248-36-045	NEW	89-12-077	248-144-101	NEW	89-11-058	251-04-040	AMD-P	89-06-045
248-36-055	NEW-P	89-07-023	248-144-110	REP-P	89-08-098	251-04-040	AMD-W	89-09-060
248-36-055	NEW	89-12-077	248-144-110	REP	89-11-058	251-04-040	AMD-C	89-09-061
248-36-065	NEW-P	89-07-023	248-144-111	NEW-P	89-08-098	251-04-040	AMD-P	89-09-063
248-36-065	NEW	89-12-077	248-144-111	NEW	89-11-058	251-07-100	NEW-P	89-06-044
248-36-077	NEW-P	89-07-023	248-144-120	REP-P	89-08-098	251-07-100	NEW-P	89-06-045
248-36-077	NEW	89-12-077	248-144-120	REP	89-11-058	251-07-100	NEW-W	89-09-060
248-36-085	NEW-P	89-07-023	248-144-121	NEW-P	89-08-098	251-07-100	NEW-C	89-09-061
248-36-085	NEW	89-12-077	248-144-121	NEW	89-11-058	251-08-110	AMD-C	89-05-043
248-36-095	NEW-P	89-07-023	248-144-130	REP-P	89-08-098	251-08-110	AMD	89-08-003
248-36-095	NEW	89-12-077	248-144-130	REP	89-11-058	251-10	AMD	89-08-003
248-36-105	NEW-P	89-07-023	248-144-131	NEW-P	89-08-098	251-10-070	NEW-C	89-05-043
248-36-105	NEW	89-12-077	248-144-131	NEW	89-11-058	251-10-070	NEW	89-08-003
248-36-115	NEW-P	89-07-023	248-144-140	REP-P	89-08-098	251-10-080	NEW-C	89-05-043
248-36-115	NEW	89-12-077	248-144-140	REP	89-11-058	251-10-080	NEW	89-08-003
248-36-125	NEW-P	89-07-023	248-144-141	NEW-P	89-08-098	251-10-090	NEW-C	89-05-043
						251-10-090	NEW	89-08-003

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
251-11-100	AMD-C	89-05-043	260-34-070	AMD-W	89-07-027	275-80-840	REP-P	89-11-029
251-11-100	AMD	89-08-003	260-34-070	AMD-P	89-08-090	275-80-842	REP-P	89-11-029
251-12-075	AMD-C	89-05-043	260-34-080	AMD-P	89-04-060	275-80-844	REP-P	89-11-029
251-12-075	AMD	89-08-003	260-34-080	AMD-W	89-07-027	275-80-846	REP-P	89-11-029
251-12-087	NEW-C	89-05-043	260-34-080	AMD-P	89-08-090	275-80-848	REP-P	89-11-029
251-12-096	AMD-P	89-09-063	260-34-090	AMD-P	89-04-060	275-80-852	REP-P	89-11-029
251-12-096	AMD	89-12-059	260-34-090	AMD-W	89-07-027	275-80-854	REP-P	89-11-029
251-12-097	AMD-P	89-09-063	260-34-090	AMD-P	89-08-090	275-80-860	REP-P	89-11-029
251-12-097	AMD	89-12-059	260-34-100	AMD-P	89-04-060	275-80-870	REP-P	89-11-029
251-12-600	AMD-P	89-06-044	260-34-100	AMD-W	89-07-027	275-80-872	REP-P	89-11-029
251-12-600	AMD-P	89-06-045	260-34-100	AMD-P	89-08-090	275-80-876	REP-P	89-11-029
251-12-600	AMD-W	89-09-060	260-34-180	AMD-P	89-04-060	275-80-878	REP-P	89-11-029
251-12-600	AMD-C	89-09-061	260-34-180	AMD-W	89-07-027	275-80-890	REP-P	89-11-029
251-12-600	AMD-P	89-09-063	260-34-180	AMD-P	89-08-090	275-80-895	REP-P	89-11-029
251-14-110	AMD-C	89-05-043	260-34-190	NEW-P	89-04-060	275-80-900	REP-P	89-11-029
251-14-110	AMD	89-08-003	260-34-190	NEW-W	89-07-027	275-80-905	REP-P	89-11-029
251-17-090	AMD-C	89-05-043	260-34-190	NEW-P	89-08-090	275-80-910	REP-P	89-11-029
251-17-090	AMD	89-08-003	260-36-020	AMD-E	89-04-029	275-80-915	REP-P	89-11-029
251-18-180	AMD-C	89-05-043	260-36-020	AMD-P	89-08-070	275-80-920	REP-P	89-11-029
251-18-180	AMD	89-08-003	260-36-030	AMD-E	89-04-029	275-80-925	REP-P	89-11-029
251-19-030	REP-P	89-06-044	260-36-030	AMD-P	89-08-070	275-80-930	REP-P	89-11-029
251-19-030	REP-P	89-06-045	260-36-040	AMD-E	89-04-029	275-80-935	REP-P	89-11-029
251-19-030	REP-W	89-09-060	260-36-040	AMD-P	89-08-070	275-80-940	REP-P	89-11-029
251-19-030	REP-C	89-09-061	260-48-327	NEW-P	89-09-064	275-80-995	REP-P	89-11-029
251-19-040	REP-P	89-06-044	260-48-329	REP-P	89-09-064	284-15-050	AMD	89-03-060
251-19-040	REP-P	89-06-045	260-70-010	AMD	89-04-026	284-17-505	AMD-P	89-11-077
251-19-040	REP-W	89-09-060	260-70-010	AMD-P	89-09-065	284-17-520	AMD-E	89-11-070
251-19-040	REP-C	89-09-061	260-70-090	AMD	89-04-026	284-17-520	AMD-P	89-11-077
251-19-100	AMD-P	89-09-063	260-70-100	AMD-P	89-09-065	284-17-535	AMD-P	89-11-077
251-19-105	NEW-P	89-09-063	260-88-010	AMD-P	89-10-078	284-17-537	AMD-P	89-11-077
251-19-120	AMD-P	89-06-044	261-40-150	AMD	89-04-030	284-17-540	AMD-P	89-11-077
251-19-120	AMD-P	89-06-045	261-40-170	AMD	89-04-030	284-17-550	AMD-P	89-11-077
251-19-120	AMD-C	89-09-061	275-19-020	AMD	89-06-011	284-17-570	AMD-E	89-11-070
251-19-120	AMD-P	89-09-063	275-19-030	AMD	89-06-011	284-17-570	AMD-P	89-11-077
251-19-120	AMD-P	89-09-063	275-19-030	AMD	89-06-011	284-17-570	AMD-P	89-11-077
251-19-122	NEW-P	89-06-044	275-19-040	AMD	89-06-011	284-23-550	AMD	89-05-017
251-19-122	NEW-P	89-06-045	275-19-050	AMD	89-06-011	284-23-550	AMD-P	89-05-050
251-19-122	NEW-C	89-09-061	275-19-075	AMD	89-06-011	284-23-550	AMD-C	89-07-073
251-22-250	NEW-E	89-12-060	275-19-135	AMD	89-06-011	284-23-550	AMD	89-07-086
251-22-260	NEW-E	89-12-060	275-19-140	AMD	89-06-011	284-23-550	AMD-E	89-08-038
251-22-270	NEW-E	89-12-060	275-19-145	AMD	89-06-011	284-55-035	AMD-P	89-09-050
251-22-280	NEW-E	89-12-060	275-19-150	AMD	89-06-011	284-55-035	AMD	89-11-096
251-22-290	NEW-E	89-12-060	275-19-165	AMD	89-06-011	284-55-050	AMD-P	89-09-050
251-22-300	NEW-E	89-12-060	275-19-170	AMD	89-06-011	284-55-050	AMD	89-11-096
251-24-030	AMD-C	89-05-043	275-19-180	AMD	89-06-011	284-55-060	AMD-P	89-09-050
251-24-030	AMD-P	89-06-045	275-19-185	REP	89-06-011	284-55-060	AMD	89-11-096
251-24-030	AMD	89-08-003	275-19-260	AMD	89-06-011	284-55-070	AMD-P	89-09-050
251-24-030	AMD-W	89-09-060	275-19-270	AMD	89-06-011	284-55-070	AMD	89-11-096
251-24-030	AMD-P	89-09-063	275-19-280	AMD	89-06-011	284-55-115	AMD-P	89-09-050
251-24-200	NEW-P	89-06-045	275-19-300	AMD	89-06-011	284-55-115	AMD	89-11-096
251-24-200	NEW-W	89-09-060	275-19-310	REP	89-06-011	284-55-150	AMD-P	89-09-050
251-24-200	NEW-P	89-09-063	275-19-320	AMD	89-06-011	284-55-150	AMD	89-11-096
259-04-010	NEW	89-07-003	275-19-410	AMD	89-06-011	284-55-160	AMD-P	89-09-050
259-04-020	NEW	89-07-003	275-19-430	AMD	89-06-011	284-55-160	AMD	89-11-096
259-04-030	NEW	89-07-003	275-19-510	REP	89-06-011	284-55-170	REP-P	89-09-050
259-04-040	NEW	89-07-003	275-19-530	AMD	89-06-011	284-55-170	REP	89-11-096
259-04-050	NEW	89-07-003	275-19-560	AMD	89-06-011	284-55-172	NEW-P	89-09-050
259-04-060	NEW	89-07-003	275-19-570	AMD	89-06-011	284-55-172	NEW	89-11-096
259-04-070	NEW	89-07-003	275-19-590	AMD	89-06-011	284-55-175	REP-P	89-09-050
260-34-010	AMD-P	89-04-060	275-19-610	AMD	89-06-011	284-55-175	REP	89-11-096
260-34-010	AMD-W	89-07-027	275-19-660	AMD	89-06-011	284-55-177	NEW-P	89-09-050
260-34-010	AMD-P	89-08-090	275-19-675	AMD	89-06-011	284-55-177	NEW	89-11-096
260-34-020	AMD-P	89-04-060	275-19-760	AMD	89-06-011	284-55-205	NEW-P	89-09-050
260-34-020	AMD-W	89-07-027	275-19-770	AMD	89-06-011	284-55-205	NEW	89-11-096
260-34-020	AMD-P	89-08-090	275-19-810	AMD	89-06-011	284-55-210	NEW-P	89-09-050
260-34-030	AMD-P	89-04-060	275-19-820	AMD	89-06-011	284-55-210	NEW	89-11-096
260-34-030	AMD-W	89-07-027	275-19-940	AMD	89-06-011	284-74-200	AMD	89-03-031
260-34-030	AMD-P	89-08-090	275-19-950	AMD	89-06-011	296-17-350	AMD-P	89-05-038
260-34-040	AMD-P	89-04-060	275-19-970	AMD	89-06-011	296-17-350	AMD	89-07-078
260-34-040	AMD-W	89-07-027	275-19-980	AMD	89-06-011	296-17-350	AMD-E	89-11-074
260-34-040	AMD-P	89-08-090	275-19-985	AMD	89-06-011	296-17-350	AMD-P	89-11-088
260-34-050	AMD-P	89-04-060	275-19-990	AMD	89-06-011	296-17-45001	NEW-E	89-11-074
260-34-050	AMD-W	89-07-027	275-27-020	AMD	89-06-049	296-17-45001	NEW-P	89-11-088
260-34-050	AMD-P	89-08-090	275-27-026	NEW	89-06-049	296-17-731	REP-E	89-11-074
260-34-060	AMD-P	89-04-060	275-27-030	AMD	89-06-049	296-17-731	REP-P	89-11-088
260-34-060	AMD-W	89-07-027	275-80-805	REP-P	89-11-029	296-17-73101	REP-E	89-11-074
260-34-060	AMD-P	89-08-090	275-80-810	REP-P	89-11-029	296-17-73101	REP-P	89-11-088
260-34-070	AMD-P	89-04-060	275-80-815	REP-P	89-11-029	296-17-73102	REP-E	89-11-074

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
296-17-73102	REP-P 89-11-088	296-22-125	AMD-P 89-12-064	296-23-130	AMD-P 89-12-064
296-17-73103	REP-E 89-11-074	296-22-130	AMD-P 89-12-064	296-23-200	AMD-P 89-12-064
296-17-73103	REP-P 89-11-088	296-22-135	AMD-P 89-12-064	296-23-20102	AMD-P 89-12-064
296-17-73104	REP-E 89-11-074	296-22-140	AMD-P 89-12-064	296-23-204	AMD-P 89-12-064
296-17-73104	REP-P 89-11-088	296-22-141	AMD-P 89-12-064	296-23-208	AMD-P 89-12-064
296-17-73105	NEW-E 89-11-074	296-22-145	AMD-P 89-12-064	296-23-212	AMD-P 89-12-064
296-17-73105	NEW-P 89-11-088	296-22-146	AMD-P 89-12-064	296-23-216	AMD-P 89-12-064
296-17-73106	NEW-E 89-11-074	296-22-147	AMD-P 89-12-064	296-23-221	AMD-P 89-12-064
296-17-73106	NEW-P 89-11-088	296-22-155	AMD-P 89-12-064	296-23-224	AMD-P 89-12-064
296-17-73107	NEW-E 89-11-074	296-22-160	AMD-P 89-12-064	296-23-228	AMD-P 89-12-064
296-17-73107	NEW-P 89-11-088	296-22-170	AMD-P 89-12-064	296-23-231	AMD-P 89-12-064
296-17-73108	NEW-E 89-11-074	296-22-180	AMD-P 89-12-064	296-23-232	AMD-P 89-12-064
296-17-73108	NEW-P 89-11-088	296-22-190	AMD-P 89-12-064	296-23-421	AMD-P 89-12-064
296-17-773	AMD-E 89-11-074	296-22-195	AMD-P 89-12-064	296-23-430	AMD-P 89-12-064
296-17-773	AMD-P 89-11-088	296-22-200	AMD-P 89-12-064	296-23-440	AMD-P 89-12-064
296-17-885	AMD-E 89-11-074	296-22-210	AMD-P 89-12-064	296-23-450	AMD-P 89-12-064
296-17-885	AMD-P 89-11-088	296-22-215	AMD-P 89-12-064	296-23-460	AMD-P 89-12-064
296-17-895	AMD-E 89-11-074	296-22-220	AMD-P 89-12-064	296-23-470	AMD-P 89-12-064
296-17-895	AMD-P 89-11-088	296-22-225	AMD-P 89-12-064	296-23-480	AMD-P 89-12-064
296-21-013	AMD-P 89-12-064	296-22-230	AMD-P 89-12-064	296-23-485	AMD-P 89-12-064
296-21-014	AMD-P 89-12-064	296-22-235	AMD-P 89-12-064	296-23-490	AMD-P 89-12-064
296-21-030	AMD-P 89-12-064	296-22-245	AMD-P 89-12-064	296-23-495	AMD-P 89-12-064
296-21-035	AMD-P 89-03-064	296-22-250	AMD-P 89-12-064	296-23-710	AMD-P 89-03-064
296-21-035	AMD 89-08-001	296-22-255	AMD-P 89-12-064	296-23-710	AMD 89-08-002
296-21-037	NEW-P 89-03-064	296-22-260	AMD-P 89-12-064	296-23-730	NEW-P 89-03-064
296-21-037	NEW 89-08-001	296-22-265	AMD-P 89-12-064	296-23-730	NEW 89-08-002
296-21-040	AMD-P 89-03-064	296-22-285	AMD-P 89-12-064	296-23-900	AMD-P 89-12-064
296-21-040	AMD 89-08-001	296-22-305	AMD-P 89-12-064	296-23-970	AMD-P 89-03-064
296-21-045	AMD-P 89-03-064	296-22-306	AMD-P 89-12-064	296-23-970	AMD 89-08-002
296-21-045	AMD 89-08-001	296-22-310	AMD-P 89-12-064	296-23-990	NEW-P 89-03-064
296-21-046	AMD-P 89-12-064	296-22-315	AMD-P 89-12-064	296-23-990	NEW 89-08-002
296-21-047	AMD-P 89-12-064	296-22-325	AMD-P 89-12-064	296-23A-205	AMD-P 89-12-064
296-21-050	AMD-P 89-12-064	296-22-330	AMD-P 89-12-064	296-23A-240	AMD-P 89-12-064
296-21-057	AMD-P 89-12-064	296-22-333	AMD-P 89-12-064	296-23A-242	AMD-P 89-12-064
296-21-062	AMD-P 89-12-064	296-22-337	AMD-P 89-12-064	296-23A-244	AMD-P 89-12-064
296-21-066	AMD-P 89-12-064	296-22-340	AMD-P 89-12-064	296-23A-246	AMD-P 89-12-064
296-21-070	AMD-P 89-12-064	296-22-350	AMD-P 89-12-064	296-23A-248	AMD-P 89-12-064
296-21-075	AMD-P 89-12-064	296-22-355	AMD-P 89-12-064	296-23A-252	AMD-P 89-12-064
296-21-080	AMD-P 89-12-064	296-22-365	AMD-P 89-12-064	296-23A-254	AMD-P 89-12-064
296-21-085	AMD-P 89-12-064	296-22-370	AMD-P 89-12-064	296-23A-256	AMD-P 89-12-064
296-21-086	AMD-P 89-12-064	296-22-375	AMD-P 89-12-064	296-23A-258	AMD-P 89-12-064
296-21-090	AMD-P 89-12-064	296-22-405	AMD-P 89-12-064	296-23A-260	AMD-P 89-12-064
296-22-010	AMD-P 89-12-064	296-22-410	AMD-P 89-12-064	296-23A-262	AMD-P 89-12-064
296-22-017	AMD-P 89-12-064	296-22-425	AMD-P 89-12-064	296-23A-264	AMD-P 89-12-064
296-22-021	AMD-P 89-12-064	296-22-427	AMD-P 89-12-064	296-23A-266	AMD-P 89-12-064
296-22-022	AMD-P 89-12-064	296-22-430	AMD-P 89-12-064	296-23A-300	AMD-P 89-12-064
296-22-023	AMD-P 89-12-064	296-22-435	AMD-P 89-12-064	296-23A-325	AMD-P 89-12-064
296-22-024	AMD-P 89-12-064	296-22-440	AMD-P 89-12-064	296-23A-330	AMD-P 89-12-064
296-22-025	AMD-P 89-12-064	296-22-445	AMD-P 89-12-064	296-23A-335	AMD-P 89-12-064
296-22-026	AMD-P 89-12-064	296-22-455	AMD-P 89-12-064	296-23A-340	AMD-P 89-12-064
296-22-027	AMD-P 89-12-064	296-22-465	AMD-P 89-12-064	296-23A-345	AMD-P 89-12-064
296-22-030	AMD-P 89-12-064	296-22-470	AMD-P 89-12-064	296-23A-350	AMD-P 89-12-064
296-22-031	AMD-P 89-12-064	296-22-475	AMD-P 89-12-064	296-23A-355	AMD-P 89-12-064
296-22-035	AMD-P 89-12-064	296-23-010	AMD-P 89-12-064	296-23A-360	AMD-P 89-12-064
296-22-037	AMD-P 89-12-064	296-23-01001	AMD-P 89-12-064	296-23A-400	AMD-P 89-03-064
296-22-038	AMD-P 89-12-064	296-23-01004	AMD-P 89-12-064	296-23A-400	AMD 89-08-002
296-22-040	AMD-P 89-12-064	296-23-01006	AMD-P 89-12-064	296-23A-430	NEW-P 89-03-064
296-22-042	AMD-P 89-12-064	296-23-01007	AMD-P 89-12-064	296-23A-430	NEW 89-08-002
296-22-051	AMD-P 89-12-064	296-23-015	AMD-P 89-12-064	296-24-012	AMD-P 89-06-058
296-22-052	AMD-P 89-12-064	296-23-020	AMD-P 89-12-064	296-24-012	AMD 89-11-035
296-22-053	AMD-P 89-12-064	296-23-025	AMD-P 89-12-064	296-24-150	AMD-P 89-06-058
296-22-061	AMD-P 89-12-064	296-23-030	AMD-P 89-12-064	296-24-150	AMD 89-11-035
296-22-067	AMD-P 89-12-064	296-23-035	AMD-P 89-12-064	296-24-15001	AMD-P 89-06-058
296-22-071	AMD-P 89-12-064	296-23-040	AMD-P 89-12-064	296-24-15001	AMD 89-11-035
296-22-073	AMD-P 89-12-064	296-23-045	AMD-P 89-12-064	296-24-16503	AMD-P 89-06-058
296-22-079	AMD-P 89-12-064	296-23-050	AMD-P 89-12-064	296-24-16503	AMD 89-11-035
296-22-082	AMD-P 89-12-064	296-23-065	AMD-P 89-12-064	296-24-16517	AMD-P 89-06-058
296-22-087	AMD-P 89-12-064	296-23-079	AMD-P 89-12-064	296-24-16517	AMD 89-11-035
296-22-091	AMD-P 89-12-064	296-23-07902	AMD-P 89-12-064	296-24-195	AMD-P 89-06-058
296-22-095	AMD-P 89-12-064	296-23-07903	AMD-P 89-12-064	296-24-195	AMD 89-11-035
296-22-097	AMD-P 89-12-064	296-23-07904	REP-P 89-12-064	296-24-20501	AMD-P 89-06-058
296-22-100	AMD-P 89-12-064	296-23-07905	AMD-P 89-12-064	296-24-20501	AMD 89-11-035
296-22-105	AMD-P 89-12-064	296-23-07906	AMD-P 89-12-064	296-24-20503	AMD-P 89-06-058
296-22-110	AMD-P 89-12-064	296-23-07907	AMD-P 89-12-064	296-24-20503	AMD 89-11-035
296-22-115	AMD-P 89-12-064	296-23-07908	AMD-P 89-12-064	296-24-21511	AMD-P 89-06-058
296-22-116	AMD-P 89-12-064	296-23-080	AMD-P 89-12-064	296-24-21511	AMD 89-11-035
296-22-120	AMD-P 89-12-064	296-23-125	AMD-P 89-12-064	296-24-21703	AMD-P 89-06-058

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
296-24-21703	AMD	89-11-035	296-62-075	AMD-P	89-10-066	296-127-023	RE-AD-P	89-12-051
296-24-21707	AMD-P	89-06-058	296-62-07501	AMD-P	89-10-066	296-127-025	RE-AD-P	89-12-051
296-24-21707	AMD	89-11-035	296-62-07503	AMD-P	89-10-066	296-127-026	RE-AD-P	89-12-051
296-24-21713	AMD-P	89-06-058	296-62-07505	AMD-P	89-10-066	296-127-040	AMD-P	89-12-051
296-24-21713	AMD	89-11-035	296-62-07507	AMD-P	89-10-066	296-127-045	AMD-P	89-12-051
296-24-23529	AMD-P	89-06-058	296-62-07510	AMD-P	89-10-066	296-150B-015	AMD	89-05-016
296-24-23529	AMD	89-11-035	296-62-07511	AMD-P	89-10-066	296-155-140	AMD-P	89-06-058
296-24-260	AMD-P	89-06-058	296-62-07515	AMD-P	89-10-066	296-155-140	AMD	89-11-035
296-24-260	AMD	89-11-035	296-62-07531	AMD-P	89-06-058	296-155-180	NEW-P	89-06-058
296-24-33011	AMD-P	89-06-058	296-62-07531	AMD	89-11-035	296-155-180	NEW	89-11-035
296-24-33011	AMD	89-11-035	296-62-07544	AMD-P	89-06-058	296-155-205	AMD-P	89-06-058
296-24-37003	AMD-P	89-06-058	296-62-07544	AMD	89-11-035	296-155-205	AMD	89-11-035
296-24-37003	AMD	89-11-035	296-62-07703	AMD-P	89-06-058	296-155-212	AMD-P	89-06-058
296-24-567	AMD-P	89-06-058	296-62-07703	AMD	89-11-035	296-155-212	AMD	89-11-035
296-24-567	AMD	89-11-035	296-62-07705	AMD-P	89-06-058	296-155-305	AMD-P	89-06-058
296-24-66313	AMD-P	89-06-058	296-62-07705	AMD	89-11-035	296-155-305	AMD	89-11-035
296-24-66313	AMD	89-11-035	296-62-07709	AMD-P	89-06-058	296-155-36313	AMD-P	89-06-058
296-24-68201	AMD-P	89-06-058	296-62-07709	AMD	89-11-035	296-155-36313	AMD	89-11-035
296-24-68201	AMD	89-11-035	296-62-07711	AMD-P	89-06-058	296-155-370	AMD-P	89-06-058
296-24-73505	AMD-P	89-06-058	296-62-07711	AMD	89-11-035	296-155-370	AMD	89-11-035
296-24-73505	AMD	89-11-035	296-62-07712	AMD-P	89-06-058	296-155-48529	AMD-P	89-06-058
296-24-75011	AMD-P	89-06-058	296-62-07712	AMD	89-11-035	296-155-48529	AMD	89-11-035
296-24-75011	AMD	89-11-035	296-62-07713	AMD-P	89-06-058	296-155-48533	AMD-P	89-06-058
296-24-76511	AMD-P	89-06-058	296-62-07713	AMD	89-11-035	296-155-48533	AMD	89-11-035
296-24-76511	AMD	89-11-035	296-62-07715	AMD-P	89-06-058	296-155-48536	NEW-P	89-06-058
296-24-92005	AMD-P	89-06-058	296-62-07715	AMD	89-11-035	296-155-48536	NEW	89-11-035
296-24-92005	AMD	89-11-035	296-62-07717	AMD-P	89-06-058	296-155-510	AMD-P	89-06-058
296-24-94003	AMD-P	89-06-058	296-62-07717	AMD	89-11-035	296-155-510	AMD	89-11-035
296-24-94003	AMD	89-11-035	296-62-07719	AMD-P	89-06-058	296-155-675	AMD-P	89-06-058
296-27-020	AMD-P	89-06-058	296-62-07719	AMD	89-11-035	296-155-675	AMD	89-11-035
296-27-020	AMD	89-11-035	296-62-07721	AMD-P	89-06-058	296-155-680	AMD-P	89-06-058
296-32-230	AMD-P	89-06-058	296-62-07721	AMD	89-11-035	296-155-680	AMD	89-11-035
296-32-230	AMD	89-11-035	296-62-07725	AMD-P	89-06-058	296-155-681	NEW-P	89-06-058
296-44-44009	AMD-P	89-06-058	296-62-07725	AMD	89-11-035	296-155-681	NEW	89-11-035
296-44-44009	AMD	89-11-035	296-62-07731	AMD-P	89-06-058	296-155-682	NEW-P	89-06-058
296-45-65009	AMD-P	89-06-058	296-62-07731	AMD	89-11-035	296-155-682	NEW	89-11-035
296-45-65009	AMD	89-11-035	296-62-07745	AMD-P	89-06-058	296-155-683	NEW-P	89-06-058
296-45-65041	AMD-P	89-06-058	296-62-07745	AMD	89-11-035	296-155-683	NEW	89-11-035
296-45-65041	AMD	89-11-035	296-62-07747	AMD-P	89-06-058	296-155-684	NEW-P	89-06-058
296-45-67545	NEW-P	89-06-058	296-62-07747	AMD	89-11-035	296-155-684	NEW	89-11-035
296-45-67545	NEW	89-11-035	296-62-300	AMD-P	89-06-058	296-155-685	AMD-P	89-06-058
296-54-507	AMD-P	89-06-058	296-62-3110	AMD-P	89-06-058	296-155-685	AMD	89-11-035
296-54-507	AMD	89-11-035	296-62-3140	AMD-P	89-06-058	296-155-686	NEW-P	89-06-058
296-56-60001	AMD-P	89-06-058	296-78-515	AMD-P	89-06-058	296-155-686	NEW	89-11-035
296-56-60001	AMD	89-11-035	296-78-515	AMD	89-11-035	296-155-687	NEW-P	89-06-058
296-56-60069	AMD-P	89-06-058	296-78-56501	AMD-P	89-06-058	296-155-687	NEW	89-11-035
296-56-60069	AMD	89-11-035	296-78-56501	AMD	89-11-035	296-155-688	NEW-P	89-06-058
296-56-60103	AMD-P	89-06-058	296-79-050	AMD-P	89-06-058	296-155-688	NEW	89-11-035
296-56-60103	AMD	89-11-035	296-79-050	AMD	89-11-035	296-155-689	NEW-P	89-06-058
296-59-005	AMD-P	89-06-058	296-104-050	AMD-P	89-08-075	296-155-689	NEW	89-11-035
296-59-005	AMD	89-11-035	296-104-260	AMD-P	89-08-075	296-155-690	AMD-P	89-06-058
296-62-052	AMD-P	89-06-058	296-104-315	REP-P	89-08-075	296-155-690	AMD	89-11-035
296-62-052	AMD	89-11-035	296-116-082	AMD-P	89-05-034	296-155-691	NEW-P	89-06-058
296-62-05201	AMD-P	89-06-058	296-116-082	AMD-E	89-05-035	296-155-691	NEW	89-11-035
296-62-05201	AMD	89-11-035	296-116-082	AMD-E	89-09-028	296-155-692	NEW-P	89-06-058
296-62-05203	AMD-P	89-06-058	296-116-082	AMD	89-11-060	296-155-692	NEW	89-11-035
296-62-05203	AMD	89-11-035	296-116-185	AMD-C	89-03-037	296-155-694	NEW-P	89-06-058
296-62-05205	AMD-P	89-06-058	296-116-185	AMD	89-08-042	296-155-694	NEW	89-11-035
296-62-05205	AMD	89-11-035	296-116-300	AMD-C	89-03-038	296-155-695	AMD-P	89-06-058
296-62-05207	AMD-P	89-06-058	296-116-300	AMD	89-08-041	296-155-695	AMD	89-11-035
296-62-05207	AMD	89-11-035	296-125-043	AMD-C	89-06-035	296-155-697	NEW-P	89-06-058
296-62-05209	AMD-P	89-06-058	296-125-043	AMD-C	89-08-058	296-155-697	NEW	89-11-035
296-62-05209	AMD	89-11-035	296-125-043	AMD-C	89-09-007	296-155-699	NEW-P	89-06-058
296-62-05211	AMD-P	89-06-058	296-125-043	AMD	89-10-014	296-155-699	NEW	89-11-035
296-62-05211	AMD	89-11-035	296-126-020	AMD-C	89-06-035	296-155-750	REP-P	89-06-058
296-62-05213	AMD-P	89-06-058	296-126-020	AMD-C	89-08-058	296-155-750	REP	89-11-035
296-62-05213	AMD	89-11-035	296-126-020	AMD-C	89-09-007	296-303-02007	AMD-P	89-06-058
296-62-05215	AMD-P	89-06-058	296-126-020	AMD	89-10-014	296-303-02007	AMD	89-11-035
296-62-05215	AMD	89-11-035	296-127-010	AMD-P	89-12-051	296-303-040	AMD-P	89-06-058
296-62-05217	AMD-P	89-06-058	296-127-011	AMD-P	89-12-051	296-303-040	AMD	89-11-035
296-62-05217	AMD	89-11-035	296-127-013	RE-AD-P	89-12-051	296-304-010	AMD-P	89-06-058
296-62-05219	AMD-P	89-06-058	296-127-014	RE-AD-P	89-12-051	296-304-010	AMD	89-11-035
296-62-05219	AMD	89-11-035	296-127-015	RE-AD-P	89-12-051	296-305-025	AMD-P	89-06-058
296-62-05221	AMD-P	89-06-058	296-127-016	REP-P	89-12-051	296-305-025	AMD	89-11-035
296-62-05221	AMD	89-11-035	296-127-018	NEW-P	89-12-051	296-306	AMD-P	89-06-058
296-62-05223	AMD-P	89-06-058	296-127-019	AMD-P	89-12-051	296-306	AMD	89-11-035
296-62-05223	AMD	89-11-035	296-127-020	AMD-P	89-12-051	296-306-010	AMD-P	89-06-058

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
296-306-010	AMD	89-11-035	308-51-230	NEW-P	89-10-077	308-56A-670	NEW-P	89-11-019
296-306-165	AMD-P	89-06-058	308-51-240	NEW-P	89-10-077	308-56A-680	NEW-E	89-10-045
296-306-165	AMD	89-11-035	308-51-250	NEW-P	89-10-077	308-56A-680	NEW-P	89-11-019
296-306-200	AMD-P	89-06-058	308-51-260	NEW-P	89-10-077	308-56A-690	NEW-E	89-10-045
296-306-200	AMD	89-11-035	308-51-270	NEW-P	89-10-077	308-56A-690	NEW-P	89-11-019
296-306-310	AMD-P	89-06-058	308-51-280	NEW-P	89-10-077	308-77-030	AMD	89-03-005
296-306-310	AMD-E	89-11-007	308-51-290	NEW-P	89-10-077	308-77-034	AMD	89-03-005
296-306-310	AMD	89-11-035	308-51-300	NEW-P	89-10-077	308-77-040	AMD	89-03-005
296-306-320	AMD-P	89-06-058	308-51-310	NEW-P	89-10-077	308-77-042	NEW	89-03-034
296-306-320	AMD-E	89-11-007	308-52-139	AMD	89-06-077	308-77-044	NEW	89-03-034
296-306-320	AMD	89-11-035	308-52-190	NEW-P	89-05-056	308-77-060	AMD	89-03-005
296-400-045	AMD-P	89-07-079	308-52-190	NEW	89-08-063	308-89-040	AMD-P	89-08-091
296-400-045	AMD	89-12-004	308-52-255	AMD-P	89-09-067	308-89-040	AMD-E	89-08-094
308-12-040	AMD-P	89-06-067	308-52-255	AMD	89-12-053	308-91	AMD-P	89-02-063
308-12-040	AMD	89-12-052	308-52-260	AMD	89-06-077	308-91	AMD	89-07-035
308-25-080	NEW-P	89-10-077	308-52-265	NEW-P	89-09-067	308-91-030	AMD-P	89-02-062
308-25-090	NEW-P	89-10-077	308-52-265	NEW	89-12-053	308-91-030	AMD	89-07-036
308-25-100	NEW-P	89-10-077	308-52-405	AMD-P	89-09-067	308-91-040	AMD-P	89-02-063
308-25-110	NEW-P	89-10-077	308-52-405	AMD	89-12-053	308-91-040	AMD	89-07-035
308-25-120	NEW-P	89-10-077	308-52-415	AMD-P	89-09-067	308-91-050	AMD-P	89-02-063
308-25-130	NEW-P	89-10-077	308-52-415	AMD	89-12-053	308-91-050	AMD	89-07-035
308-25-140	NEW-P	89-10-077	308-52-620	NEW	89-06-076	308-91-140	AMD-P	89-02-063
308-25-150	NEW-P	89-10-077	308-52-630	NEW-P	89-09-067	308-91-140	AMD	89-07-035
308-25-160	NEW-P	89-10-077	308-52-640	NEW-P	89-09-067	308-96A-260	AMD-P	89-08-091
308-26-055	NEW-P	89-10-077	308-52-650	NEW-P	89-09-067	308-96A-260	AMD-E	89-08-094
308-26-065	NEW-P	89-10-077	308-52-660	NEW-P	89-09-067	308-115-260	NEW-P	89-10-077
308-26-075	NEW-P	89-10-077	308-52-670	NEW-P	89-09-067	308-115-270	NEW-P	89-10-077
308-26-085	NEW-P	89-10-077	308-53-120	AMD-P	89-06-070	308-115-280	NEW-P	89-10-077
308-26-095	NEW-P	89-10-077	308-53-120	AMD	89-10-030	308-115-290	NEW-P	89-10-077
308-26-105	NEW-P	89-10-077	308-53-123	NEW-P	89-06-070	308-115-310	NEW-P	89-10-077
308-26-115	NEW-P	89-10-077	308-53-123	NEW	89-10-030	308-115-320	NEW-P	89-10-077
308-26-125	NEW-P	89-10-077	308-53-125	AMD-P	89-06-070	308-115-330	NEW-P	89-10-077
308-26-135	NEW-P	89-10-077	308-53-125	AMD	89-10-030	308-115-340	NEW-P	89-10-077
308-34-010	REP	89-02-051	308-53-130	REP-P	89-06-070	308-115-350	NEW-P	89-10-077
308-34-020	REP	89-02-051	308-53-130	REP	89-10-030	308-115-405	AMD-P	89-05-018
308-34-030	REP	89-02-051	308-53-135	AMD-P	89-06-070	308-115-405	AMD	89-08-008
308-34-040	REP	89-02-051	308-53-135	AMD	89-10-030	308-117-080	AMD-P	89-06-071
308-34-050	REP	89-02-051	308-53-145	AMD-P	89-06-070	308-117-080	AMD	89-10-075
308-34-060	REP	89-02-051	308-53-145	AMD	89-10-030	308-117-450	NEW-P	89-02-065
308-34-070	REP	89-02-051	308-53-146	AMD-P	89-06-070	308-117-460	NEW-P	89-02-065
308-34-080	REP	89-02-051	308-53-146	AMD	89-10-030	308-117-460	NEW	89-07-005
308-34-090	REP	89-02-051	308-53-150	AMD-P	89-06-070	308-117-470	NEW-P	89-02-065
308-34-310	NEW	89-02-051	308-53-150	AMD	89-10-030	308-117-470	NEW	89-07-005
308-34-320	NEW	89-02-051	308-53-151	AMD-P	89-06-070	308-117-480	NEW-P	89-02-065
308-34-330	NEW	89-02-051	308-53-151	AMD	89-10-030	308-117-480	NEW	89-07-005
308-34-410	NEW	89-02-051	308-53-165	AMD-P	89-06-070	308-117-480	NEW	89-07-005
308-34-420	NEW	89-02-051	308-53-165	AMD	89-10-030	308-120-168	AMD-P	89-08-093
308-34-430	NEW	89-02-051	308-53-170	AMD-P	89-06-070	308-120-168	AMD	89-12-032
308-34-440	NEW	89-02-051	308-53-170	AMD	89-10-030	308-120-170	AMD-P	89-06-072
308-34-450	NEW	89-02-051	308-53-175	NEW-P	89-06-070	308-120-170	AMD	89-12-033
308-34-460	NEW	89-02-051	308-53-175	NEW	89-10-030	308-120-305	AMD-P	89-06-072
308-34-470	NEW	89-02-051	308-53-180	AMD-P	89-06-070	308-120-305	AMD	89-12-033
308-34-480	NEW	89-02-051	308-53-180	AMD	89-10-030	308-120-810	NEW-P	89-06-072
308-37-190	AMD-P	89-02-064	308-53-180	AMD	89-10-030	308-120-810	NEW	89-12-033
308-37-190	AMD-C	89-05-020	308-53-400	NEW-C	89-06-066	308-122-211	NEW-P	89-08-092
308-37-190	REP-P	89-07-092	308-55-035	NEW	89-09-027	308-122-211	NEW	89-11-054
308-37-190	AMD	89-08-095	308-55-045	NEW-P	89-10-077	308-124A-025	AMD-P	89-05-057
308-40-102	AMD	89-06-075	308-55-055	NEW-P	89-10-077	308-124A-025	AMD-E	89-07-004
308-40-105	AMD-P	89-10-072	308-55-065	NEW-P	89-10-077	308-124A-025	AMD	89-08-009
308-40-105	AMD-E	89-10-074	308-55-075	NEW-P	89-10-077	308-124A-460	AMD-P	89-05-057
308-40-106	NEW-P	89-10-072	308-55-085	NEW-P	89-10-077	308-124A-460	AMD-E	89-07-004
308-40-106	NEW-E	89-10-074	308-55-095	NEW-P	89-10-077	308-124A-460	AMD	89-08-009
308-40-140	NEW-P	89-06-068	308-55-105	NEW-P	89-10-077	308-124D-060	REP-P	89-07-091
308-40-140	NEW	89-11-053	308-55-115	NEW-P	89-10-077	308-124D-060	REP	89-11-032
308-42-010	AMD-P	89-06-069	308-56A-610	NEW-E	89-10-045	308-124D-065	REP-P	89-07-091
308-42-010	AMD-C	89-10-073	308-56A-610	NEW-P	89-11-019	308-124D-065	REP-P	89-07-091
308-42-121	NEW-P	89-09-066	308-56A-620	NEW-E	89-10-045	308-124H-030	AMD	89-11-032
308-42-145	AMD-P	89-09-066	308-56A-620	NEW-P	89-11-019	308-128E-010	REP-P	89-04-001
308-48-350	NEW	89-04-002	308-56A-630	NEW-E	89-10-045	308-128E-010	REP	89-07-077
308-50-010	AMD-P	89-05-055	308-56A-630	NEW-P	89-11-019	308-128E-011	NEW-P	89-04-001
308-50-010	AMD	89-08-096	308-56A-640	NEW-E	89-10-045	308-128E-011	NEW	89-07-077
308-50-020	AMD	89-04-017	308-56A-640	NEW-P	89-11-019	308-130-320	NEW-P	89-10-077
308-50-035	AMD	89-04-017	308-56A-650	NEW-E	89-10-045	308-130-330	NEW-P	89-10-077
308-50-035	AMD-P	89-09-026	308-56A-650	NEW-P	89-11-019	308-130-340	NEW-P	89-10-077
308-50-130	AMD	89-04-017	308-56A-660	NEW-E	89-10-045	308-130-350	NEW-P	89-10-077
308-50-350	AMD	89-04-017	308-56A-660	NEW-P	89-11-019	308-130-360	NEW-P	89-10-077
308-50-420	AMD	89-04-017	308-56A-670	NEW-E	89-10-045	308-130-370	NEW-P	89-10-077

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
308-130-380	NEW-P 89-10-077	308-210-045	NEW-P 89-07-082	315-11-420	NEW-P 89-06-084
308-130-390	NEW-P 89-10-077	308-210-046	NEW-P 89-07-082	315-11-420	NEW 89-09-009
308-130-400	NEW-P 89-10-077	308-210-050	AMD-P 89-07-082	315-11-421	NEW-P 89-06-084
308-150-014	AMD-P 89-06-073	308-210-060	REP-P 89-07-082	315-11-421	NEW 89-09-009
308-150-014	AMD 89-10-076	308-210-080	NEW-P 89-10-077	315-11-422	NEW-P 89-06-084
308-154-085	NEW-P 89-06-073	308-210-090	NEW-P 89-10-077	315-11-422	NEW 89-09-009
308-154-085	NEW 89-10-076	308-210-100	NEW-P 89-10-077	315-11-430	NEW-P 89-06-084
308-156-200	NEW-P 89-06-073	308-210-110	NEW-P 89-10-077	315-11-430	NEW 89-09-009
308-156-200	NEW 89-10-076	308-210-120	NEW-P 89-10-077	315-11-431	NEW-P 89-06-084
308-173-010	NEW-P 89-10-077	308-210-130	NEW-P 89-10-077	315-11-431	NEW 89-09-009
308-173-020	NEW-P 89-10-077	308-210-140	NEW-P 89-10-077	315-11-432	NEW-P 89-06-084
308-173-070	NEW-P 89-10-077	308-210-150	NEW-P 89-10-077	315-11-432	NEW 89-09-009
308-173-080	NEW-P 89-10-077	308-210-160	NEW-P 89-10-077	315-11-440	NEW-P 89-09-079
308-173-090	NEW-P 89-10-077	308-220-010	AMD 89-04-003	315-11-440	NEW 89-12-042
308-177-010	NEW-P 89-10-077	308-220-030	AMD 89-04-003	315-11-441	NEW-P 89-09-079
308-177-020	NEW-P 89-10-077	308-220-090	NEW-P 89-10-077	315-11-441	NEW 89-12-042
308-177-030	NEW-P 89-10-077	308-220-100	NEW-P 89-10-077	315-11-442	NEW-P 89-09-079
308-177-040	NEW-P 89-10-077	308-220-110	NEW-P 89-10-077	315-11-442	NEW 89-12-042
308-177-050	NEW-P 89-10-077	308-220-120	NEW-P 89-10-077	315-11-450	NEW-P 89-09-079
308-177-060	NEW-P 89-10-077	308-220-130	NEW-P 89-10-077	315-11-450	NEW 89-12-042
308-177-070	NEW-P 89-10-077	308-220-140	NEW-P 89-10-077	315-11-451	NEW-P 89-09-079
308-177-080	NEW-P 89-10-077	308-220-150	NEW-P 89-10-077	315-11-451	NEW 89-12-042
308-177-090	NEW-P 89-10-077	308-220-160	NEW-P 89-10-077	315-11-452	NEW-P 89-09-079
308-177-110	NEW 89-03-035	308-220-170	NEW-P 89-10-077	315-11-452	NEW 89-12-042
308-177-120	NEW 89-03-035	308-230-060	NEW-P 89-10-077	315-12-030	AMD-P 89-09-079
308-177-130	NEW 89-03-035	308-230-070	NEW-P 89-10-077	315-12-030	AMD 89-12-042
308-177-140	NEW 89-03-035	308-230-080	NEW-P 89-10-077	315-30-040	AMD-P 89-09-079
308-177-150	NEW 89-03-035	308-230-090	NEW-P 89-10-077	315-30-040	AMD 89-12-042
308-180-290	NEW-P 89-10-077	308-230-100	NEW-P 89-10-077	315-30-050	AMD-P 89-09-079
308-180-300	NEW-P 89-10-077	308-230-110	NEW-P 89-10-077	315-30-050	AMD 89-12-042
308-180-310	NEW-P 89-10-077	308-230-120	NEW-P 89-10-077	315-30-070	AMD-P 89-09-079
308-180-320	NEW-P 89-10-077	308-230-130	NEW-P 89-10-077	315-30-070	AMD 89-12-042
308-180-330	NEW-P 89-10-077	308-230-140	NEW-P 89-10-077	315-30-075	NEW-P 89-06-084
308-180-340	NEW-P 89-10-077	308-310-020	NEW 89-05-019	315-30-075	NEW 89-09-009
308-180-350	NEW-P 89-10-077	308-310-030	NEW 89-05-019	315-30-080	AMD-P 89-06-084
308-180-360	NEW-P 89-10-077	308-310-040	NEW 89-05-019	315-30-080	AMD 89-09-009
308-180-370	NEW-P 89-10-077	308-400	AMD 89-06-078	315-31	AMD-P 89-09-079
308-183-010	NEW-P 89-10-077	308-400-010	AMD 89-06-078	315-31	AMD 89-12-042
308-183-020	NEW-P 89-10-077	308-400-020	AMD 89-06-078	315-31-020	AMD-P 89-09-079
308-183-030	NEW-P 89-10-077	308-400-025	AMD 89-06-078	315-31-020	AMD 89-12-042
308-183-040	NEW-P 89-10-077	308-400-030	AMD 89-06-078	315-31-030	AMD-P 89-09-079
308-183-050	NEW-P 89-10-077	308-400-040	AMD 89-06-078	315-31-030	AMD 89-12-042
308-183-060	NEW-P 89-10-077	308-400-044	REP 89-06-078	315-31-040	AMD-P 89-09-079
308-183-070	NEW-P 89-10-077	308-400-046	AMD 89-06-078	315-31-040	AMD 89-12-042
308-183-080	NEW-P 89-10-077	308-400-047	AMD 89-06-078	315-31-050	AMD-P 89-09-079
308-190-030	AMD-P 89-07-081	308-400-048	AMD 89-06-078	315-31-050	AMD 89-12-042
308-190-040	AMD-P 89-07-081	308-400-050	AMD 89-06-078	315-31-060	AMD-P 89-09-079
308-190-041	NEW-P 89-07-081	308-400-052	AMD 89-06-078	315-31-060	AMD 89-12-042
308-190-042	NEW-P 89-07-081	308-400-058	AMD 89-06-078	315-32-050	AMD-P 89-09-079
308-190-060	NEW-P 89-10-077	308-400-059	AMD 89-06-078	315-32-050	AMD 89-12-042
308-190-070	NEW-P 89-10-077	308-400-095	AMD 89-06-078	332-26-080	NEW-E 89-09-014
308-190-080	NEW-P 89-10-077	308-400-100	AMD 89-06-078	332-26-095	NEW-E 89-05-023
308-190-090	NEW-P 89-10-077	308-400-120	NEW 89-06-078	332-26-095	REP-E 89-06-004
308-190-100	NEW-P 89-10-077	314-12-037	NEW-W 89-07-015	332-130	AMD-C 89-08-021
308-190-110	NEW-P 89-10-077	314-12-038	NEW-W 89-07-015	332-130	AMD 89-11-028
308-190-120	NEW-P 89-10-077	314-12-175	NEW-C 89-11-033	332-130-010	AMD-C 89-08-021
308-190-130	NEW-P 89-10-077	314-16-075	AMD-P 89-04-025	332-130-010	AMD 89-11-028
308-190-140	NEW-P 89-10-077	314-16-075	AMD 89-08-014	332-130-020	AMD-C 89-08-021
308-195-030	AMD-P 89-05-058	314-16-120	AMD 89-03-045	332-130-020	AMD 89-11-028
308-195-030	AMD 89-09-006	314-20-030	AMD-P 89-03-040	332-130-030	AMD-C 89-08-021
308-195-120	NEW-P 89-10-077	314-20-030	AMD 89-06-013	332-130-030	AMD 89-11-028
308-195-130	NEW-P 89-10-077	315-06-020	AMD-P 89-09-079	332-130-040	AMD-C 89-08-021
308-195-140	NEW-P 89-10-077	315-06-020	AMD 89-12-042	332-130-040	AMD 89-11-028
308-195-150	NEW-P 89-10-077	315-06-035	AMD 89-05-015	332-130-050	AMD-C 89-08-021
308-195-160	NEW-P 89-10-077	315-06-120	AMD-P 89-09-079	332-130-050	AMD 89-11-028
308-195-170	NEW-P 89-10-077	315-06-120	AMD 89-12-042	332-130-060	AMD-C 89-08-021
308-195-180	NEW-P 89-10-077	315-10-060	AMD-C 89-05-014	332-130-060	AMD 89-11-028
308-195-190	NEW-P 89-10-077	315-10-060	AMD 89-09-008	332-130-070	AMD-C 89-08-021
308-195-210	NEW-P 89-05-058	315-11-400	NEW 89-05-015	332-130-070	AMD 89-11-028
308-195-210	NEW 89-09-006	315-11-401	NEW 89-05-015	332-130-080	AMD-C 89-08-021
308-195-220	NEW-P 89-05-058	315-11-402	NEW 89-05-015	332-130-080	AMD 89-11-028
308-195-220	NEW 89-09-006	315-11-410	NEW-P 89-06-084	332-130-090	NEW-C 89-08-021
308-195-230	NEW-P 89-05-058	315-11-410	NEW 89-09-009	332-130-090	NEW 89-11-028
308-195-230	NEW 89-09-006	315-11-411	NEW-P 89-06-084	332-130-100	NEW-C 89-08-021
308-210-010	AMD-P 89-07-082	315-11-411	NEW 89-09-009	332-130-100	NEW 89-11-028
308-210-030	AMD-P 89-07-082	315-11-412	NEW-P 89-06-084	352-32-010	AMD-P 89-03-067
308-210-040	AMD-P 89-07-082	315-11-412	NEW 89-09-009	352-32-010	AMD 89-07-020

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
352-32-047	NEW-P	89-03-067	356-42-055	AMD-C	89-03-059	388-24-200	AMD	89-12-079
352-32-047	NEW	89-07-020	356-42-105	REP-C	89-03-059	388-28-575	AMD-P	89-12-074
352-32-047	NEW	89-07-098	360-12-010	REP-P	89-12-081	388-28-390	AMD-P	89-04-053
352-32-250	AMD-P	89-03-067	360-12-015	AMD-P	89-12-081	388-28-390	AMD	89-07-038
352-32-250	AMD	89-07-020	360-16-250	REP	89-04-016	388-29-001	AMD-P	89-08-099
356-05-238	NEW-C	89-03-056	360-16-265	NEW	89-04-016	388-29-001	AMD	89-11-102
356-05-238	NEW	89-06-028	360-17-055	AMD-C	89-04-023	388-29-020	AMD-P	89-08-099
356-05-390	AMD-P	89-08-059	360-17-055	AMD-P	89-08-062	388-29-020	AMD	89-11-102
356-05-390	AMD-C	89-11-042	360-17-055	AMD	89-12-011	388-29-295	AMD-P	89-02-066
356-14-062	AMD-C	89-03-057	360-18-020	AMD	89-04-015	388-29-295	AMD-E	89-02-068
356-14-062	AMD-C	89-07-055	360-36-010	AMD-P	89-12-082	388-29-295	AMD	89-05-030
356-14-062	AMD-C	89-11-041	360-36-210	AMD-P	89-12-082	388-33-376	AMD	89-03-051
356-14-240	AMD-C	89-03-058	360-36-220	REP-P	89-12-082	388-38-045	AMD	89-03-051
356-15-030	AMD-C	89-05-044	360-36-240	REP-P	89-12-082	388-38-172	AMD	89-03-051
356-15-080	AMD-C	89-03-058	360-36-250	AMD-P	89-12-082	388-40-001	NEW-P	89-03-026
356-15-080	AMD-C	89-07-054	360-36-260	AMD-P	89-12-082	388-40-001	NEW-E	89-03-027
356-15-090	AMD-C	89-03-058	360-36-270	AMD-P	89-12-082	388-40-001	REP-E	89-06-034
356-15-090	AMD-P	89-06-009	360-36-410	AMD-P	89-12-082	388-40-001	REP-E	89-06-051
356-15-090	AMD-W	89-06-039	360-36-420	AMD-P	89-12-082	388-40-002	NEW-P	89-03-049
356-15-090	AMD-P	89-06-040	360-36-430	AMD-P	89-12-082	388-40-002	NEW-E	89-03-050
356-15-090	AMD	89-10-040	360-36-440	AMD-P	89-12-082	388-40-002	REP-E	89-06-034
356-15-090	AMD-P	89-11-090	360-36-500	NEW-P	89-12-082	388-40-002	REP-E	89-06-051
356-15-110	AMD-P	89-10-037	360-44-010	AMD-P	89-04-058	388-40-030	AMD-E	89-06-034
356-15-130	AMD-P	89-10-038	360-44-010	AMD	89-09-020	388-40-030	AMD-P	89-06-048
356-15-140	NEW-P	89-04-024	360-44-040	AMD-P	89-04-058	388-40-030	AMD-E	89-06-051
356-15-140	NEW	89-07-056	360-44-040	AMD	89-09-020	388-40-030	AMD-E	89-12-014
356-18-020	AMD-C	89-03-056	360-44-050	AMD-P	89-04-058	388-40-050	AMD-E	89-06-034
356-18-020	AMD	89-06-028	360-44-050	AMD	89-09-020	388-40-050	AMD-P	89-06-048
356-18-025	AMD-C	89-03-056	360-44-060	AMD-P	89-04-058	388-40-050	AMD-E	89-06-051
356-18-025	AMD	89-06-028	360-44-060	AMD	89-09-020	388-40-050	AMD-E	89-12-014
356-18-030	AMD-C	89-03-056	360-44-080	AMD-P	89-04-058	388-40-080	AMD-E	89-06-034
356-18-030	AMD	89-06-028	360-44-080	AMD	89-09-020	388-40-080	AMD-P	89-06-048
356-18-040	AMD-C	89-03-056	360-44-090	AMD-P	89-04-058	388-40-080	AMD-E	89-06-051
356-18-040	AMD	89-06-028	360-44-090	AMD	89-09-020	388-40-080	AMD-E	89-12-014
356-18-040	AMD	89-06-028	360-44-100	AMD-P	89-04-058	388-40-090	AMD-E	89-06-034
356-18-050	AMD-C	89-03-056	360-44-100	AMD	89-09-020	388-40-090	AMD-P	89-06-048
356-18-050	AMD	89-06-028	360-44-100	AMD	89-09-020	388-40-090	AMD-E	89-06-051
356-18-050	AMD-E	89-09-040	360-44-130	AMD-P	89-04-058	388-40-090	AMD-E	89-12-014
356-18-050	AMD-P	89-10-039	360-44-130	AMD	89-09-020	388-40-090	NEW-E	89-06-034
356-18-060	AMD-C	89-03-056	360-44-140	AMD-P	89-04-058	388-40-091	NEW-E	89-06-048
356-18-060	AMD	89-06-028	360-44-140	AMD	89-09-020	388-40-091	NEW-P	89-06-048
356-18-070	AMD-C	89-03-056	360-44-140	AMD	89-09-020	388-40-091	NEW-E	89-06-051
356-18-070	AMD-P	89-06-024	360-44-990	AMD	89-09-020	388-40-091	NEW-E	89-12-014
356-18-070	AMD	89-06-028	360-52-110	NEW	89-04-015	388-40-091	NEW-E	89-06-034
356-18-070	AMD-C	89-10-036	381	AMD	89-08-018	388-40-100	AMD-E	89-06-048
356-18-080	AMD-C	89-03-056	388-07-005	AMD-P	89-09-030	388-40-100	AMD-P	89-06-048
356-18-080	AMD	89-06-028	388-07-005	AMD	89-12-078	388-40-100	AMD-E	89-06-051
356-18-090	AMD-C	89-03-056	388-14-270	AMD-E	89-07-052	388-40-100	AMD-E	89-12-014
356-18-090	AMD	89-06-028	388-14-270	AMD-P	89-07-093	388-49-015	AMD-P	89-03-071
356-18-090	AMD-E	89-09-040	388-14-270	AMD	89-10-070	388-49-015	AMD	89-07-001
356-18-090	AMD-P	89-10-039	388-14-275	NEW-E	89-07-052	388-49-020	AMD-P	89-03-071
356-18-110	AMD-C	89-03-056	388-14-275	NEW-P	89-07-093	388-49-020	AMD	89-07-001
356-18-110	AMD	89-06-028	388-14-275	NEW	89-10-070	388-49-030	AMD-P	89-03-072
356-18-112	NEW-E	89-11-031	388-15-130	AMD-P	89-03-048	388-49-030	AMD	89-07-001
356-18-112	NEW-P	89-11-089	388-15-130	AMD	89-07-024	388-49-110	AMD-P	89-03-072
356-18-116	AMD-C	89-03-056	388-15-132	AMD-P	89-03-048	388-49-110	AMD	89-07-001
356-18-116	AMD	89-06-028	388-15-132	AMD	89-07-024	388-49-190	AMD-P	89-03-073
356-18-120	AMD-P	89-08-060	388-15-134	AMD-P	89-03-048	388-49-190	AMD	89-07-001
356-18-120	AMD-C	89-11-030	388-15-134	AMD	89-07-024	388-49-191	REP	89-03-053
356-18-140	AMD-C	89-03-056	388-15-208	AMD-P	89-10-046	388-49-191	REP-E	89-03-054
356-18-140	AMD	89-06-028	388-15-208	AMD-E	89-10-049	388-49-250	AMD	89-05-032
356-18-150	AMD-C	89-03-056	388-15-212	AMD-P	89-10-049	388-49-310	AMD-P	89-03-073
356-18-150	AMD	89-06-028	388-15-212	AMD-E	89-10-049	388-49-310	AMD	89-07-001
356-18-160	AMD-C	89-03-056	388-22-030	AMD-P	89-08-099	388-49-310	AMD-P	89-12-075
356-18-160	AMD	89-06-028	388-22-030	AMD	89-11-102	388-49-320	AMD-P	89-11-099
356-18-180	REP-C	89-03-056	388-24-040	AMD-P	89-03-052	388-49-330	AMD-P	89-11-056
356-18-180	REP	89-06-028	388-24-042	AMD-P	89-09-031	388-49-420	AMD-P	89-03-073
356-18-220	AMD-C	89-03-056	388-24-042	AMD	89-12-079	388-49-420	AMD	89-07-001
356-18-220	AMD	89-06-028	388-24-052	AMD-P	89-09-031	388-49-450	AMD	89-05-032
356-18-220	AMD-P	89-08-059	388-24-052	AMD	89-12-079	388-49-450	AMD-E	89-08-051
356-18-220	AMD-C	89-11-042	388-24-074	AMD-P	89-09-031	388-49-450	AMD-P	89-08-100
356-30-025	AMD	89-04-027	388-24-074	AMD	89-12-079	388-49-450	AMD	89-11-101
356-30-067	AMD	89-04-027	388-24-113	NEW-P	89-03-052	388-49-460	AMD	89-05-032
356-30-067	AMD-P	89-10-062	388-24-114	REP-P	89-09-031	388-49-470	AMD-E	89-08-051
356-30-140	AMD	89-04-027	388-24-114	REP	89-12-079	388-49-470	AMD-P	89-08-100
356-30-140	AMD-P	89-08-028	388-24-190	REP-P	89-09-031	388-49-470	AMD	89-11-101
356-30-140	AMD-C	89-11-043	388-24-190	REP	89-12-079	388-49-480	AMD-P	89-03-074
356-42-020	AMD-C	89-03-059	388-24-200	AMD-P	89-09-031	388-49-480	AMD	89-07-001
						388-49-550	AMD-P	89-02-069

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
388-49-550	AMD	89-05-031	388-88-099	NEW-P	89-07-094	440-44-041	NEW-P	89-12-076
388-49-660	AMD-P	89-08-101	388-88-099	NEW	89-11-017	440-44-042	NEW-P	89-12-076
388-49-660	AMD	89-12-035	388-88-101	AMD-P	89-07-094	440-44-043	NEW-P	89-12-076
388-49-670	AMD-P	89-09-032	388-88-101	AMD	89-11-017	440-44-050	AMD-P	89-12-076
388-49-670	AMD	89-12-034	388-95-395	NEW-P	89-09-029	446-40-020	AMD-E	89-10-011
388-55-010	AMD	89-03-008	388-95-395	NEW	89-12-037	446-40-020	AMD	89-10-015
388-55-020	AMD	89-03-008	388-96-210	AMD-P	89-08-046	446-40-025	NEW-E	89-10-011
388-55-040	AMD	89-03-008	388-96-210	AMD	89-11-100	446-40-025	NEW	89-10-015
388-70-640	AMD	89-05-063	388-96-221	AMD-P	89-08-046	456-08-001	REP-P	89-06-062
388-73-014	AMD	89-11-005	388-96-221	AMD	89-11-100	456-08-001	REP	89-10-055
388-73-016	AMD	89-11-005	388-96-722	AMD-P	89-08-046	456-08-002	REP-P	89-06-062
388-73-036	AMD	89-11-005	388-99-020	AMD	89-05-029	456-08-002	REP	89-10-055
388-73-044	AMD	89-05-063	388-99-030	AMD-P	89-08-047	456-08-003	REP-P	89-06-062
388-73-056	AMD	89-11-005	388-99-030	AMD-E	89-08-049	456-08-003	REP-E	89-07-031
388-73-136	AMD-P	89-03-025	388-99-030	AMD	89-11-057	456-08-003	REP	89-10-055
388-73-136	AMD	89-07-097	388-330-010	NEW-P	89-02-067	456-08-004	REP-P	89-06-062
388-73-142	AMD	89-11-005	388-330-010	NEW	89-07-096	456-08-004	REP-E	89-07-031
388-73-146	AMD	89-11-005	388-330-020	NEW-P	89-02-067	456-08-004	REP	89-10-055
388-73-310	AMD	89-11-005	388-330-020	NEW	89-07-096	456-08-005	REP-P	89-06-062
388-73-422	AMD	89-11-005	388-330-030	NEW-P	89-02-067	456-08-005	REP	89-10-055
388-73-423	NEW	89-11-005	388-330-030	NEW	89-07-096	456-08-006	REP-P	89-06-062
388-73-424	AMD	89-11-005	388-330-040	NEW-P	89-02-067	456-08-006	REP	89-10-055
388-73-428	NEW	89-11-005	388-330-040	NEW	89-07-096	456-08-006	REP-P	89-06-062
388-76-080	NEW	89-05-033	388-330-040	NEW	89-07-096	456-08-007	REP-P	89-06-062
388-76-170	AMD	89-05-033	388-330-050	NEW-P	89-02-067	456-08-007	REP	89-10-055
388-77-005	AMD	89-03-053	388-330-060	NEW-P	89-02-067	456-08-010	REP	89-10-055
388-77-005	AMD-E	89-03-054	388-330-060	NEW	89-07-096	456-08-040	REP-P	89-06-062
388-77-230	AMD-P	89-09-033	392-121-260	AMD-P	89-10-002	456-08-040	REP	89-10-055
388-77-230	AMD	89-12-036	392-121-415	AMD-P	89-12-039	456-08-045	REP-P	89-06-062
388-77-240	AMD-P	89-09-033	392-140-160	AMD-E	89-12-040	456-08-045	REP	89-10-055
388-77-240	AMD	89-12-036	392-140-164	REP-E	89-12-040	456-08-070	REP-P	89-06-062
388-77-610	AMD	89-03-053	392-140-165	AMD-E	89-12-040	456-08-070	REP	89-10-055
388-77-610	AMD-E	89-03-054	399-30-020	AMD-P	89-02-057	456-08-080	REP-P	89-06-062
388-77-820	AMD	89-03-053	399-30-020	AMD-C	89-06-057	456-08-080	REP	89-10-055
388-77-820	AMD-E	89-03-054	399-30-020	AMD	89-10-041	456-08-090	REP-P	89-06-062
388-78-210	AMD-P	89-05-062	399-30-045	NEW-P	89-02-057	456-08-090	REP	89-10-055
388-78-210	AMD	89-08-050	399-30-045	NEW-C	89-06-057	456-08-092	REP-P	89-06-062
388-81-043	AMD	89-05-029	399-30-045	NEW	89-10-041	456-08-092	REP	89-10-055
388-81-060	AMD	89-05-029	399-30-050	AMD-P	89-02-057	456-08-150	REP-P	89-06-062
388-82-140	NEW	89-05-029	399-30-050	AMD-C	89-06-057	456-08-150	REP	89-10-055
388-82-140	AMD-P	89-08-044	399-30-050	AMD	89-10-041	456-08-160	REP-P	89-06-062
388-82-140	AMD-E	89-08-053	399-30-050	AMD	89-02-057	456-08-160	REP	89-10-055
388-82-140	AMD	89-11-057	399-30-065	NEW-P	89-06-057	456-08-170	REP-P	89-06-062
388-83-012	AMD-P	89-10-047	399-30-065	NEW	89-10-041	456-08-170	REP	89-10-055
388-83-012	AMD-E	89-10-048	419-64-010	NEW	89-04-050	456-08-180	REP-P	89-06-062
388-83-012	AMD	89-12-080	419-64-020	NEW	89-04-050	456-08-180	REP	89-10-055
388-83-013	NEW-P	89-10-047	419-64-030	NEW	89-04-050	456-08-190	REP-P	89-06-062
388-83-013	NEW-E	89-10-048	419-64-040	NEW	89-04-050	456-08-190	REP	89-10-055
388-83-013	NEW	89-12-080	419-64-050	NEW	89-04-050	456-08-200	REP-P	89-06-062
388-83-014	NEW-P	89-10-047	419-64-060	NEW	89-04-050	456-08-200	REP	89-10-055
388-83-014	NEW-E	89-10-048	419-64-070	NEW	89-04-050	456-08-220	REP-P	89-06-062
388-83-014	NEW	89-12-080	419-64-080	NEW	89-04-050	456-08-220	REP	89-10-055
388-83-015	AMD-P	89-08-045	419-64-090	NEW	89-04-050	456-08-230	REP-P	89-06-062
388-83-015	AMD-E	89-08-048	419-70-010	NEW-P	89-11-094	456-08-230	REP	89-10-055
388-83-015	AMD	89-11-057	419-70-020	NEW-P	89-11-094	456-08-240	REP-P	89-06-062
388-83-032	AMD-P	89-08-044	419-70-030	NEW-P	89-11-094	456-08-240	REP	89-10-055
388-83-032	AMD-E	89-08-053	419-70-040	NEW-P	89-11-094	456-08-250	REP-P	89-06-062
388-83-032	AMD	89-11-057	419-70-050	NEW-P	89-11-094	456-08-250	REP	89-10-055
388-84-115	AMD-P	89-07-011	419-72-010	NEW-P	89-11-095	456-08-260	REP-P	89-06-062
388-84-115	AMD-E	89-07-030	419-72-015	NEW-P	89-11-095	456-08-260	REP	89-10-055
388-84-115	AMD	89-11-002	419-72-020	NEW-P	89-11-095	456-08-270	REP-P	89-06-062
388-86-005	AMD-P	89-10-020	419-72-025	NEW-P	89-11-095	456-08-270	REP	89-10-055
388-86-005	AMD-E	89-10-024	419-72-030	NEW-P	89-11-095	456-08-280	REP-P	89-06-062
388-86-090	AMD	89-05-029	419-72-035	NEW-P	89-11-095	456-08-280	REP	89-10-055
388-86-100	AMD	89-08-052	419-72-040	NEW-P	89-11-095	456-08-290	REP-P	89-06-062
388-87-011	AMD-P	89-07-037	419-72-045	NEW-P	89-11-095	456-08-290	REP	89-10-055
388-87-011	AMD-E	89-07-039	419-72-050	NEW-P	89-11-095	456-08-300	REP-P	89-06-062
388-87-011	AMD	89-11-004	419-72-055	NEW-P	89-11-095	456-08-300	REP	89-10-055
388-87-060	AMD-P	89-07-012	419-72-060	NEW-P	89-11-095	456-08-310	REP-P	89-06-062
388-87-060	AMD-E	89-07-013	419-72-065	NEW-P	89-11-095	456-08-310	REP	89-10-055
388-87-060	AMD	89-11-003	419-72-070	NEW-P	89-11-095	456-08-320	REP-P	89-06-062
388-88-080	AMD-P	89-07-094	419-72-075	NEW-P	89-11-095	456-08-320	REP	89-10-055
388-88-080	AMD	89-11-017	419-72-080	NEW-P	89-11-095	456-08-330	REP-P	89-06-062
388-88-095	AMD	89-06-050	419-72-090	NEW-P	89-11-095	456-08-330	REP	89-10-055
388-88-097	NEW	89-06-050	419-72-095	NEW-P	89-11-095	456-08-340	REP-P	89-06-062
388-88-098	NEW-P	89-07-094	440-44-023	AMD-P	89-12-076	456-08-340	REP	89-10-055
388-88-098	NEW	89-11-017	440-44-040	AMD-P	89-12-076	456-08-350	REP-P	89-06-062

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
456-10-310	NEW-P	89-06-064	456-10-970	NEW-P	89-06-064	458-14-150	REP-P	89-07-087
456-10-310	NEW	89-10-057	456-10-970	NEW	89-10-057	458-14-152	REP-P	89-07-087
456-10-315	NEW-P	89-06-064	456-12-010	NEW-P	89-06-065	458-14-155	REP-P	89-07-087
456-10-315	NEW	89-10-057	456-12-010	NEW	89-10-058	458-14-160	NEW-P	89-07-087
456-10-320	NEW-P	89-06-064	456-12-020	NEW-P	89-06-065	458-16-115	NEW-P	89-05-052
456-10-320	NEW	89-10-057	456-12-020	NEW	89-10-058	458-16-115	NEW-W	89-08-036
456-10-325	NEW-P	89-06-064	456-12-030	NEW-P	89-06-065	458-16-115	NEW-E	89-08-037
456-10-325	NEW	89-10-057	456-12-030	NEW	89-10-058	458-16-115	NEW-P	89-09-074
456-10-330	NEW-P	89-06-064	456-12-040	NEW-P	89-06-065	458-16-115	NEW	89-12-013
456-10-330	NEW	89-10-057	456-12-040	NEW	89-10-058	458-18-220	AMD	89-10-067
456-10-335	NEW-P	89-06-064	456-12-050	NEW-P	89-06-065	458-20-193B	AMD-C	89-02-052
456-10-335	NEW	89-10-057	456-12-050	NEW	89-10-058	458-20-193B	AMD	89-06-015
456-10-340	NEW-P	89-06-064	456-12-060	NEW-P	89-06-065	458-20-221	AMD-C	89-02-052
456-10-340	NEW	89-10-057	456-12-060	NEW	89-10-058	458-20-221	AMD	89-06-016
456-10-345	NEW-P	89-06-064	456-12-070	NEW-P	89-06-065	458-20-252	AMD-C	89-04-042
456-10-345	NEW	89-10-057	456-12-070	NEW	89-10-058	458-20-252	AMD-E	89-06-005
456-10-350	NEW-P	89-06-064	456-12-080	NEW-P	89-06-065	458-20-252	AMD-W	89-07-084
456-10-355	NEW-P	89-06-064	456-12-080	NEW	89-10-058	458-20-252	AMD-P	89-07-085
456-10-355	NEW	89-10-057	456-12-090	NEW-P	89-06-065	458-20-252	AMD	89-10-051
456-10-360	NEW-P	89-06-064	456-12-090	NEW	89-10-058	458-20-252	AMD-E	89-10-052
456-10-360	NEW	89-10-057	456-12-100	NEW-P	89-06-065	458-20-254	NEW-P	89-08-089
456-10-410	NEW-P	89-06-064	456-12-100	NEW	89-10-058	458-20-254	NEW	89-11-040
456-10-410	NEW	89-10-057	456-12-110	NEW-P	89-06-065	458-30-260	AMD	89-05-009
456-10-420	NEW-P	89-06-064	456-12-110	NEW	89-10-058	458-30-261	NEW	89-05-008
456-10-420	NEW	89-10-057	456-12-120	NEW-P	89-06-065	458-30-590	AMD	89-05-010
456-10-430	NEW-P	89-06-064	456-12-120	NEW	89-10-058	458-40-660	AMD-P	89-10-061
456-10-430	NEW	89-10-057	456-12-130	NEW-P	89-06-065	458-40-670	AMD-P	89-10-061
456-10-440	NEW-P	89-06-064	456-12-130	NEW	89-10-058	458-53-020	AMD-P	89-05-053
456-10-440	NEW	89-10-057	456-12-140	NEW-P	89-06-065	458-53-020	AMD	89-09-021
456-10-505	NEW-P	89-06-064	456-12-140	NEW	89-10-058	458-53-030	AMD-P	89-05-053
456-10-505	NEW	89-10-057	458-14-005	NEW-P	89-07-087	458-53-030	AMD	89-09-021
456-10-510	NEW-P	89-06-064	458-14-009	NEW-P	89-07-087	458-53-070	AMD-P	89-05-053
456-10-510	NEW	89-10-057	458-14-010	REP-P	89-07-087	458-53-070	AMD	89-09-021
456-10-515	NEW-P	89-06-064	458-14-014	NEW-P	89-07-087	458-53-100	AMD-P	89-05-053
456-10-515	NEW	89-10-057	458-14-015	NEW-P	89-07-087	458-53-100	AMD	89-09-021
456-10-520	NEW-P	89-06-064	458-14-016	NEW-P	89-07-087	458-53-110	AMD-P	89-05-053
456-10-520	NEW	89-10-057	458-14-017	NEW-P	89-07-087	458-53-110	AMD	89-09-021
456-10-525	NEW-P	89-06-064	458-14-019	NEW-P	89-07-087	458-53-150	AMD-P	89-05-053
456-10-525	NEW	89-10-057	458-14-020	REP-P	89-07-087	458-53-150	AMD	89-09-021
456-10-530	NEW-P	89-06-064	458-14-021	NEW-P	89-07-087	458-53-163	AMD-P	89-05-053
456-10-530	NEW	89-10-057	458-14-023	NEW-P	89-07-087	458-53-163	AMD	89-09-021
456-10-535	NEW-P	89-06-064	458-14-025	NEW-P	89-07-087	460-46A-010	AMD-P	89-03-044
456-10-535	NEW	89-10-057	458-14-027	NEW-P	89-07-087	460-46A-010	AMD	89-07-042
456-10-540	NEW-P	89-06-064	458-14-029	NEW-P	89-07-087	460-46A-050	AMD-P	89-03-044
456-10-540	NEW	89-10-057	458-14-030	REP-P	89-07-087	460-46A-050	AMD	89-07-042
456-10-545	NEW-P	89-06-064	458-14-031	NEW-P	89-07-087	460-46A-060	REP-P	89-03-044
456-10-545	NEW	89-10-057	458-14-040	REP-P	89-07-087	460-46A-060	REP	89-07-042
456-10-550	NEW-P	89-06-064	458-14-042	NEW-P	89-07-087	460-46A-070	REP-P	89-03-044
456-10-550	NEW	89-10-057	458-14-045	REP-P	89-07-087	460-46A-070	REP	89-07-042
456-10-555	NEW-P	89-06-064	458-14-050	REP-P	89-07-087	460-46A-080	REP-P	89-03-044
456-10-555	NEW	89-10-057	458-14-052	REP-P	89-07-087	460-46A-080	REP	89-07-042
456-10-560	NEW-P	89-06-064	458-14-055	REP-P	89-07-087	460-46A-085	REP-P	89-03-044
456-10-560	NEW	89-10-057	458-14-060	REP-P	89-07-087	460-46A-085	REP	89-07-042
456-10-565	NEW-P	89-06-064	458-14-062	REP-P	89-07-087	460-46A-090	AMD-P	89-03-044
456-10-565	NEW	89-10-057	458-14-065	REP-P	89-07-087	460-46A-090	AMD	89-07-042
456-10-570	NEW-P	89-06-064	458-14-070	REP-P	89-07-087	460-46A-092	NEW-P	89-03-044
456-10-570	NEW	89-10-057	458-14-075	REP-P	89-07-087	460-46A-092	NEW	89-07-042
456-10-710	NEW-P	89-06-064	458-14-080	REP-P	89-07-087	460-46A-095	AMD-P	89-03-044
456-10-710	NEW	89-10-057	458-14-085	REP-P	89-07-087	460-46A-095	AMD	89-07-042
456-10-715	NEW-P	89-06-064	458-14-086	REP-P	89-07-087	460-46A-105	AMD-P	89-03-044
456-10-715	NEW	89-10-057	458-14-090	REP-P	89-07-087	460-46A-105	AMD	89-07-042
456-10-720	NEW-P	89-06-064	458-14-091	REP-P	89-07-087	460-46A-110	AMD-P	89-03-044
456-10-720	NEW	89-10-057	458-14-092	REP-P	89-07-087	460-46A-110	AMD	89-07-042
456-10-725	NEW-P	89-06-064	458-14-094	REP-P	89-07-087	460-46A-110	AMD	89-07-042
456-10-725	NEW	89-10-057	458-14-098	REP-P	89-07-087	460-46A-120	REP-P	89-03-044
456-10-730	NEW-P	89-06-064	458-14-100	REP-P	89-07-087	460-46A-120	REP	89-07-042
456-10-730	NEW	89-10-057	458-14-100	REP-P	89-07-087	460-46A-145	AMD-P	89-03-044
456-10-735	NEW-P	89-06-064	458-14-110	REP-P	89-07-087	460-46A-145	AMD	89-07-042
456-10-735	NEW	89-10-057	458-14-115	REP-P	89-07-087	460-46A-150	AMD-P	89-03-044
456-10-740	NEW-P	89-06-064	458-14-120	REP-P	89-07-087	460-46A-150	AMD	89-07-042
456-10-740	NEW	89-10-057	458-14-121	REP-P	89-07-087	460-46A-155	AMD-P	89-03-044
456-10-745	NEW-P	89-06-064	458-14-122	REP-P	89-07-087	460-46A-155	AMD	89-07-042
456-10-745	NEW	89-10-057	458-14-125	REP-P	89-07-087	468-06	REVIEW	89-06-038
456-10-750	NEW-P	89-06-064	458-14-126	REP-P	89-07-087	468-10	REVIEW	89-06-038
456-10-750	NEW	89-10-057	458-14-130	REP-P	89-07-087	468-12	REVIEW	89-06-038
456-10-755	NEW-P	89-06-064	458-14-135	REP-P	89-07-087	468-14	REVIEW	89-08-061
456-10-755	NEW	89-10-057	458-14-140	REP-P	89-07-087	468-16-010	NEW-P	89-07-034
456-10-755	NEW	89-10-057	458-14-145	REP-P	89-07-087	468-16-010	NEW-W	89-08-064

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
468-16-020	NEW-P	89-07-034	468-300-700	AMD-C	89-12-005	479-116-045	NEW-P	89-10-053
468-16-020	NEW-W	89-08-064	478-116-020	AMD-P	89-09-043	479-116-045	NEW-E	89-10-054
468-16-030	NEW-P	89-07-034	478-116-030	AMD-P	89-09-043	479-116-050	NEW-P	89-10-053
468-16-030	NEW-W	89-08-064	478-116-055	AMD-P	89-09-043	479-116-050	NEW-E	89-10-054
468-16-040	NEW-P	89-07-034	478-116-060	AMD-P	89-09-043	479-116-060	NEW-P	89-10-053
468-16-040	NEW-W	89-08-064	478-116-095	AMD-P	89-09-043	479-116-060	NEW-E	89-10-054
468-16-050	NEW-P	89-07-034	478-116-100	AMD-P	89-09-043	479-120-020	NEW-P	89-10-053
468-16-050	NEW-W	89-08-064	478-116-110	AMD-P	89-09-043	479-120-020	NEW-E	89-10-054
468-16-060	NEW-P	89-07-034	478-116-210	AMD-P	89-09-043	479-120-033	NEW-P	89-10-053
468-16-060	NEW-W	89-08-064	478-116-240	AMD-P	89-09-043	479-120-033	NEW-E	89-10-054
468-16-070	NEW-P	89-07-034	478-116-250	AMD-P	89-09-043	480-08-208	NEW-E	89-08-004
468-16-070	NEW-W	89-08-064	478-116-270	AMD-P	89-09-043	480-08-208	NEW-P	89-08-109
468-16-080	NEW-P	89-07-034	478-116-280	AMD-P	89-09-043	480-08-208	REP-E	89-11-006
468-16-080	NEW-W	89-08-064	478-116-340	AMD-P	89-09-043	480-08-208	NEW-C	89-11-085
468-16-090	NEW-P	89-07-034	478-116-345	NEW-P	89-09-043	480-12-180	AMD	89-06-021
468-16-090	NEW-W	89-08-064	478-116-360	AMD-P	89-09-043	480-12-190	AMD	89-06-021
468-16-100	NEW-P	89-07-034	478-116-380	AMD-P	89-09-043	480-12-195	AMD	89-06-021
468-16-100	NEW-W	89-08-064	478-116-430	AMD-P	89-09-043	480-12-285	AMD	89-04-045
468-16-110	NEW-P	89-07-034	478-116-440	AMD-P	89-09-043	480-12-445	AMD-P	89-06-020
468-16-110	NEW-W	89-08-064	478-116-455	NEW-P	89-09-043	480-12-445	AMD	89-09-071
468-16-120	NEW-P	89-07-034	478-116-456	NEW-P	89-09-043	480-30-095	AMD	89-06-021
468-16-120	NEW-W	89-08-064	478-116-462	NEW-P	89-09-043	480-30-100	AMD	89-06-021
468-16-130	NEW-P	89-07-034	478-116-463	NEW-P	89-09-043	480-70-330	AMD	89-06-021
468-16-130	NEW-W	89-08-064	478-116-465	NEW-P	89-09-043	480-70-400	AMD	89-06-021
468-16-140	NEW-P	89-07-034	478-116-466	NEW-P	89-09-043	480-70-405	AMD	89-06-021
468-16-140	NEW-W	89-08-064	478-116-467	NEW-P	89-09-043	480-80-070	AMD-P	89-12-072
468-16-150	NEW-P	89-07-034	478-116-470	AMD-P	89-09-043	480-80-330	AMD-P	89-08-110
468-16-150	NEW-W	89-08-064	478-116-490	AMD-P	89-09-043	480-80-330	AMD	89-12-038
468-16-160	NEW-P	89-07-034	478-116-500	AMD-P	89-09-043	480-80-390	NEW-P	89-12-069
468-16-160	NEW-W	89-08-064	478-116-510	AMD-P	89-09-043	480-90-031	AMD-P	89-09-070
468-16-170	NEW-P	89-07-034	478-116-512	NEW-P	89-09-043	480-90-031	AMD-C	89-11-084
468-16-170	NEW-W	89-08-064	478-116-515	NEW-P	89-09-043	480-90-031	AMD	89-12-070
468-16-180	NEW-P	89-07-034	478-116-520	AMD-P	89-09-043	480-90-201	REP-P	89-05-042
468-16-180	NEW-W	89-08-064	478-116-525	NEW-P	89-09-043	480-90-201	REP	89-08-030
468-16-190	NEW-P	89-07-034	478-116-550	AMD-P	89-09-043	480-90-206	REP-P	89-05-042
468-16-190	NEW-W	89-08-064	478-116-586	AMD-P	89-09-043	480-90-206	REP	89-08-030
468-16-200	NEW-P	89-07-034	478-116-600	AMD-P	89-09-043	480-90-206	REP	89-05-042
468-16-200	NEW-W	89-08-064	479-112-005	NEW-P	89-10-053	480-90-216	REP-P	89-05-042
468-16-210	NEW-P	89-07-034	479-112-005	NEW-E	89-10-054	480-90-216	REP	89-08-030
468-16-210	NEW-W	89-08-064	479-112-007	NEW-P	89-10-053	480-90-221	REP-P	89-05-042
468-18	REVIEW	89-06-038	479-112-007	NEW-E	89-10-054	480-90-221	REP	89-08-030
468-30	REVIEW	89-08-061	479-112-008	NEW-P	89-10-053	480-90-226	REP-P	89-05-042
468-34	REVIEW	89-08-061	479-112-008	NEW-E	89-10-054	480-90-226	REP	89-08-030
468-34-020	AMD	89-05-022	479-112-009	NEW-P	89-10-053	480-90-231	REP-P	89-05-042
468-34-060	AMD	89-05-022	479-112-009	NEW-E	89-10-054	480-90-231	REP	89-08-030
468-34-100	AMD	89-05-022	479-112-010	NEW-P	89-10-053	480-90-241	REP-P	89-05-042
468-34-110	AMD	89-05-022	479-112-010	NEW-E	89-10-054	480-90-241	REP	89-08-030
468-34-120	AMD	89-05-022	479-112-017	NEW-P	89-10-053	480-90-246	REP-P	89-05-042
468-34-130	AMD	89-05-022	479-112-017	NEW-E	89-10-054	480-90-246	REP	89-08-030
468-34-140	AMD	89-05-022	479-112-018	NEW-P	89-10-053	480-90-251	REP-P	89-05-042
468-34-150	AMD	89-05-022	479-112-018	NEW-E	89-10-054	480-90-251	REP	89-08-030
468-34-170	AMD	89-05-022	479-112-020	NEW-P	89-10-053	480-90-256	REP-P	89-05-042
468-34-190	AMD	89-05-022	479-113-010	NEW-E	89-10-054	480-90-256	REP	89-08-030
468-34-210	AMD	89-05-022	479-113-010	NEW-P	89-10-053	480-90-261	REP-P	89-05-042
468-34-220	AMD	89-05-022	479-113-011	NEW-E	89-10-054	480-90-261	REP	89-08-030
468-34-250	AMD	89-05-022	479-113-011	NEW-P	89-10-053	480-90-266	REP-P	89-05-042
468-34-290	AMD	89-05-022	479-113-011	NEW-E	89-10-054	480-90-266	REP	89-08-030
468-34-300	AMD	89-05-022	479-113-029	NEW-P	89-10-053	480-90-271	REP-P	89-05-042
468-34-320	AMD	89-05-022	479-113-029	NEW-E	89-10-054	480-90-271	REP	89-08-030
468-34-340	AMD	89-05-022	479-113-031	NEW-P	89-10-053	480-90-276	REP-P	89-05-042
468-34-350	NEW	89-05-022	479-113-031	NEW-E	89-10-054	480-90-276	REP	89-08-030
468-54	REVIEW	89-08-061	479-113-032	NEW-P	89-10-053	480-90-281	REP-P	89-05-042
468-58	REVIEW	89-08-061	479-113-032	NEW-E	89-10-054	480-90-281	REP	89-08-030
468-300	REVIEW	89-06-038	479-113-035	NEW-P	89-10-053	480-90-286	REP-P	89-05-042
468-300-010	AMD	89-04-014	479-113-035	NEW-E	89-10-054	480-90-286	REP	89-08-030
468-300-010	AMD-P	89-08-068	479-116-015	NEW-P	89-10-053	480-100-031	AMD-P	89-09-070
468-300-010	AMD-C	89-12-005	479-116-015	NEW-E	89-10-054	480-100-031	AMD-C	89-11-084
468-300-020	AMD	89-04-014	479-116-016	NEW-P	89-10-053	480-100-031	AMD	89-12-070
468-300-020	AMD-P	89-08-068	479-116-016	NEW-E	89-10-054	480-105-001	REP-P	89-08-111
468-300-020	AMD-C	89-12-005	479-116-020	NEW-P	89-10-053	480-105-001	REP-W	89-12-067
468-300-040	AMD	89-04-014	479-116-020	NEW-E	89-10-054	480-105-001	REP-P	89-12-068
468-300-040	AMD-P	89-08-068	479-116-030	NEW-P	89-10-053	480-105-005	REP-P	89-08-111
468-300-040	AMD-C	89-12-005	479-116-030	NEW-E	89-10-054	480-105-005	REP-W	89-12-067
468-300-070	AMD	89-04-014	479-116-035	NEW-P	89-10-053	480-105-005	REP-P	89-12-068
468-300-070	AMD-P	89-08-068	479-116-035	NEW-E	89-10-054	480-105-010	REP-P	89-08-111
468-300-070	AMD-C	89-12-005	479-116-040	NEW-P	89-10-053	480-105-010	REP-W	89-12-067
468-300-700	AMD-P	89-08-068	479-116-040	NEW-E	89-10-054	480-105-010	REP-P	89-12-068
						480-105-020	REP-P	89-08-111

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
480-105-020	REP-W	89-12-067	480-120-021	AMD	89-04-044	504-25-130	NEW-P	89-05-036
480-105-020	REP-P	89-12-068	480-120-027	AMD-P	89-08-110	504-25-130	NEW	89-11-065
480-105-030	REP-P	89-08-111	480-120-027	AMD	89-12-038	504-25-135	NEW-P	89-05-036
480-105-030	REP-W	89-12-067	480-120-041	AMD	89-04-044	504-25-135	NEW	89-11-065
480-105-030	REP-P	89-12-068	480-120-106	AMD	89-04-044	504-25-140	NEW-P	89-05-036
480-105-040	REP-P	89-08-111	480-120-141	NEW	89-04-044	504-25-140	NEW	89-11-065
480-105-040	REP-W	89-12-067	480-122-060	AMD-P	89-08-024	504-25-200	NEW-P	89-05-036
480-105-040	REP-P	89-12-068	480-122-060	AMD-E	89-08-025	504-25-200	NEW	89-11-065
480-105-050	REP-P	89-08-111	480-122-060	AMD	89-11-020	504-25-205	NEW-P	89-05-036
480-105-050	REP-W	89-12-067	504-20-005	REP-P	89-05-036	504-25-205	NEW	89-11-065
480-105-050	REP-P	89-12-068	504-20-005	REP	89-11-065	504-25-210	NEW-P	89-05-036
480-105-060	REP-P	89-08-111	504-20-010	REP-P	89-05-036	504-25-210	NEW	89-11-065
480-105-060	REP-W	89-12-067	504-20-010	REP	89-11-065	504-25-215	NEW-P	89-05-036
480-105-060	REP-P	89-12-068	504-20-020	REP-P	89-05-036	504-25-215	NEW	89-11-065
480-105-070	REP-P	89-08-111	504-20-020	REP	89-11-065	504-25-220	NEW-P	89-05-036
480-105-070	REP-W	89-12-067	504-20-025	REP-P	89-05-036	504-25-220	NEW	89-11-065
480-105-070	REP-P	89-12-068	504-20-025	REP	89-11-065	504-25-225	NEW-P	89-05-036
480-105-080	REP-P	89-08-111	504-20-030	REP-P	89-05-036	504-25-225	NEW	89-11-065
480-105-080	REP-W	89-12-067	504-20-030	REP	89-11-065	504-25-230	NEW-P	89-05-036
480-105-080	REP-P	89-12-068	504-20-040	REP-P	89-05-036	504-25-230	NEW	89-11-065
480-107-001	NEW-P	89-08-111	504-20-040	REP	89-11-065	504-25-235	NEW-P	89-05-036
480-107-001	NEW-W	89-12-067	504-21-060	REP-P	89-05-036	504-25-235	NEW	89-11-065
480-107-001	NEW-P	89-12-068	504-21-060	AMD	89-11-065	504-25-240	NEW-P	89-05-036
480-107-005	NEW-P	89-08-111	504-24-010	REP-P	89-05-036	504-25-240	NEW	89-11-065
480-107-005	NEW-W	89-12-067	504-24-010	REP	89-11-065	504-25-245	NEW-P	89-05-036
480-107-005	NEW-P	89-12-068	504-24-011	REP-P	89-05-036	504-25-245	NEW	89-11-065
480-107-010	NEW-P	89-08-111	504-24-011	REP	89-11-065	516-22	AMD-C	89-10-006
480-107-010	NEW-W	89-12-067	504-25-005	NEW-P	89-05-036	516-22-035	NEW-P	89-05-049
480-107-010	NEW-P	89-12-068	504-25-005	NEW	89-11-065	516-22-035	NEW	89-11-039
480-107-020	NEW-P	89-08-111	504-25-010	NEW-P	89-05-036	516-22-040	NEW-P	89-05-049
480-107-020	NEW-W	89-12-067	504-25-010	NEW	89-11-065	516-22-040	NEW	89-11-039
480-107-020	NEW-P	89-12-068	504-25-015	NEW-P	89-05-036	516-22-138	AMD-P	89-05-049
480-107-030	NEW-P	89-08-111	504-25-015	NEW	89-11-065	516-22-138	AMD	89-11-039
480-107-030	NEW-W	89-12-067	504-25-020	NEW-P	89-05-036	516-22-200	REP-P	89-05-049
480-107-030	NEW-P	89-12-068	504-25-020	NEW	89-11-065	516-22-200	REP	89-11-039
480-107-040	NEW-P	89-08-111	504-25-025	NEW-P	89-05-036	516-22-210	AMD-P	89-05-049
480-107-040	NEW-W	89-12-067	504-25-025	NEW	89-11-065	516-22-210	AMD	89-11-039
480-107-040	NEW-P	89-12-068	504-25-030	NEW-P	89-05-036	516-22-250	REP-P	89-05-049
480-107-050	NEW-P	89-08-111	504-25-030	NEW	89-11-065	516-22-250	REP	89-11-039
480-107-050	NEW-W	89-12-067	504-25-035	NEW-P	89-05-036	516-28	NEW-C	89-10-006
480-107-050	NEW-P	89-12-068	504-25-035	NEW	89-11-065	516-28-010	NEW-P	89-05-049
480-107-060	NEW-P	89-08-111	504-25-040	NEW-P	89-05-036	516-28-010	NEW	89-11-039
480-107-060	NEW-W	89-12-067	504-25-040	NEW	89-11-065	516-28-015	NEW-P	89-05-049
480-107-060	NEW-P	89-12-068	504-25-045	NEW-P	89-05-036	516-28-015	NEW	89-11-039
480-107-070	NEW-P	89-08-111	504-25-045	NEW	89-11-065	516-28-020	NEW-P	89-05-049
480-107-070	NEW-W	89-12-067	504-25-050	NEW-P	89-05-036	516-28-020	NEW	89-11-039
480-107-070	NEW-P	89-12-068	504-25-050	NEW	89-11-065	516-28-025	NEW-P	89-05-049
480-107-080	NEW-P	89-08-111	504-25-055	NEW-P	89-05-036	516-28-025	NEW	89-11-039
480-107-080	NEW-W	89-12-067	504-25-055	NEW	89-11-065	516-28-030	NEW-P	89-05-049
480-107-080	NEW-P	89-12-068	504-25-060	NEW-P	89-05-036	516-28-030	NEW	89-11-039
480-107-090	NEW-P	89-08-111	504-25-060	NEW	89-11-065	516-28-035	NEW-P	89-05-049
480-107-090	NEW-W	89-12-067	504-25-065	NEW-P	89-05-036	516-28-035	NEW	89-11-039
480-107-090	NEW-P	89-12-068	504-25-065	NEW	89-11-065	516-28-040	NEW-P	89-05-049
480-107-100	NEW-P	89-08-111	504-25-070	NEW-P	89-05-036	516-28-040	NEW	89-11-039
480-107-100	NEW-W	89-12-067	504-25-070	NEW	89-11-065	516-28-045	NEW-P	89-05-049
480-107-100	NEW-P	89-12-068	504-25-075	NEW-P	89-05-036	516-28-045	NEW	89-11-039
480-107-110	NEW-P	89-08-111	504-25-075	NEW	89-11-065	516-28-050	NEW-P	89-05-049
480-107-110	NEW-W	89-12-067	504-25-080	NEW-P	89-05-036	516-28-050	NEW	89-11-039
480-107-110	NEW-P	89-12-068	504-25-080	NEW	89-11-065	516-28-060	NEW-P	89-05-049
480-107-120	NEW-P	89-08-111	504-25-085	NEW-P	89-05-036	516-28-060	NEW	89-11-039
480-107-120	NEW-W	89-12-067	504-25-085	NEW	89-11-065	516-28-065	NEW-P	89-05-049
480-107-120	NEW-P	89-12-068	504-25-090	NEW-P	89-05-036	516-28-065	NEW	89-11-065
480-107-130	NEW-P	89-08-111	504-25-090	NEW	89-11-065			
480-107-130	NEW-W	89-12-067	504-25-095	NEW-P	89-05-036			
480-107-130	NEW-P	89-12-068	504-25-095	NEW	89-11-065			
480-107-140	NEW-P	89-08-111	504-25-100	NEW-P	89-05-036			
480-107-140	NEW-W	89-12-067	504-25-100	NEW	89-11-065			
480-107-140	NEW-P	89-12-068	504-25-105	NEW-P	89-05-036			
480-107-150	NEW-P	89-08-111	504-25-105	NEW	89-11-065			
480-107-150	NEW-W	89-12-067	504-25-110	NEW-P	89-05-036			
480-107-150	NEW-P	89-12-068	504-25-110	NEW	89-11-065			
480-107-160	NEW-P	89-08-111	504-25-115	NEW-P	89-05-036			
480-107-160	NEW-W	89-12-067	504-25-115	NEW	89-11-065			
480-107-160	NEW-P	89-12-068	504-25-120	NEW-P	89-05-036			
480-107-170	NEW-P	89-08-111	504-25-120	NEW	89-11-065			
480-107-170	NEW-W	89-12-067	504-25-125	NEW-P	89-05-036			
480-107-170	NEW-P	89-12-068	504-25-125	NEW	89-11-065			

Subject/Agency Index
(Citations in bold type refer to material in this issue)

ACCOUNTANCY, BOARD OF			
Part-time and retired licensees, reduced fees	89-10-012		
Practice and procedure	89-03-062		
Third-party compensation for CPA's	89-10-013		
	89-12-073		
ADMINISTRATIVE HEARINGS, OFFICE OF			
Copying fees	89-10-035		
Field office locations	89-10-035		
Practice and procedure, model rules	89-10-035		
AGRICULTURE, DEPARTMENT OF			
Apples, firmness standards	89-09-011		
Aquaculture disease inspection (see FISHERIES, DEPARTMENT OF)			
Bean seed certification	89-12-001		
Bermudagrass seed certification, removal from list of noxious weed seeds	89-12-001		
Blueberry commission compensation	89-09-057		
	89-12-054		
Caneberry stock, certification	89-12-063		
Daminozide, restricted uses	89-12-002		
Dinoseb, use on caneberries	89-09-012		
	89-09-017		
Feedlots, restricted	89-02-056		
	89-06-014		
Fruit, controlled atmosphere, storage license	89-05-041		
	89-08-039		
Grass seed certification fees	89-09-013		
Harmony (herbicide), restrictions on use	89-12-046		
Horticulture inspection fees	89-05-040		
	89-08-040		
Noxious weed control board meetings	89-02-025		
	89-07-065		
position numbers and those eligible to vote for each position	89-11-071		
	89-11-072		
Noxious weeds			
bermudagrass, removal from list	89-12-001		
serrated tussock seed, addition to list of prohibited seeds	89-07-029		
	89-07-074		
	89-11-078		
Pesticides			
daminozide, restrictions on use	89-12-002		
groundwater protection	89-01-110		
	89-06-006		
	89-07-006		
restricted use	89-03-065		
	89-04-056		
	89-05-004		
	89-07-051		
	89-08-006		
	89-11-093		
	89-12-002		
Poultry and hatching eggs importation	89-01-084		
	89-06-007		
testing	89-01-084		
	89-06-007		
Seed certification, inspection, and testing	89-07-074		
Seed certification standards			
bermudagrass	89-12-001		
Slaughtering, custom farm establishments, premises, injured animals and FFA or 4-H animals	89-10-065		
State fairs commission, meetings	89-05-059		
Warehousemen and dealers, licensed	89-08-019		
	89-11-092		
Wheat			
maximum payment to commissioners for daily allowance, lodging, subsistence and mileage	89-04-049		
	89-08-020		
ASIAN AMERICAN AFFAIRS, COMMISSION ON			
Meetings		89-01-030	
ATTORNEY GENERAL'S OFFICE			
Attorney general opinions			
fire protection districts, reannexation and withdrawal of territory, tax levies (No. 6, 1989)		89-07-041	
interpreters, provision of interpreters in court proceedings (No. 10, 1989)		89-11-069	
law enforcement officers' and fire fighters' retirement system member, longevity pay following period of disability retirement (No. 3, 1989)		89-06-022	
law enforcement officers, training requirement following 90-day break in service unenforceable (No. 2, 1989)		89-05-011	
marriage licenses, affidavit required, applicant free of venereal disease (No. 30, 1988)		89-01-066	
medicine, surgery, and osteopathy, Federal Health Care Quality Improvement Act of 1986 does not infringe on Tenth Amendment rights nor preempt state reporting requirements (No. 8, 1989)		89-10-018	
municipal bonds, sale by underwriter, identity of bondholders not a public record (No. 11, 1989)		89-12-023	
school directors, compensation (No. 5, 1989)		89-06-041	
schools, in-service training credit for certificated employees (No. 7, 1989)		89-08-071	
surrogate parenting agreements (No. 4, 1989)		89-07-028	
Motor vehicle warranties arbitration		89-01-020	
		89-01-021	
		89-06-025	
		89-06-026	
		89-12-030	
		89-12-031	
BANKING, DIVISION OF			
(See GENERAL ADMINISTRATION, DEPARTMENT OF)			
BASIC HEALTH PLAN			
Enrollment, effective date		89-02-028	
		89-02-029	
		89-06-001	
Income defined		89-08-055	
		89-08-097	
		89-11-059	
BELLEVUE COMMUNITY COLLEGE			
Meetings		89-01-054	
BLUEBERRY COMMISSION			
(See AGRICULTURE, DEPARTMENT OF)			
BUILDING CODE COUNCIL			
Energy code		89-04-043	
Meetings		89-04-012	
		89-06-036	
Uniform codes, additions, deletions, and exceptions to codes adopted		89-11-081	
CEMETERY BOARD			
(See LICENSING, DEPARTMENT OF)			
CENTRAL WASHINGTON UNIVERSITY			
Meetings		89-03-030	
		89-07-007	
CENTRALIA COLLEGE			
Meetings		89-12-055	
CHIROPRACTIC DISCIPLINARY BOARD			
Billing		89-01-017	
Coinsurance forgiveness, advertising restrictions		89-12-083	

Subject/Agency Index

(Citations in **bold type** refer to material in this issue)

CHIROPRACTIC DISCIPLINARY BOARD—cont.		CORRECTIONS, DEPARTMENT OF—cont.	
Delegation of services to unlicensed personnel	89-12-083	Work training release disciplinary hearings	89-02-058
Radiographic standards	89-01-017	proceedings	89-02-058
Retirement duties	89-01-017	CRIMINAL JUSTICE TRAINING COMMISSION	
records and x-rays, maintenance and retention	89-01-017	Basic law enforcement training requirement	89-07-049
Withdrawal from practice duties	89-01-017	Physical requirements, admission to basic law enforcement academies	89-07-050
records and x-rays, maintenance and retention	89-01-017	DEFERRED COMPENSATION, COMMITTEE FOR	
CLARK COLLEGE		Deferrals, amounts limited, number of changes per year	89-07-090
Meetings	89-01-057	Dependent care assistance salary reduction plan	89-07-089
Public records	89-04-035		89-11-011
	89-12-024	Dependent, definition revised	89-11-009
CLEMENCY AND PARDONS BOARD		Distributions	89-07-090
Meetings	89-05-005		89-11-008
CODE REVISER'S OFFICE			89-11-010
Rules and notices, drafting and filing	89-09-068	Federal law, amendments to maintain eligibility of state deferred compensation plan under federal law	89-07-090
	89-12-028		89-11-008
Rules coordinator, address	89-09-069		89-11-010
COLUMBIA RIVER GORGE COMMISSION		DENTAL DISCIPLINARY BOARD	
Appeal process	89-04-004	(See LICENSING, DEPARTMENT OF)	
Executive director, authority to represent commission	89-07-010	DENTAL EXAMINERS, BOARD OF	
Rule-making hearings, notice	89-10-043	(See LICENSING, DEPARTMENT OF)	
COMMERCE AND ECONOMIC DEVELOPMENT		ECOLOGY, DEPARTMENT OF	
(See TRADE AND ECONOMIC DEVELOPMENT, DEPARTMENT OF)		Accredited laboratories	
COMMUNITY COLLEGE EDUCATION, BOARD FOR		environmental laboratories	89-04-052
Tuition and fees	89-06-054		89-07-032
	89-09-056	national pollutant discharge elimination system permit program	89-10-001
	89-11-079		
COMMUNITY DEVELOPMENT, DEPARTMENT OF		state waste discharge permit program	89-04-051
Department of Energy public hearing	89-03-019		89-09-015
Meetings	89-08-013	Air contaminate sources	89-04-051
Public works board		Air pollution	89-09-015
emergency public works projects	89-02-057	particulate matter	89-02-055
	89-06-057	sources	89-02-055
	89-10-041	Coastal high hazard areas	
CONVENTION AND TRADE CENTER		additional state requirements deleted	89-01-109
Meetings	89-01-006		89-05-003
	89-02-013	definition deleted	89-07-022
	89-03-006		89-01-109
	89-03-055	Dangerous waste	89-05-003
	89-04-006	generation and management	89-07-022
	89-04-036	Delegation of powers	89-02-059
	89-06-027		89-04-013
	89-07-016	Emergency episode plan	89-08-078
	89-07-072	Environmental Policy Act, designation of responsible official	89-08-079
	89-08-029		89-11-021
	89-11-068	Flood control assistance grants	
	89-12-048	public hearing notice	89-06-043
	89-12-049	Ground water management areas and programs	
CORRECTIONS, DEPARTMENT OF		area designations	
Assault, benefits for department employees	89-11-108	city of Blaine	89-03-029
Community residential programs			89-07-076
disciplinary hearings	89-02-058	general schedule	89-05-039
	89-07-083	Redmond-Bear Creek Valley	89-04-059
	89-02-058	Meetings	89-05-039
procedures	89-07-083		89-08-026
Jail costs, reimbursement rate, escapes and criminal complaints	89-07-075	Open burning	89-02-055
	89-12-003	Shorelines	
Prison discipline	89-01-104	Grass Lake, removal from lakes subject to management	89-01-108
	89-04-032		89-07-025
Regional jail camp	89-04-031		
	89-06-010		
Visitation, inmates in adult correctional institutions	89-11-029		

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

ECOLOGY, DEPARTMENT OF—cont.

master programs
 Bellevue, city of 89-08-112
89-12-087
 Bellingham, city of 89-08-113
 Benton County 89-03-012
 Bothell, city of 89-09-076
 Jefferson County 89-01-106
 Kirkland, city of 89-08-012
 Mercer Island, city of 89-03-009
 Monroe, city of 89-03-011
 Normandy Park 89-08-115
 Port Townsend 89-01-105
 89-01-106
 89-08-035
 Redmond, city of 89-09-075
89-12-071
 San Juan County 89-09-077
 Snohomish County 89-01-107
 89-07-026
 89-08-114
 Sumas, city of 89-03-010
 Solid fuel burning device standards 89-02-054
 Solid waste
 local enforcement grant regulation 89-06-060
 89-11-086
89-12-021
 phase one - waste reduction and
 recycling grants 89-09-005
89-12-065
 Tire dumps
 carriers 89-03-047
 storage site owners 89-03-047
 Toxics Control Act, local toxics control
 account, interim financial assistance
 program 89-06-061
 89-11-087
89-12-020
 Wastewater discharge permit fees 89-07-088
 Wastewater discharge permit fees, interim
 89-05-026
 89-06-053
 89-07-088
89-12-016
89-12-027
 Water pollution control revolving fund,
 uses and limitations 89-11-082
 Wells
 construction standards 89-03-046
89-12-058

EDMONDS COMMUNITY COLLEGE
 Handicapped, discrimination against,
 grievance procedure 89-08-023
89-12-056
 Meetings 89-01-019
 89-01-061
 89-05-027
 89-07-047
 89-09-037
 89-11-027
 Public records policy 89-08-022
89-12-057
 Sex discrimination
 grievance procedure 89-04-008

EDUCATION, STATE BOARD OF
 Educational competence, certification 89-01-036
 89-01-037
 Foreign language requirement, sign
 language credits satisfy 89-05-060
 89-08-080
89-12-061
 Limited certificates, general
 requirements 89-08-081
 89-08-082
 89-08-083
 89-08-084
89-12-025
89-12-026

EDUCATION, STATE BOARD OF—cont.

Preliminary funding status, eligible
 projects 89-05-065
 89-06-017
 89-08-085
 89-01-088
 89-05-061
 89-09-044
 89-01-040
 Professional certification
 approved preparation programs 89-01-041
 certificate form 89-01-038
 continuing education 89-01-043
 masters in teaching, standards 89-01-044
 minimum standards 89-01-038
 preparation requirements 89-01-042
 Project approval moratorium 89-05-066
 89-05-067
 89-06-018
 89-06-019
 89-08-086
 89-08-087
 89-01-039
 Teacher/student ratio, K-3

EMPLOYMENT SECURITY DEPARTMENT
 Appeal, time limit 89-03-070
 Corporate officers
 election of coverage 89-03-068
 Training
 approval required 89-03-069
 defined 89-03-069
 Unemployment insurance
 overpayment collection and maximum
 benefit payable **89-12-084**

ENERGY OFFICE
 Receipt of funds, list of authorized
 means and devices 89-11-083

ENGINEERS AND LAND SURVEYORS
 Land surveyors
 applications 89-01-078
 89-05-021
 examinations 89-01-078
 89-05-021
 temporary permits 89-01-078
 89-05-021
 89-01-062
 Meetings

EVERETT COMMUNITY COLLEGE
 Meetings 89-02-002

EVERGREEN STATE COLLEGE, THE
 Computer services 89-01-063
 Criminal trespass warnings 89-01-100
 Library 89-01-064
 Meetings 89-01-101
 89-10-004
89-12-009

EXECUTIVE ORDER
 (See GOVERNOR, OFFICE OF THE)

FINANCIAL MANAGEMENT, OFFICE OF
 Paydates 89-03-063
 Public defense services, provision by
 counties, reimbursement from state 89-11-107
 Shared leave, transfer and valuation
 of leave **89-12-022**

FISHERIES, DEPARTMENT OF
 Aquaculture disease inspection 89-03-004
 89-06-031
 Aquatic farms, registration 89-07-019
 89-10-033
Commercial
 bottomfish
 pelagic trawl, areas closed to
 coastal bottomfish catch limits 89-07-033
 89-02-012
 89-03-003
 89-06-030
 89-10-019
 89-11-105

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

FISHERIES, DEPARTMENT OF—cont.

dogfish
 set net seasons 89-01-011
 89-01-050
 89-10-068
 89-10-068

drag seine seasons 89-10-068

gillnet seasons
 Columbia river, above Bonneville 89-07-080
 Columbia river, below Bonneville 89-07-002
 89-07-021
 89-10-068

hagfish, classification as food fish 89-09-041

herring seasons
 89-10-010
 89-11-013
 89-11-014

licenses
 security bond for violations,
 determination of amount 89-06-033
 89-09-052

mutilation of food fish or shellfish
 to avoid weight or length limits 89-02-022

razor clams, commercial harvest,
 open areas 89-10-034

river mouth sanctuary areas
 Cowlitz sanctuary redefined 89-06-032
 89-09-051

salmon
 areas and seasons **89-12-085**
 Chehalis River 89-01-008
 89-04-046
 89-04-047
 89-07-002
 89-07-021
 89-07-080
 89-01-008
 Elk River **89-12-085**
 gill net gear 89-01-008
 Hoquiam River 89-01-008
 Humptulips River 89-01-008
 Johns River 89-01-008
 licenses, renewal date 89-09-080
 Puget Sound all-citizen 89-01-012
 Puget Sound salmon management and
 catch reporting areas 89-09-080
 89-09-073
89-12-086
 Wishkah River 89-01-008
 Wynoochee River 89-01-008
 89-01-007

sea urchins 89-04-046

shad 89-04-047
 89-11-050
 89-11-049

shrimp 89-11-066

sturgeon 89-02-050
 89-04-046
 89-04-047
 89-10-068

trawl seasons **89-12-006**

Extenuating circumstances defined **89-12-006**

Personal use
 bottomfish
 bag limits 89-03-075
 89-07-059
 89-07-060
 89-08-074
 89-03-075
 89-07-059
 89-07-060

seasons 89-07-059
 89-07-060

Canadian origin food fish and shellfish,
 proof of origin 89-10-060
 89-11-080

clams
 areas and seasons 89-03-075
 89-07-059
 89-07-060
 89-07-066
 89-08-074

FISHERIES, DEPARTMENT OF—cont.

culling prohibited 89-03-075
 89-07-059
 89-07-060

unlawful acts 89-03-075
 89-07-059
 89-07-060

cockles
 areas and seasons 89-03-075
 89-07-059
 89-07-060
 89-08-074

crab
 unlawful acts 89-03-075
 89-07-059
 89-07-060

crawfish
 unlawful acts 89-03-075
 89-07-059
 89-07-060

foodfish
 bag limits 89-03-075
 89-07-059
 89-07-060
 89-08-074

freshwater areas
 bag limits 89-03-075
 89-07-059
 89-07-060

halibut
 bag limits 89-03-075
 89-06-052
 89-07-059
 89-07-060
 89-03-075
 89-06-052
 89-07-059
 89-07-060

seasons 89-03-075
 89-06-052
 89-07-059
 89-07-060

licensing
 catch record cards 89-03-013
 89-03-014
 89-07-071
 89-03-013
 89-03-014
 89-07-071
 89-03-013
 89-03-014
 89-07-071
 89-09-049
 recreational license stamp set sales
 required information 89-03-013
 89-03-014
 89-07-071

procedures 89-03-013
 89-03-014
 89-07-071

recreational license form 89-03-013
 89-03-014
 89-07-071

recreational license stamp set sales
 required information 89-03-013
 89-03-014
 89-07-071

two-consecutive-day combined license
 and catch record **89-12-047**

lingcod
 areas and seasons 89-07-018
 89-10-032

mussels
 areas and seasons 89-03-075
 89-07-059
 89-07-060
 89-08-074

mutilation of food fish or shellfish
 to avoid length or weight limits 89-02-022

oysters
 areas and seasons 89-03-075
 89-07-059
 89-07-060
 89-03-075
 89-07-059
 89-07-060

culling prohibited 89-03-075
 89-07-059
 89-07-060

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

FISHERIES, DEPARTMENT OF—cont.

salmon
 bag limits 89-03-075
 89-07-059
 89-07-060
 89-08-073
 89-08-074
 89-09-072
 89-10-031
 89-11-018
 89-11-034
 89-11-106
 89-12-012
 barbless hooks, when use required 89-07-018
 89-10-032
 Capitol Lake 89-03-075
 89-07-059
 89-07-060
 Columbia River 89-08-031
 89-11-104
 Icicle River **89-12-012**
 Lake Washington 89-03-075
 89-07-059
 89-07-060
 seasons 89-03-075
 89-07-059
 89-07-060
 89-09-072
 89-10-031
 89-11-001
 Washington Ship Canal 89-03-075
 89-07-059
 89-07-060
 89-12-012
 shellfish
 bag limits 89-03-075
 89-07-059
 89-07-060
 89-08-074
 gear 89-03-075
 89-07-059
 89-07-060
 89-08-074
 shrimp
 areas and seasons 89-03-075
 89-07-059
 89-07-060
 89-11-049
 89-11-066
 unlawful acts 89-03-075
 89-07-059
 89-07-060
 sport fishing rules 89-03-075
 89-07-059
 89-07-060
 sturgeon
 lawful gear 89-03-075
 89-07-059
 89-07-060
 89-08-074
 unlawful acts 89-03-075
 89-07-059
 89-07-060
 subsistence fishing, Columbia River
 tributaries 89-10-009
 89-10-059
 Volunteer cooperative projects 89-03-015
 89-07-059
 89-07-060

FOREST PRACTICES BOARD

Meetings 89-02-060
 89-08-088

GAMBLING COMMISSION

Address of commission 89-09-045
 Amusement games 89-05-024
 Bingo
 maximum receipts, prizes, and expenses 89-07-046

GAMBLING COMMISSION—cont.

Bingo monitoring and review program 89-05-064
 89-09-046
 89-09-047
 Card games, wager limits 89-11-046
 Checks, acceptance 89-05-024
 Credit, extension of prohibited 89-05-024
 Definitions
 food and drink business 89-03-066
 89-07-045
 89-08-010
 Fees 89-03-066
 89-07-045
 89-08-010
 89-11-048
 Flares, standards 89-07-053
 89-11-048
 Fund raising events, licensees
 may conduct jointly 89-11-046
 Immediate family defined 89-07-053
 89-11-048
 Inspection of premises, records, and
 devices 89-11-046
 Licensees
 cards, chips, and other services,
 licensee to provide 89-05-024
 89-07-053
 89-11-048
 Loteria 89-03-066
 89-07-045
 89-08-010
 Pull tabs, fund raising events, possession
 prior to event, authorization 89-11-046
 Raffle records 89-03-066
 89-07-045
 89-08-010
 Raffles, licensees may conduct jointly 89-07-053
 89-11-048
 Receipts 89-05-024
 Special amusement games test deadline 89-05-025
 89-11-047

GENERAL ADMINISTRATION, DEPARTMENT OF

Banking
 semi-annual assessment, asset charge 89-02-017
 89-06-059
 89-09-004
 89-08-033
 Investment bonds
 Savings and loan associations
 credit union business loans 89-04-050
 credit union common bonds,
 definitions for membership purposes 89-11-094
 credit union field of membership,
 expansion 89-11-095

GOVERNOR, OFFICE OF THE

Criminal justice statistical analysis
 center, designation **89-12-007**
 Flood emergency, Eastern Washington,
 declaration 89-09-002
 Governor's council on substance abuse 89-04-028
 Governor's health policy group 89-02-021
 Sexual harassment 89-04-033
 Special session of legislature convened 89-10-028
 Twin Rivers correctional facility, population
 increase authorized 89-09-001
 Washington environment 2010 advisory
 committee 89-01-077

GREEN RIVER COMMUNITY COLLEGE

Meetings 89-01-097
 89-10-042
 89-12-017

HEALTH, BOARD OF

Communicable and certain other diseases 89-04-055
 89-07-095
 HIV infected persons, notification of
 local health officials 89-02-008

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

HEALTH, BOARD OF—cont.		HIGHER EDUCATION PERSONNEL BOARD—cont.	
HIV testing, requests by insurance providers	89-10-021 89-10-022	Temporary appointments	89-06-044 89-06-045 89-09-060 89-09-061 89-09-063
Human remains handling transportation	89-02-007 89-02-007	Training and development programs	89-01-070 89-05-043 89-08-003
Transient accommodations	89-08-098 89-11-058	Union shop dismissal	89-01-069 89-05-043 89-08-003
Vital records forms	89-06-047 89-10-023		
HEARING AIDS, COUNCIL ON		HIGHLINE COMMUNITY COLLEGE	
Examinations and reexaminations	89-01-016 89-04-017 89-05-055 89-08-096 89-09-026 89-04-017 89-04-017 89-04-017	Facilities, use policy	89-08-015 89-11-091 89-04-039 89-08-016
Licenses, renewal		Student rights and responsibilities	
Recision by purchaser			
Standards of practice		HORSE RACING COMMISSION	
HIGHER EDUCATION COORDINATING BOARD		Appeal to commission	89-10-078
Displaced homemaker program	89-04-048 89-08-056 89-08-057	Daily triple	89-09-064
		Drug and alcohol testing licensee, employee or applicant	89-04-060 89-07-027 89-08-090
HIGHER EDUCATION PERSONNEL BOARD		Drugs and medications	
AIDS		diuretics	89-09-065
HIV and AIDS training for employees	89-06-045 89-09-063	flunixin	89-01-112 89-04-026 89-01-112 89-04-026
Appeals		nonsteroidal anti-inflammatory drugs	89-08-070 89-04-029
alleged violations	89-01-067 89-01-068 89-05-043 89-08-003 89-01-067	License fees	
motion for continuance		Licenses required	
Arbitration		HOSPITAL COMMISSION	
grievance disputes	89-01-068 89-05-043 89-08-003 89-12-059	Meetings	89-06-029 89-11-045 89-01-009 89-01-010 89-04-030
Declaratory orders		Rate/budget methodology	
Eligibility examinations	89-01-070 89-05-043 89-08-003 89-01-070 89-05-043 89-08-003		
lists		HUMAN RIGHTS COMMISSION	
Hearings		Meetings	89-01-098 89-01-099 89-04-040 89-04-041 89-05-028 89-06-046 89-08-065 89-08-066 89-10-063 89-10-064 89-11-067 89-11-097 89-12-062
director's determination, exceptions from	89-01-068 89-05-043 89-08-003 89-09-062		
Meetings		HYDRAULIC APPEALS BOARD	
Reasonable accommodation		Administration, function, organization	89-02-046 89-07-003
probationary period	89-01-070 89-05-043 89-08-003 89-01-070 89-05-043 89-08-003		
reemployment		INDETERMINATE SENTENCE REVIEW BOARD	
Rights		Sexual harassment policy	89-08-018
restoration	89-01-071 89-05-043 89-08-003	INFORMATION SERVICES, DEPARTMENT OF	
Salaries		Public records access	89-01-085 89-05-007
promotional increases	89-01-070 89-05-043 89-08-003	INSURANCE COMMISSIONER	
Separation		Agents and solicitors licenses	89-01-055
mental or physical incapacity	89-01-070 89-05-043 89-08-003 89-12-060	prelicense education requirement	
Shared leave		Life insurance	
		death benefits in relation to premiums	89-05-050 89-07-073 89-07-086 89-08-038 89-01-065 89-01-102 89-05-017 89-09-050 89-11-096
		rate of interest on premiums	
		Medicare supplemental health insurance	

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

INSURANCE COMMISSIONER—cont.		LICENSING, DEPARTMENT OF—cont.	
Mortality tables		Counselors	
differences between smokers and nonsmokers	89-03-031	client disclosure information, contents	89-07-081
Prelicensure education courses, approval, conduct, and effective date	89-11-077	definitions	89-07-081
Prelicensure education requirements, effective date	89-11-070	Dental disciplinary board	
Special liability insurance reports	89-11-077	AIDS prevention and information education requirements	89-06-068
Surplus line	89-02-016	specialty representation	89-11-053
waiver of financial requirements broker and insured	89-03-060		89-02-064
			89-05-020
			89-07-092
			89-08-095
INTEREST RATES		Dental examiners, board of examinations	89-01-079
(See inside front cover)			89-01-083
INVESTMENT BOARD			89-06-075
Meetings	89-01-056		89-10-072
JUDICIAL CONDUCT, COMMISSION ON			89-10-074
Rule amendments	89-03-061	Dietitians and nutritionists	
	89-12-010	application requirements	89-03-035
		education	89-03-035
		fees	89-03-035
LABOR AND INDUSTRIES, DEPARTMENT OF		Escrow	
Agriculture, field sanitation standards	89-11-007	meetings	89-08-027
Boilers		trust accounts	
clearance	89-08-075	maintaining and administering	89-04-001
inspectors, examination	89-08-075		89-07-077
Horse racing industry, workers' compensation coverage	89-11-074	Funeral directors and embalmers	
	89-11-088	AIDS prevention and information education	89-04-002
Medical aid rules	89-03-064	Mandatory reporting requirements, unprofessional conduct and inability to practice	89-10-077
	89-08-001	Marriage and family therapists	89-04-003
	89-08-002	Medical examiners, board of	
Maximum fee schedule	89-03-064	AIDS prevention and information education	89-01-080
	89-08-001		89-06-076
	89-08-002		89-09-067
	89-12-064		89-12-053
Medical aid rules	89-12-064		89-09-067
Minimum premium, assumed worker hours	89-05-038	Continuing medical education	89-12-053
	89-07-078		89-09-067
Minimum wage		FLEX examination standards	89-09-067
minors	89-01-111		89-12-053
	89-06-035	meetings	89-01-072
	89-08-058	physician's assistants	
	89-09-007	AIDS prevention and information education requirements	89-05-056
	89-10-014		89-08-063
Mobile homes, commercial coaches, and recreation vehicles	89-05-016	examination	89-01-014
Occupational health standards, general	89-10-066	registration	89-06-077
Plumbers		scope of jurisdiction	89-01-014
examination, certification, reinstatement, and temporary permit fees	89-07-079	surgical assistants, qualifications, duties, utilization, and supervision	89-06-077
	89-12-004	surgical procedures, practice of medicine	89-01-014
Prevailing wages	89-12-051		89-09-067
Safety and health standards		Mental health counselors	
by occupation	89-06-058	examinations and certification without examination	89-07-082
	89-11-035	Midwifery	
	89-06-058	fees	89-05-018
	89-11-035		89-08-008
Workers' compensation, horse racing industry coverage	89-11-074	Motor vehicles	
	89-11-088	bonds	
		special fuel user	89-03-034
LEGAL FOUNDATION OF WASHINGTON		for-hire vehicles, staggered expirations	89-08-091
Meetings	89-09-003		89-08-094
LICENSING, DEPARTMENT OF		fuel tax	89-03-005
Architects, board of registration examinations, appeals	89-06-067	international registration plan, definitions	89-02-049
	89-12-052		89-02-062
Cemetery board		licensing	89-02-064
fees	89-03-032	special fuel	89-03-005
	89-03-033		
	89-06-074		
RCW, correction of references to	89-05-054		
	89-08-043		
trust funds	89-05-054		
	89-08-043		

Subject/Agency Index

(Citations in **bold type** refer to material in this issue)

LICENSING, DEPARTMENT OF—cont.

odometer disclosure requirements	89-10-045 89-11-019
proportioned registration	89-02-048 89-02-063 89-07-035
proration	89-02-049 89-02-062 89-02-064 89-07-036
reciprocity	89-02-049 89-02-062 89-02-064 89-07-036
Naturopathy services	89-02-051
Nurses, registered interstate endorsement, licensure by	89-08-093 89-12-032
Nursing, board of authorization to practice, documents	89-06-072 89-12-033
death, determination and pronouncement	89-06-072 89-12-033
nomenclature, use	89-06-072 89-12-033
Nursing pools registration	89-05-019
Occupational therapy practice board AIDS prevention and information education	89-01-081
licensure educational programs	89-01-081
renewal	89-01-081
Optometry, board of AIDS prevention and information education requirements	89-01-086 89-06-066 89-09-027
continuing education	89-06-070 89-10-030 89-01-087
equipment requirements	89-01-087
Physical therapy board change of address or named, notification required	89-09-066
physical therapist assistant utilization	89-09-066
spinal manipulation or manipulative mobilization defined	89-06-069 89-10-073
Podiatry board AIDS information and prevention training	89-02-047
examinations	89-02-047
meetings	89-01-073
Practical nursing board foreign schools of nursing, licensure of graduates	89-06-071 89-10-075
substance abuse monitoring programs	89-02-065 89-07-005
Psychologists, education requirements	89-08-092 89-11-054 89-01-015
Radiologic technologists	89-01-015
Real estate brokers and salespersons affiliated licensees, supervision	89-07-091 89-11-032
courses, filing for approval, minimum classroom time	89-07-091 89-11-032
examinations	89-05-057 89-07-004 89-08-009
fees	89-05-057 89-07-004 89-08-009

LICENSING, DEPARTMENT OF—cont.

Real estate commission meetings	89-04-057 89-07-040 89-08-007
Respiratory care practitioners examination	89-05-058 89-09-006 89-05-058 89-09-006
training	89-09-006
Securities division registration, fees regulations and exemptions	89-01-082 89-03-044 89-07-042
Uniform commercial code filing forms and procedures	89-06-078
Unprofessional conduct or inability to practice, mandatory reporting	89-10-077
Veterinary board of governors AIDS prevention and information education requirements	89-06-073 89-10-076 89-02-006
disciplinary reinstatement honesty, integrity, and fair dealing medical facilities, standards	89-06-073 89-02-006
LIQUOR CONTROL BOARD	
Advertising	89-01-004
Beer labels packages, classification	89-02-015 89-01-003 89-01-005 89-03-040 89-06-013 89-07-015 89-03-045
Business entertainment activities Conduct on licensed premises Educational activities, no outside entertainment	89-11-033 89-02-018
Meetings	89-02-018
Minors employment in liquor licensed establishments	89-04-025 89-08-014
Polyethelene terephthalate (P.E.T.) plastic containers, use approved	89-07-057
Rules review plan	89-02-019
Wine labels	89-02-014
LOTTERY COMMISSION	
Central and field organization, description	89-09-079 89-12-042
Daily game	89-09-079 89-12-042
Drawings, television broadcast of	89-09-079 89-12-042
<u>Instant game number 38 - Jackpot</u> criteria definitions ticket validation	89-01-022 89-01-022 89-01-022
<u>Instant game number 39 - Centennial Cash</u> criteria definitions ticket validation	89-01-022 89-01-022 89-01-022
<u>Instant game number 40 - Double Header</u> criteria definitions ticket validation	89-01-103 89-05-015 89-01-103 89-05-015 89-01-103 89-05-015
<u>Instant game number 41 - Three of a kind</u> criteria definitions ticket validation	89-06-084 89-09-009 89-06-084 89-09-009 89-06-084 89-09-009

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

LOTTERY COMMISSION—cont.		NATURAL RESOURCES, DEPARTMENT OF—cont.	
Instant game number 42 – Zodiac		geodetic control, minimum standards	89-01-076
criteria	89-06-084		89-08-021
	89-09-009		89-11-028
definitions	89-06-084	NOXIOUS WEED CONTROL BOARD	
	89-09-009	(See AGRICULTURE, DEPARTMENT OF)	
ticket validation	89-06-084	OCCUPATIONAL THERAPY PRACTICE BOARD	
	89-09-009	(See LICENSING, DEPARTMENT OF)	
Instant game number 43 – 7-11-21		OIL AND GAS CONSERVATION COMMITTEE	
criteria	89-06-084	Meetings	89-09-022
	89-09-009	OLYMPIC COLLEGE	
definitions	89-06-084	Meetings	89-09-010
	89-09-009	OPTOMETRY, BOARD OF	
ticket validation	89-06-084	(See LICENSING, DEPARTMENT OF)	
	89-09-009	OUTDOOR RECREATION, INTERAGENCY	
Instant game number 44 – Pot O'Gold		COMMITTEE FOR	
criteria	89-09-079	Meetings	89-01-028
	89-12-042		89-05-001
definitions	89-09-079		89-08-017
	89-12-042		89-09-019
ticket validation	89-09-079	PARKS AND RECREATION COMMISSION	
	89-12-042	Meetings	89-01-026
Instant game number 45 – Happy returns		State parks	
criteria	89-09-079	environmental learnings centers	89-03-067
	89-12-042		89-07-020
definitions	89-09-079	nonmotorized cycles, similar	
	89-12-042	devices, use	89-01-034
ticket validation	89-09-079	special recreation event	89-03-067
	89-12-042		89-07-020
Instant games		unattended cars, overnight	89-07-098
end of game	89-01-103		89-03-067
	89-05-014		89-07-020
	89-09-008		89-07-098
tickets, purchase price and condition	89-01-103		89-03-067
	89-05-015		89-07-020
Liquor agencies, licensing as lottery		PENINSULA COLLEGE	
retailer required	89-09-079	Meetings	89-01-058
	89-12-042	PERSONNEL, DEPARTMENT OF	
Meetings	89-02-004	Arbitration	
	89-09-078	grievances, procedure	89-01-025
On-line retailers			89-03-059
agreement	89-06-084	Bargaining unit	
selection criteria	89-06-084	determination	89-01-025
	89-09-009		89-03-059
Validation requirements	89-09-079	Call back, work on scheduled days off	
	89-12-042	or holidays, penalty pay	89-10-037
Winners, use of photograph	89-09-079	Certification	
	89-12-042	errors, correction	89-02-010
LOWER COLUMBIA COLLEGE		Contracts	
Meetings	89-07-044	nonteaching staff	89-04-024
			89-07-056
MEDICAL EXAMINERS, BOARD OF		Holidays	89-03-056
(See LICENSING, DEPARTMENT OF)			89-06-028
MINORITY AND WOMEN'S BUSINESS		Leave	
ENTERPRISES, OFFICE OF		miscellaneous	89-03-056
Meetings	89-08-072		89-06-028
			89-08-060
NATURAL RESOURCES, DEPARTMENT OF			89-11-030
Land descriptions		shared leave	89-11-031
guidelines	89-01-076		89-11-089
	89-08-021	Lottery telemarketing representatives,	
	89-11-028	special pay ranges	89-10-038
Meetings	89-01-032	Overtime compensation	89-01-024
	89-07-014		89-02-009
	89-08-076		89-03-058
	89-08-077		89-05-044
	89-11-037	Salary changes, consideration of fiscal	
	89-11-075	impact	89-01-023
	89-12-066		89-03-057
Outdoor burning			89-07-055
suspension, Whatcom county	89-05-023		89-11-041
	89-06-004		
Public lands, closed season	89-09-014		
Surveys			
boundary, minimum standards	89-01-076		
	89-08-021		
	89-11-028		

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

PERSONNEL, DEPARTMENT OF—cont.		PUBLIC WORKS BOARD	
Schedule changes, compensation	89-01-024	(See COMMUNITY DEVELOPMENT, DEPARTMENT OF)	
	89-03-058	PUGET SOUND WATER QUALITY AUTHORITY	
	89-06-009	Meetings	89-03-021
	89-06-039		89-10-017
	89-06-040		89-10-044
	89-10-040		
	89-11-090		
Seniority		REAL ESTATE COMMISSION	
leave without pay, effect on	89-08-059	(See LICENSING, DEPARTMENT OF)	
	89-11-042	REVENUE, DEPARTMENT OF	
Sick leave credit	89-09-040	Equalization, county boards, practice and procedure	89-07-087
	89-10-039	Farm and agricultural land valuation	
Sick leave reporting		five year average grain price	89-01-114
medical certificates, when agency may request	89-06-024		89-05-008
	89-10-036	Forest land and timber stumpage value tables	89-02-026
Standby compensation	89-01-024		89-02-027
	89-03-058		89-10-061
	89-07-054	Hazardous substance tax	89-01-035
Temporary appointments from within classified service	89-10-062		89-04-042
Temporary employment	89-04-027		89-06-005
	89-08-028		89-07-084
	89-11-043		89-07-085
Union shop	89-02-011		89-10-051
Vacation leave, accrual	89-09-040		89-10-052
	89-10-039		89-01-115
			89-05-010
PHARMACY, BOARD OF		Inflation rates	
Applicants, citizenship requirement repealed	89-12-081	Mobile homes	
Controlled substances, registration, schedules and restrictions	89-12-082	real and personal tax ratio, calculation	89-05-053
Emergency outpatient medications	89-04-023		89-09-021
	89-08-062	Mobile homes and parks fees	89-01-033
	89-12-011	Property tax	
Examination, refresher course for persons retaking, jurisprudence examination	89-12-081	mobile homes, real and personal tax ratio, calculation	89-05-053
Fees	89-04-015		89-09-021
Patient information required	89-04-016	personal property exemption, exceptions	89-05-052
Pharmacy assistants			89-08-036
AIDS prevention and education requirements	89-04-015		89-08-037
Public records access	89-04-058		89-09-074
	89-09-020		89-12-013
	89-12-082	valuation procedures and standards	89-01-113
			89-05-009
PILOTAGE COMMISSIONERS, BOARD OF		Recordkeeping	89-08-089
Grays Harbor district tariffs and rates	89-01-001		89-11-040
	89-03-037	Refunds	
	89-08-042	interest rates	89-01-116
	89-05-034		89-10-067
	89-05-035	Use tax	
	89-09-028	collection, businesses required to collect specified	89-02-052
	89-11-060		89-06-015
			89-06-016
Puget Sound district rates	89-01-002	RULES COORDINATORS	
	89-03-038	Code reviser's office	89-09-069
	89-08-041	Social and health services, department	89-11-098
PODIATRY BOARD		SAVINGS AND LOAN ASSOCIATIONS, DIVISION OF	
(See LICENSING, DEPARTMENT OF)		(See GENERAL ADMINISTRATION, DEPARTMENT OF)	
PRACTICAL NURSING BOARD		SEATTLE COMMUNITY COLLEGES	
(See LICENSING, DEPARTMENT OF)		Meetings	89-01-031
PUBLIC DISCLOSURE COMMISSION			89-05-045
Meetings	89-03-007		89-06-008
	89-03-043		89-07-008
			89-07-009
PUBLIC INSTRUCTION, SUPERINTENDENT OF			89-07-043
Basic education allocation, list of deductible revenues revised	89-12-039		89-09-018
Credits, total eligible credits defined	89-10-002		89-09-055
Local education program enhancement	89-12-040		89-11-016
			89-08-069
PUBLIC LANDS		Student complaint process	
(See NATURAL RESOURCES, DEPARTMENT OF)			

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

SECURITIES DIVISION
(See LICENSING, DEPARTMENT OF)

SHORELINE COMMUNITY COLLEGE
Meetings 89-01-074

SKAGIT VALLEY COLLEGE
Academic personnel, negotiations by 89-07-070
89-11-025
Classified staff, personnel rules 89-07-069
89-11-022
Environmental policy act implementation 89-05-048
89-09-042
Facilities, use policy 89-06-012
Handicapped, discrimination against, grievance procedure 89-07-058
Meetings 89-01-059
89-12-008
Negotiations by academic council, repeal 89-05-012
89-05-046
Petition for promulgation, amendment, or repeal of rule 89-05-047
89-09-038
Records, public records access 89-07-062
89-11-024
Sex discrimination, sexual harassment, grievance procedure 89-07-058
89-11-038
Skateboards, roller skates, etc., use restricted 89-07-064
89-11-026
Student records, confidentiality and release 89-07-063
89-11-044
Trustees, board of 89-07-061
89-11-023
Withholding services for outstanding debt 89-05-006
89-09-039

SOCIAL AND HEALTH SERVICES, DEPARTMENT OF
Acronyms 89-09-030
89-12-078
Adult family homes
multiple ownership of facilities by single sponsor 89-01-091
89-05-033
sponsors, outside employment, department approval 89-01-091
89-05-033
AFDC and general assistance
eligibility conditions 89-03-052
89-08-099
89-09-031
89-11-102
89-12-079
grant suspension
notice 89-03-051
translation for non-English speaking recipients 89-03-051
income
allocation among assistance units 89-01-094
89-12-074
income and resources, disregard
support payments, fifty dollar disregard
payment to families receiving cash assistance 89-07-052
89-07-093
89-10-070
Alcoholism and drug addiction
treatment and support
assessment centers 89-01-093
89-06-034
89-06-048
89-06-051
89-12-014
facilities 89-06-011

SOCIAL AND HEALTH SERVICES, DEPARTMENT OF—cont.
medical eligibility requirements 89-06-034
89-06-048
89-06-051
89-12-014
services
applicants 89-03-026
89-03-027
89-06-034
89-06-048
89-06-051
89-12-014
current recipients 89-03-049
89-03-050
89-06-034
89-06-048
89-06-051
89-12-014
shelter services 89-01-093
89-06-034
89-06-048
89-06-051
89-12-014
Boarding homes
operation and maintenance standards 89-09-034
Certificate of need
issuance, suspension, denial, revocation, and transfer 89-02-040
Child care facilities
over-the-counter medications 89-03-025
89-07-097
Child care providers
standards 89-05-062
89-08-050
Child protective services
authority 89-03-048
89-07-024
89-02-067
89-07-096
89-03-048
89-07-024
89-03-048
89-07-024
Day care
family homes, certification requirements 89-02-033
89-11-005
Developmentally disabled
eligibility 89-02-031
89-02-042
89-06-049
protective services
background investigations 89-02-067
89-07-096
Emergency medical technicians, recertification 89-10-069
89-10-071
Family independence program 89-01-046
89-03-053
89-03-054
89-09-033
89-12-036
Fire protection, minimum fire flow standards 89-11-055
First responders, recertification 89-10-069
89-10-071
Food stamps
boarders 89-02-032
89-02-044
89-05-032
89-03-073
89-07-001
89-12-075
definitions 89-03-071
89-07-001
89-08-051
earned income credit, treatment 89-08-051

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

**SOCIAL AND HEALTH SERVICES,
DEPARTMENT OF—cont.**

89-08-100
89-11-101
filing and application 89-03-072
89-07-001
foster care payments, income disregard 89-02-032
89-02-044
general provisions 89-03-071
89-07-001
household composition 89-03-054
89-03-073
89-07-001
income
 ineligible household members 89-03-074
89-07-001
monthly allotments 89-02-069
89-05-031
nonexempt resources 89-03-073
89-07-001
verification 89-03-072
89-07-001
social security number, condition
 of eligibility 89-11-099
student eligibility 89-11-056
violations, intentional, administrative
 disqualification hearings 89-08-101
89-12-035
violations, intentional, disqualification
 penalties 89-09-032
89-12-034
Health division programs
 fees, annual adjustment of fees charged
 licenses **89-12-076**
Home care agencies
 licensing standards 89-07-023
89-12-077
Home health agencies
 licensing standards 89-07-023
89-12-077
Hospice agencies
 licensing standards 89-07-023
89-12-077
Indians
 child care agencies, licensing, special
 requirements 89-01-090
89-01-092
Lakeland Village, notice, out of compli-
 ance for Medicaid certification as
 intermediate care facility for the
 mentally retarded 89-11-103
Limited casualty program
 medically needy
 excess income, spenddown 89-08-047
89-08-049
89-11-057
Local Indian child welfare advisory
 committee
 confidentiality 89-01-090
89-01-092
89-05-063
Medicaid
 chore services, service determinations 89-10-046
89-10-049
 citizenship and alienage, effect
 on eligibility 89-08-045
89-08-048
89-11-057
 transfer of resources by institutionalized
 individual 89-09-029
89-12-037
Medical assistance program
 detoxification services for chemically
 dependent pregnant women 89-10-020
89-10-024

**SOCIAL AND HEALTH SERVICES,
DEPARTMENT OF—cont.**

eligibility, effective date,
 retroactive eligibility 89-07-011
89-07-030
89-11-002
medical care support, cooperation
 in securing, condition of eligibility 89-10-047
89-10-048
89-12-080
medically needy in own home,
 eligibility 89-02-038
89-02-045
89-05-029
89-10-020
89-10-024
services available to recipients 89-10-020
89-10-024
wheelchair lifts and conversions,
 purchase and repair 89-02-037
89-08-052
Medical providers
 dispute conferences 89-02-034
89-05-029
Medicare
 cost sharing 89-02-035
89-02-041
89-05-029
89-08-044
89-08-053
89-11-057
deductible and coinsurance, when
 paid by department 89-07-037
89-07-039
89-11-004
extended care patients, skilled nursing
 home care, coinsurance payments 89-07-012
89-07-013
89-11-003
Mobile airway management technicians
 training and knowledge standards 89-01-089
89-01-096
89-06-003
Mobile intravenous therapy technicians
 training and knowledge standards 89-01-089
89-01-096
Nursing homes
 accounting and reimbursement system 89-01-095
89-08-046
89-11-100
89-04-054
89-08-054
delivery of services
 Medicaid certified
 developmental disabilities, identification
 screening required for residents 89-07-094
89-11-017
 mental illness, identification screening
 required for residents 89-07-094
89-02-030
89-02-043
89-06-050
89-04-054
89-08-054
89-04-054
89-08-054
regulatory requirements
 residents' rights expansion 89-04-054
89-08-054
Physical therapy
 approval of services 89-02-036
89-02-039
89-05-029
Property entitlements
 community, separate and jointly owned 89-04-053
89-07-038
Progressive evaluation process
 multiple impairments 89-01-047
Refugee assistance 89-03-008
Rules coordinator 89-11-098

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

SOCIAL AND HEALTH SERVICES, DEPARTMENT OF—cont.		TAX APPEALS, BOARD OF—cont.	
Supplemental security income program standards of assistance	89-02-066 89-02-068 89-05-030	public disclosure requests	89-06-065 89-10-058
Support enforcement	89-01-048 89-01-049	TRADE AND ECONOMIC DEVELOPMENT, DEPARTMENT OF	
Water utility coordinating committees, establishment and purpose	89-11-055	Commerce and economic development meetings	89-01-075
SOUTH PUGET SOUND COMMUNITY COLLEGE		TRAFFIC SAFETY COMMISSION	
Meetings	89-04-021 89-09-036 89-10-008 89-11-012 89-11-036	Meetings	89-03-002 89-05-051
SPOKANE COMMUNITY COLLEGES		TRANSPORTATION COMMISSION/DEPARTMENT	
Meetings	89-01-060	Contractors, prequalification of highway system contractors	89-07-034 89-08-064
Smoking	89-04-018 89-06-023 89-07-068	Ferry system fares and rates	89-08-068 89-12-005
STATE EMPLOYEES BENEFITS BOARD		passenger-only routes, fares	89-04-014
Eligible dependents	89-01-053 89-09-054 89-12-045	Highway system contractor, prequalifi- cation	89-07-034 89-08-064 89-02-061 89-04-019 89-07-067 89-12-029
Eligible employees	89-02-070 89-05-013	Meetings	89-06-038 89-08-061
Extended medical and dental coverage, self-pay	89-09-054 89-12-045	Review of rules	
Group medical coverage during leave period	89-02-070 89-05-013 89-02-070 89-05-013	Surplus property sales agricultural zoned areas	89-01-052
reinstatement following leave		Utility lines franchises and permits on state highway rights-of-way	89-02-005 89-05-022
Health coverage employer contribution	89-08-005 89-09-053	TRANSPORTATION IMPROVEMENT BOARD	
extended, denial to those covered by another group plan	89-08-005	Meetings	89-02-053 89-03-036 89-04-038 89-06-037 89-08-067 89-10-050 89-12-015
STATE PATROL		Proposed projects, submission to board	89-10-053 89-10-054
Bolt, clamp and wedge type brake adjustment standards	89-09-025 89-12-019	TREASURER	
Disability, line duty disabilities	89-10-011 89-10-015	(See inside front cover)	
Electronic messages, display from motor vehicles	89-09-023 89-09-024 89-12-018	UNIVERSITY OF WASHINGTON	
License plates, marking, persons driving with suspended or revoked license	89-10-007 89-10-016 89-10-029	Meetings	89-02-001 89-01-020 89-03-016 89-03-017 89-03-018 89-03-022 89-03-023 89-03-024 89-03-039 89-03-041 89-03-042 89-06-055 89-07-017 89-09-035 89-09-043
Towing businesses		Parking and traffic regulations	
SUPERINTENDENT OF PUBLIC INSTRUCTION		URBAN ARTERIAL BOARD	
(See PUBLIC INSTRUCTION, SUPERINTENDENT OF)		(See TRANSPORTATION IMPROVEMENT BOARD)	
SUPREME COURT		USURY	
JuCR 7.3(d), amendment	89-01-013	(See inside front cover)	
RPC 1.14, comment	89-01-027	UTILITIES AND TRANSPORTATION COMMISSION	
TACOMA COMMUNITY COLLEGE		Accident reporting	
Meetings	89-01-029	garbage and refuse collection companies	89-02-024 89-06-021
TAX APPEALS, BOARD OF		Accounting rules, gas and electric companies	89-09-070
Appeals		Alternate operator services	89-04-044
notice of appeal	89-07-031		
time from which appeal period is computed	89-07-031		
Practice and procedure	89-06-062 89-10-055 89-06-063 89-10-056 89-06-064 89-10-057		
formal hearings			
informal hearings			

Subject/Agency Index

(Citations in bold type refer to material in this issue)

UTILITIES AND TRANSPORTATION COMMISSION—cont.

Contested cases
obtaining data 89-08-004
89-08-109
89-11-006
89-11-085

Electric utilities
purchase of electricity from
qualifying facilities and
independent power producers,
purchase of electric savings 89-08-111
89-12-067
89-12-068

Facsimile transmission, submission of
tariff rates by **89-12-072**

Garbage and refuse collection companies
accident reporting 89-02-024
89-06-021
89-09-070
89-11-084
89-12-070
89-06-020
89-09-071
89-02-003

Gas and electric utility accounting rules
89-12-070

Household goods, information to shippers
89-06-020
89-09-071
89-02-003

Meetings
Motor carriers
brokers and forwarders 89-02-023
safety regulations, adoption of
U.S. Dept. of Transportation
regulations dated October 1, 1988
89-02-024
89-06-021

Natural gas
outdoor lighting, repeal of restrictions
on use for 89-05-042
89-08-030

Tariffs
distribution and cost 89-04-045
facsimile transmission, submission
of rates by **89-12-072**

Telecommunications
contracts and price lists 89-08-110
89-12-038
89-12-069
cost changes, mandatory
rate filings by local exchange companies,
procedures **89-12-069**
89-08-024
89-08-025
89-11-020
switched access lines surcharge

VETERINARY BOARD OF GOVERNORS (See LICENSING, DEPARTMENT OF)

VOCATIONAL EDUCATION, BOARD FOR
Meetings 89-06-056
89-12-050

VOCATIONAL EDUCATION, COUNCIL ON
Meetings 89-03-020
89-11-076

VOLUNTEER FIREMEN, BOARD FOR
Meetings 89-03-001
89-09-016

WALLA WALLA COMMUNITY COLLEGE
Meetings 89-04-005

WASHINGTON INSTITUTE OF APPLIED
TECHNOLOGY
Meetings 89-01-045
89-04-022

WASHINGTON STATE LIBRARY
Library commission
meetings 89-05-037
89-10-005

Western library network
meetings 89-01-051

WASHINGTON STATE UNIVERSITY
Meetings 89-04-020
89-11-015

WASHINGTON STATE UNIVERSITY—cont.

Student conduct rules, disciplinary
procedures 89-05-036
89-11-065

WESTERN WASHINGTON UNIVERSITY

Involuntary administrative withdrawal,
behavior from mental disorders 89-05-049
89-10-006
89-11-039

Student rights and responsibilities,
amendments 89-05-049
89-10-006
89-11-039

WHATCOM COMMUNITY COLLEGE

Meetings 89-09-048
89-10-003

WILDLIFE, DEPARTMENT OF

Animals, exotic or hybrid, permit
to release 89-04-034
89-08-104
89-12-044
89-04-034
89-08-104
89-12-044

Aquatic plants, permit to plant

Eastern gray squirrel, removal from
list of protected wildlife 89-08-102
Field identification of wildlife 89-06-079
89-09-058

Fishing 89-04-009
Carbon River
Columbia River, license reciprocity,
Oregon and Washington 89-10-026
89-04-010
Elochoman River 89-11-052
game fishing regulations 1989-90 89-06-080
game fishing regulations 1988-90 89-06-081
89-06-082
89-08-032
89-08-106
89-10-025
89-10-026
89-10-027
89-11-051
89-04-037
89-04-009

Mayfield Lake
Puyallup River
steelhead 89-06-042
89-06-042
89-06-042
89-06-042
89-06-042
89-08-011
89-03-028
89-05-002
89-10-026
89-04-011
89-10-025
89-10-026

Toutle River
Washougal River 89-04-011
89-10-025
89-10-026

Fox squirrel, removal from list
of protected wildlife 89-08-102
89-11-061

Hunting
bear 89-06-002
spring hot spot hunts 89-08-105
clothing requirements **89-12-043**
89-08-034
89-08-107
89-11-073

disabled hunters

elk
White River 89-04-007
general hunting seasons and rules,
1989-90 89-08-108

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

WILDLIFE, DEPARTMENT OF—cont.	
hunting seasons, game bag limits, game management units, and area legal descriptions, 1988	89-11-063
Mountain goat, sheep, moose, cougar, and lynx	
1988 seasons	89-11-064
1989 seasons	89-06-083
	89-09-059
	89-12-041
turkey	
spring seasons	89-06-002
upland migratory bird seasons and rules, 1987	89-11-063
Muzzle loading firearms	89-08-103
	89-11-062
Protected wildlife, classification	89-08-102
	89-11-061

WASHINGTON STATE REGISTER Subscriptions

To: Subscription Clerk
WASHINGTON STATE REGISTER
Code Reviser's Office
Legislative Building
Olympia, WA 98504

I would like to order _____ subscription(s) to the WASHINGTON STATE REGISTER, at an annual rate of \$161.70, sales tax included (\$150 for state agencies). Enclosed is my check or money order for \$_____. Please start my subscription with the January issue of 19 ____.

NAME _____

ADDRESS _____

TELEPHONE _____

THE WASHINGTON STATE REGISTER, published pursuant to RCW 34.08.020, is distributed on the first and third Wednesdays of each month. The Register contains the full text of proposed, emergency, and permanently adopted rules of state agencies, executive orders of the governor, notices of public meetings of state agencies, rules of the state supreme court, summaries of attorney general opinions, and juvenile disposition standards which have been filed in the code reviser's office prior to the pertinent closing date for that issue of the Register. A cumulative table of existing sections of the Washington Administrative Code (WAC) affected by a particular agency action guides the user to the proper volume of the Register.

The code reviser's office has established an annual subscription price of \$150 for the Register, and single copies will cost \$7. Sales tax of 7.8% now applies to all sales other than to state agencies. State law requires payment in advance. To subscribe to the Register, please complete the order form above and forward it to the address indicated, accompanied by your check or money order in the amount of \$161.70 (\$150 for state agencies) payable to the code reviser's office.