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IN THIS ISSUE

Agriculture, Department of
Arts Commission
Attorney General, Office of the
Community College District Twelve
Convention and Trade Center
Corrections, Department of
County Road Administration Board
Ecology, Department of
Edmonds Community College
(District 23)
Fisheries, Department of
Gambling Commission
Health, Board of
Insurance Commissioner
Labor and Industries, Department of
Library Commission
Licensing, Department of
Liquor Control Board

Natural Resources, Department of
Oil and Gas Conservation Committee
Parks and Recreation Commission
Personnel, Department of
Public Disclosure Commission
Seattle Community College District
(District 6)
Skagit Valley College
(District 4)
Social and Health Services, Department of
State Employees Insurance Board
Supreme Court
University of Washington
Utilities and Transportation Commission
Volunteer Firemen, Board for
Washington State Library
Western Washington University

(Subject/Agency index at back of issue)
This issue contains documents officially
filed not later than May 20, 1987

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.

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CERTIFICATE

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

DENNIS W. COOPER
Code Reviser

STATE MAXIMUM INTEREST RATE

The maximum allowable interest rate applicable for the month of June 1987 pursuant to RCW 19.52.020 is twelve percent (12%).

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 1987 pursuant to RCW 63.14.130(1)(a) is twelve and one-quarter percent (12¼%).

WASHINGTON STATE REGISTER

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STYLE AND FORMAT OF THE WASHINGTON STATE REGISTER

1. ARRANGEMENT OF THE REGISTER

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

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

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

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

3. PRINTING STYLE—INDICATION OF NEW OR DELETED MATTER

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

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

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

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

5. EFFECTIVE DATE OF RULES

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

6. EDITORIAL CORRECTIONS

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

7. INDEX AND TABLES

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

1986 - 1987

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
86-18	Aug 6	Aug 20	Sep 3	Sep 17	Oct 7
86-19	Aug 20	Sep 3	Sep 17	Oct 1	Oct 21
86-20	Sep 3	Sep 17	Oct 1	Oct 15	Nov 4
86-21	Sep 24	Oct 8	Oct 22	Nov 5	Nov 25
86-22	Oct 8	Oct 22	Nov 5	Nov 19	Dec 9
86-23	Oct 22	Nov 5	Nov 19	Dec 3	Dec 23
86-24	Nov 5	Nov 19	Dec 3	Dec 17	Jan 6, 1987
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87-01	Nov 26	Dec 10	Dec 24, 1986	Jan 7, 1987	Jan 27
87-02	Dec 10	Dec 24, 1986	Jan 7, 1987	Jan 21	Feb 10
87-03	Dec 24, 1986	Jan 7, 1987	Jan 21	Feb 4	Feb 24
87-04	Jan 7	Jan 21	Feb 4	Feb 18	Mar 10
87-05	Jan 21	Feb 4	Feb 18	Mar 4	Mar 24
87-06	Feb 4	Feb 18	Mar 4	Mar 18	Apr 7
87-07	Feb 18	Mar 4	Mar 18	Apr 1	Apr 21
87-08	Mar 4	Mar 18	Apr 1	Apr 15	May 5
87-09	Mar 25	Apr 8	Apr 22	May 6	May 26
87-10	Apr 8	Apr 22	May 6	May 20	Jun 9
87-11	Apr 22	May 6	May 20	Jun 3	Jun 23
87-12	May 6	May 20	Jun 3	Jun 17	Jul 7
87-13	May 20	Jun 3	Jun 17	Jul 1	Jul 21
87-14	Jun 3	Jun 17	Jul 1	Jul 15	Aug 4
87-15	Jun 24	Jul 8	Jul 22	Aug 5	Aug 25
87-16	Jul 8	Jul 22	Aug 5	Aug 19	Sep 8
87-17	Jul 22	Aug 5	Aug 19	Sep 2	Sep 22
87-18	Aug 5	Aug 19	Sep 2	Sep 16	Oct 6
87-19	Aug 26	Sep 9	Sep 23	Oct 7	Oct 27
87-20	Sep 9	Sep 23	Oct 7	Oct 21	Nov 10
87-21	Sep 23	Oct 7	Oct 21	Nov 4	Nov 24
87-22	Oct 7	Oct 21	Nov 4	Nov 18	Dec 8
87-23	Oct 21	Nov 4	Nov 18	Dec 2	Dec 22
87-24	Nov 4	Nov 18	Dec 2	Dec 16	Jan 5, 1988

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 87-11-001
ADOPTED RULES
ARTS COMMISSION

[Order 2, Resolution No. 87-1—Filed May 7, 1987]

Be it resolved by the Washington State Arts Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to the commission's specific roles applicable to its major programs and services as follows: Partnership program, institutional support program, artist fellowships, state-wide services, cultural enrichment program, artists-in-residence program, art in public places program, and governor's arts awards and community development program.

This action is taken pursuant to Notice No. WSR 86-24-038 filed with the code reviser on November 26, 1986. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Washington State Arts Commission as authorized in RCW 43.46.040 and chapter 34.04 RCW.

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

APPROVED AND ADOPTED March 27, 1987.

By Michael A. Croman
Executive Director

Chapter 30-16 WAC
PARTNERSHIP PROGRAM

WAC

30-16-010	Purpose.
30-16-020	Definitions.
30-16-030	Description—Program purpose and goals.
30-16-040	Applicant eligibility.
30-16-050	Project eligibility.
30-16-060	Project limitations and exclusions.
30-16-070	Funding categories, deadlines and application procedures.
30-16-080	Financial responsibility of applicants and subapplicants.
30-16-090	Review procedures.
30-16-100	Special conditions.
30-16-110	Payment procedures.
30-16-120	Evaluation methods.

NEW SECTION

WAC 30-16-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to the partnership program. Those rules found in chapters 30-01 through 30-12 WAC also apply.

NEW SECTION

WAC 30-16-020 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020 the following definitions shall apply to this chapter:

(1) "Applicant" means a legally incorporated organization or unit of government.

(2) "Umbrella organization" means an eligible organization as defined in WAC 30-16-040 that is willing to serve as the applicant for a subapplicant.

(3) "Subapplicant" means a group that does not itself meet the definition of applicant.

(4) "Matching" means the sharing of costs for the program or project between the commission and the applicant.

(5) "Cash match" means an amount of money committed by the applicant to the project.

(6) "Fiscal year" means the period beginning July 1 and ending June 30 of the following year.

(7) "In-kind contributions" means the value of materials or services provided to the applicant by volunteers or outside parties at no cash cost to the applicant.

(8) "Appeal" means any request by an applicant to the commission for reconsideration of a previous decision on an application to the partnership program.

(9) "Project period" means the dates setting the start and end of a project as proposed or contracted for an award.

(10) "Award" means the financial assistance committed or paid to an eligible applicant for a project approved by the commission.

NEW SECTION

WAC 30-16-030 DESCRIPTION—PROGRAM PURPOSE AND GOALS. (1) The commission will support the projects of nonprofit arts organizations through the partnership program.

(2) The commission will review applications for projects that:

(a) Are of high artistic quality and available to the general public;

(b) Engage the services of professional artists;

(c) Increase the number and variety of arts opportunities in communities in the state of Washington;

(d) Serve people not generally involved in the arts;

(e) Involve cooperation among existing arts and community organizations;

(f) Will generate a reasonable earned income;

(g) Demonstrate significant local funding support;

(h) Will enhance an organization's artistic growth or develop administrative capabilities.

NEW SECTION

WAC 30-16-040 APPLICANT ELIGIBILITY.

(1) Applicants eligible for financial support through the partnership program are: Any arts organization, arts council, arts commission, or sponsor with at least a one-year history of arts activity since the date of incorporation; that qualifies as a nonprofit, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (as amended), or any public, tax-supported institution or agency.

(2) A subapplicant may submit its application through an eligible applicant that is willing to serve as an umbrella organization.

(3) An umbrella organization acting on behalf of a subapplicant:

- (a) Does not sponsor or present the arts event;
- (b) Is not expected to provide financial support to the subapplicant;
- (c) May not deduct administrative fees or indirect costs from the commission's award;
- (d) Assumes all fiscal accounting and reporting responsibilities associated with an award contract;
- (e) May act as an umbrella for more than one subapplicant;
- (f) Is not intended to serve individual artists' projects.

NEW SECTION

WAC 30-16-050 PROJECT ELIGIBILITY. Projects and services may be in any arts discipline. Priority will be given to projects which have a significant portion of their budgets covered by local funding sources and earned income. Projects which have been funded in the past include but are not limited to: Public performances, exhibitions, poetry readings, commission of new works, guest artists, residencies, royalty fees, touring events, anthologies, composers, costume design, music rentals, documentary films, clinicians, choreographers, or consultant services.

NEW SECTION

WAC 30-16-060 PROJECT LIMITATIONS AND EXCLUSIONS. (1) Those activities or projects which can only be considered in limited circumstances are as follows:

- (a) Free activities. The commission will consider supporting free programs or performances only when there is clear evidence that an admission charge is inappropriate or restricted by formal policy.
- (b) Long-range planning, studies, and surveys. The commission recognizes the need for and encourages planning at all levels for activities involving the arts. To that end, the commission accepts applications from qualified organizations for financial support for planning projects which may include, but are not limited to: Long-range planning, arts-related surveys, community forums, and feasibility studies.
- (c) Activities for youth. The commission believes that activities for the benefit of youth are of vital importance to the full development of these future citizens. To that end, the commission provides through programs other than the partnership program, activities and services which enable youth to benefit from contact with professional artists and their work. The primary purpose of the partnership program is to fund arts activities by non-profit organizations for the benefit of the general public. Activities specifically for youth are considered only when the proposed activity creates an exceptional opportunity for the participating youth, or when the proposed activity would establish a model for future youth programming within the state.

(d) Touring arts events. Touring of professional arts events will be considered only when there is a clear demonstration of sponsor interest and cash match from the sponsor. Tours may be organized by artists or performing groups, but only a direct cash match from the local sponsor will be accepted.

(e) Other state agencies. State agency projects will generally not be given priority for funding by the commission except where it is clearly demonstrated that funds for the project could not be realized through normal appropriations and when a project is not otherwise available in the community.

(2) Those activities which are excluded from partnership program support are as follows:

- (a) Renovation, remodeling, restoration, or new construction;
- (b) Purchase of permanent equipment or real property;
- (c) Requests for general operating support;
- (d) Travel outside the state of Washington, except when benefitting a substantial number of Washington residents such as cooperative projects with neighboring states;
- (e) Tuition assistance for college, university, or other formal course of study;
- (f) Scholarships;
- (g) Awards to individuals;
- (h) Projects that have already been started or completed;
- (i) Replacement of funds normally budgeted for a project;
- (j) Amateur activities not under the direct guidance of recognized professionals;
- (k) Touring of nonprofessional arts programs;
- (l) Projects normally considered part of an educational institution's curriculum;
- (m) Projects offered by an educational institution and not open to the general public;
- (n) Students' projects;
- (o) Projects involving payments to individuals with less than one year of independent professional experience beyond training;
- (p) Requests to offset existing deficits;
- (q) Projects involving any type of entry fee for artists;
- (r) Projects which exclusively or primarily benefit the membership of the organization or preclude reasonable access by the general public;
- (s) Projects involving an individual's expenses to attend conferences, seminars or workshops;
- (t) Payment for hospitality expenses as prohibited by state laws;
- (u) The creation of new works by regularly employed personnel of the applicant organization unless it is clearly demonstrated that the project is not normal function of the employee.

NEW SECTION

WAC 30-16-070 FUNDING CATEGORIES, DEADLINES AND APPLICATION PROCEDURES. The commission offers three categories of funding in the partnership program. Applicants are eligible to apply for one award in each category during each fiscal year. The

commission makes awards on a first-come, first-served basis until all available funds for each fiscal year have been committed. The dates pertaining to the project period must be considered by the applicant to determine the proper application deadline in all categories. Expenses which are anticipated by the applicant to be covered by commission funds must not be incurred outside the project period. The project must start and end within a single fiscal year (July 1 through June 30).

(1) Short-term project support is for matching requests up to seven hundred fifty dollars. Arts councils and arts commissions may apply in this category for technical assistance expenses associated with organizational development. Completed applications must be received in the commission office not later than six weeks before the starting date of the project.

(2) Program support is for matching requests over seven hundred fifty dollars. Each year, the commission will establish deadlines and publish those deadlines in the regular media, the commission's newsletter, and with the application form. Applicants must generally allow a minimum of four months from submittal to the month in which the project will start (i.e., the project starts in the fifth month,) in order to meet the usual deadlines. Completed applications must be postmarked or delivered to the commission office by 5:00 p.m. on the established deadlines.

(3) Staff support is for matching requests over seven hundred fifty dollars to nonprofit organizations for the creation of a key administrative or artistic position. The position must be new or expanded. Commission support of a staff position will be limited to three years with a decreasing level of support each year. Successful applicants must reapply for each year of subsequent support. Applicants must generally allow a minimum of four months from submittal to the month in which the position will start (i.e., the position starts in the fifth month) in order to meet the usual deadlines. Completed applications must be postmarked or delivered to the commission office by 5:00 p.m. on the established deadlines.

If both staff support and program support are requested, they must be applied for at the same time.

Application to the partnership program shall be made on a form to be prescribed by the commission. The form will be available at the commission office as provided in WAC 30-01-060.

NEW SECTION

WAC 30-16-080 FINANCIAL RESPONSIBILITY OF APPLICANTS AND SUBAPPLICANTS. (1) The amount requested from the commission may not exceed fifty percent of the total project cost.

(2) Applicants must demonstrate a reasonable effort to secure local funds and generate earned income to match the amount requested from the commission. In some cases, in-kind contributions may be credited toward the required one-to-one match for funds. The commission will favor a cash match and priority will be given to those applications showing a greater cash match.

(3) In those cases where the applicant is serving as an umbrella, the financial responsibility for matching funds rests solely with the subapplicant.

NEW SECTION

WAC 30-16-090 REVIEW PROCEDURES. The evaluation and review of applications is based on the written responses to the information and materials requested in the application and the application instructions. The review procedures are as follows:

(1) Review by the staff to determine eligibility and completeness;

(2) Evaluation by the staff resulting in recommendations to a review committee of commissioners;

(3) Evaluation by individual commissioners;

(4) Evaluation by the review committee resulting in recommendations to the full commission;

(5) Evaluation and a final decision by the full commission;

(6) If funding for a particular project has been denied by the commission, reapplication or reconsideration of the same project will not be accepted within the same fiscal year in any funding category;

(7) The review, and any subsequent appeal, will be conducted in accordance with chapter 30-08 WAC.

NEW SECTION

WAC 30-16-100 SPECIAL CONDITIONS. As a condition of the award contract, the commission requires the recipient of funds to provide assurance of compliance with all state and federal laws and regulations pertaining to the following:

(1) Fair labor standards, including minimum wage and working conditions;

(2) Civil rights, including prohibitions against discrimination on the basis of race, color, creed, disability, national origin, sex, age, and marital status;

(3) Handicapped access—Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against the handicapped. Please note that National Endowment for the Arts regulations under this law apply to federal funds awarded through the commission. All recipients of awards are subject to the provisions of these regulations;

(4) Audits—The commission requires free access to accounting records for funds expended under the terms of the contract award for the purpose of audits, examination, reference or transcription.

NEW SECTION

WAC 30-16-110 PAYMENT PROCEDURES. Applicants should be prepared to finance their projects until reimbursed by the commission. Payment will be made quarterly or at the end of the quarter following completion of the project. Payments will only be made for those expenses that take place within the project period as provided in the award contract. All awards are contingent upon receipt by the commission of anticipated funding from the National Endowment for the Arts and the state of Washington.

NEW SECTION

WAC 30-16-120 EVALUATION METHODS.

(1) All applicants must be prepared to provide access to events for two members of the commission or its staff if an on-site evaluation is requested by the commission. On-site evaluation will be conducted in accordance with WAC 30-12-150.

(2) Each organization awarded funding is required to submit a written final report on a form provided by the commission. Future funding is contingent upon receipt and acceptance of the report by the commission as stipulated in the contract.

**Chapter 30-20 WAC
INSTITUTIONAL SUPPORT PROGRAM**

WAC

30-20-010	Purpose.
30-20-020	Definitions.
30-20-030	Description—Program purpose and goals.
30-20-040	Applicant eligibility.
30-20-050	Funding intent—Limitations and exclusions.
30-20-060	Funding formula.
30-20-070	Application procedures.
30-20-080	Financial responsibility of institutions.
30-20-090	Review procedures.
30-20-100	Special conditions.
30-20-110	Payment procedures.
30-20-120	Evaluation methods.

NEW SECTION

WAC 30-20-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to the institutional support program. Those rules found in chapter 30-01 through 30-12 WAC also apply.

NEW SECTION

WAC 30-20-020 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020 the following definitions shall apply to this chapter:

- (1) "Applicant" means a legally incorporated organization or unit of local government.
- (2) "Matching" means the sharing of costs for the program or project between the commission and the applicant.
- (3) "Cash match" means an amount of money committed by the applicant to the project.
- (4) "Fiscal year" means the period beginning July 1 and ending June 30 of the following year.
- (5) "In-kind contributions" means the value of materials or services provided to the applicant by volunteers or outside parties at no cash cost to the applicant.
- (6) "Appeal" means any request by an applicant to the commission for reconsideration of a previous decision on an application to the institutional support program.
- (7) "Project period" means the dates setting the start and end of a project as proposed or contracted for an award.

(8) "Award" means the financial assistance committed or paid to an eligible applicant for a project approved by the commission.

(9) "Primary arts institutions" are those organizations which:

- (a) Serve as models of artistic and administrative achievement;
- (b) Provide the highest quality of service to a broad segment of the public;
- (c) Are recognized for their stature on a state, regional, or national level;
- (d) Make a significant contribution to the arts discipline in which they specialize; and
- (e) By the scope of their operations, generate a positive economic impact beyond their immediate locale.

NEW SECTION

WAC 30-20-030 DESCRIPTION—PROGRAM PURPOSE AND GOALS. The institutional support program recognizes the high value and quality of services contributed to the state's cultural life by its primary professional arts institutions, and offers these institutions greater lead time to plan and make commitments for programs and services by formula funding.

NEW SECTION

WAC 30-20-040 APPLICANT ELIGIBILITY. Potential applicants must meet the following criteria in order to be considered in the institutional support program.

- (1) Applicants must qualify as a nonprofit, tax-exempt organization under 501(c)(3) of the Internal Revenue Code of 1954 (as amended), or as a public, tax-supported institution or agency.
- (2) Applicants must have an annual income from all sources of not less than three hundred thousand dollars.
 - (a) The annual income must be substantially cash, earned or contributed.
 - (b) In-kind contributions, volunteered services, transfers of capital or gifts of capital funds, and funds derived from work-study, work-training, or other educational programs will not be included in the commission's assessment of annual income.
 - (c) Income derived from special one-time events or grants that may temporarily inflate an institution's budget in a given year may be excluded in the commission's assessment of annual income.
 - (d) Should an institution funded under the program the previous year fall below the minimum income requirement for the current year, it will be granted a one-time, one-year grace period to reestablish eligibility.
- (3) Applicant institutions must create and produce in one or more of the following art forms: Dance, music, opera, theatre, visual arts, media arts and literature. Excluded are organizations engaged primarily in sponsoring arts events, education, the humanities, recreation, or research; agencies of state or federal governments; and arts service organizations.
- (4) Applicants must have had their principal place of business and performed services in the state for at least five years.

(5) Applicants must demonstrate substantial support from, and significant impact on, the community served or the state as a whole. Support is indicated by, but not limited to, earned, contributed and sustaining fund income, attendance, and number of public presentations.

(6) Institutions must have full-time paid professional administration and offer professional performances, productions, exhibitions or other services. A history of sound management must be evident. Organizations are not required by the commission to be union signatories, but must pay all artists minimum scale using a nationally recognized artists' labor organization as a guide.

(7) The applicant's performances, productions, exhibitions and other services must be regularly scheduled within the state of Washington.

(8) Should an institution funded under the program the previous fiscal year subsequently fail to meet any of the eligibility criteria, the commission may suspend further funding to the institution under the program, with the exception of subsection (2) of this section as provided by subsection (2)(d) of this section.

NEW SECTION

WAC 30-20-050 FUNDING INTENT—LIMITATIONS AND EXCLUSIONS. (1) Qualifying applicants may apply for funds through the institutional support program, or they may waive this privilege and elect to apply in the competitive partnership programs as described in chapter 30-16 WAC.

(2) The commission's intent is to support a portion of the total operating costs, including program and administrative, of each participating institution. Prorated administrative costs, such as salaries and office overhead are eligible for support.

(3) Funds from the commission may not be used for capital expenditures, endowments, hospitality expenses, existing deficits, or out-of-state programming.

NEW SECTION

WAC 30-20-060 FUNDING FORMULA. Funding is awarded on a formula basis to those institutions determined by the commission to meet the eligibility criteria of the program.

(1) Each institution participating in the program will receive a base amount of ten thousand dollars.

(2) The balance of program funds will be distributed by the percentage each institution's income represents of the total income of all participating institutions.

NEW SECTION

WAC 30-20-070 APPLICATION PROCEDURES. (1) Institutions currently accepted in the program must submit materials in two steps.

(a) Upon notification from the commission of an application intent deadline, the institution must submit:

(i) A letter stating the institution's intent to continue participation in the program;

(ii) A completed standard arts reporting form (as revised) for the last completed financial year;

(iii) A corresponding certified audited financial statement for the last completed financial year.

(b) After notification from the commission of the proposed award and an application deadline, the institution must submit:

(i) A plan for use of the proposed award on a form provided by the commission;

(ii) A resolution of the institution's board designating those officials authorized to sign the application and the contract with the commission;

(iii) A copy of the institution's Internal Revenue Service determination letter.

(2) Applicants seeking participation in the program must submit materials in two steps.

(a) To indicate interest in participation in the program, the applicant must submit to the commission:

(i) A letter stating the applicant's interest in being considered in the program;

(ii) A completed preapplication form to be provided by the commission;

(iii) A completed standard arts reporting form (as revised) for the last completed financial year;

(iv) A corresponding certified audited financial statement for the last completed financial year;

(v) A copy of the applicant's Internal Revenue Service determination letter.

(b) After notification from the commission of eligibility for the program, the proposed award and an application deadline, the applicant must submit:

(i) A plan for use of the proposed award on a form provided by the commission;

(ii) A resolution of the institution's board designating those officials authorized to sign the application and the contract with the commission.

(3) The commission will only consider additional institutions when sufficient additional funds above current fiscal year level have been appropriated to the commission for that purpose.

(4) Successful applicants and participating institutions must reapply for each fiscal year of subsequent support.

(5) Completed applications must be postmarked or delivered to the commission office by 5:00 p.m. on the established deadlines.

(6) Expenses which are anticipated by the institution to be covered by commission funds must not be incurred outside the project period as submitted in the program application. The project must start and end within a single fiscal year (July 1 through June 30).

NEW SECTION

WAC 30-20-080 FINANCIAL RESPONSIBILITY OF INSTITUTIONS. The amount awarded by the commission may not exceed fifty percent of the total project cost. Institutions must demonstrate a reasonable effort to secure local funds and generate earned income to match the award from the commission.

NEW SECTION

WAC 30-20-090 REVIEW PROCEDURES. (1) The evaluation and review of applications from institutions currently accepted in the program is based on the

written responses to the information and materials requested in the application and the application instructions. The review procedures are as follows:

- (a) Review by the staff to determine eligibility and completeness;
- (b) Evaluation by the staff resulting in recommendations to a review committee of commissioners;
- (c) Evaluation by individual commissioners;
- (d) Evaluation by the review committee resulting in recommendations to the full commission; and
- (e) Evaluation and a final decision by the full commission.

(2) The review of new applicants seeking entry to the program is as follows:

- (a) Review by the staff to determine eligibility and completeness from the preapplication materials;
- (b) Review if appropriate, by a panel of professionals from the discipline of the applicant;
- (c) Evaluation by individual commissioners;
- (d) Evaluation by a review committee resulting in recommendations to the full commission; and
- (e) Evaluation and a final decision by the full commission.

(3) The review, and any subsequent appeal as permitted by chapter 30-08 WAC, will be conducted in accordance with that chapter.

NEW SECTION

WAC 30-20-100 SPECIAL CONDITIONS. As a condition of the award contract, the commission requires the institution to provide assurance of compliance with all state and federal laws and regulations pertaining to the following:

- (1) Fair labor standards, including minimum wage and working conditions;
- (2) Civil rights, including prohibitions against discrimination on the basis of race, color, creed, disability, national origin, sex, age, and marital status;
- (3) Handicapped access—Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against the handicapped. Please note that National Endowment for the Arts regulations under this law apply to federal funds awarded through the commission. All recipients of awards are subject to the provisions of these regulations;
- (4) Audits—The commission requires free access to accounting records for funds expended under the terms of the contract award for the purpose of audits, examination, reference or transcription.

NEW SECTION

WAC 30-20-110 PAYMENT PROCEDURES. Institutions should be prepared to finance their projects until reimbursed by the commission. Payment will be made quarterly or at the end of the quarter following completion of the project. Payments will only be made for those expenses that take place within the project period as provided in the award contract. All awards are contingent upon receipt by the commission of funding from the National Endowment for the Arts and the state of Washington.

NEW SECTION

WAC 30-20-120 EVALUATION METHODS. (1) All institutions must be prepared to provide access to events for two members of the commission or its staff if an on-site evaluation is requested by the commission. On-site evaluation will be conducted in accordance with WAC 30-12-150.

(2) Each institution awarded funding is required to submit a written final report on a form provided by the commission. Future funding is contingent upon receipt and acceptance of the report by the commission as stipulated in the contract.

Chapter 30-24 WAC
ARTIST FELLOWSHIP PROGRAM

WAC	
30-24-010	Purpose.
30-24-020	Definitions.
30-24-030	Program purpose and goals.
30-24-040	Eligibility.
30-24-050	Selection criteria.
30-24-060	Program procedures.
30-24-070	Ownership of work.
30-24-080	Commission liability.
30-24-090	Responsibilities—Recipients.
30-24-100	Evaluation methods.

NEW SECTION

WAC 30-24-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to artist fellowships.

NEW SECTION

WAC 30-24-020 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020, the following definitions shall apply to this chapter:

- (1) "Literary arts" shall include poetry, fiction, and literary or arts criticism.
- (2) "Two dimensional visual arts" shall include painting, drawing, print-making, photography, multimedia, and two dimensional crafts.
- (3) "Three dimensional visual arts" shall include relief and sculpture in the round and three dimensional crafts.
- (4) "Performing arts" shall include music composition, choreography, and playwrighting.

NEW SECTION

WAC 30-24-030 PROGRAM PURPOSE AND GOALS. Artist fellowships are awarded to professional artists of exceptional talent. The awards provide funds to create new work, to improve skills, or to pursue activities considered important for artistic development.

NEW SECTION

WAC 30-24-040 ELIGIBILITY. Professional artists currently residing in the state of Washington who are not enrolled in an educational degree program in the field in which they are applying are eligible. Priority will

be given to artists who have not previously received a fellowship award from the commission in any category in the past five years.

NEW SECTION

WAC 30-24-050 SELECTION CRITERIA. The selection panels will use the following criteria in making their recommendation to the commission:

- (1) The primary criterion is the creative ability of the applicant as demonstrated by work submitted and representing at least five years of work;
- (2) The statement describing the applicants' plans for artistic development.

NEW SECTION

WAC 30-24-060 PROGRAM PROCEDURES. The commission will use the following procedures for notification, applications, and selection of the fellowship recipients:

(1) The commission will notify the public that the fellowships are available, including the application deadline and the application form. The notification will be made through the use of the commission's mailing lists and notice to the general media.

(2) Application will be made on a form provided by the commission that includes a description of additional materials required for each artistic discipline.

(3) The applications will be reviewed by selection panels made up of artists representing the specific artistic disciplines for the fellowship categories. The selection panels will make recommendations to a committee of the commission.

(4) The committee of the commission will review the selection panel recommendations and make a recommendation to the full commission.

(5) The commission will review the committee's recommendation and take final action on the award of the fellowships.

(6) The commission will set the amount and the number of awards to be given each year.

(7) Fellowships will be awarded once each year in the following categories on a rotating basis:

- (a) In even-numbered years, awards will be given in the literary arts and two dimensional visual arts; and
- (b) In odd-numbered years, awards will be given in the performing arts and three dimensional visual arts.

(8) Each year, one award will be made to the top Washington state recipient of the Western States Regional Media Arts Fellowship Competition.

(9) The commission does not require the production of a public service or the creation of a permanent work of art for public use as a result of the fellowship award. The artist is free to pursue whatever activities will best provide artistic development.

NEW SECTION

WAC 30-24-070 OWNERSHIP OF WORK. Any work created during the time of the artist fellowship is retained by the artist, including all copyrights.

NEW SECTION

WAC 30-24-080 COMMISSION LIABILITY. While every precaution will be taken to properly handle and protect application materials, the commission cannot be responsible for loss or damage that may occur by third parties during handling or shipping. Application materials will be returned by mail when return postage is provided by the applicant.

NEW SECTION

WAC 30-24-090 RESPONSIBILITIES—RECIPIENTS. At the conclusion of the award period, the recipient must make a final report which will include a narrative accounting of the award period as it relates to the intent of the application. An optional personal presentation to the commission of work done during the period of the award or alternative ways the award furthered the recipient's artistic career is encouraged.

NEW SECTION

WAC 30-24-100 EVALUATION METHODS. The commission will review the artist fellowships through site visits by members and staff.

Chapter 30-28 WAC STATE-WIDE SERVICES

WAC

30-28-010	Purpose.
30-28-020	Program purpose and goals.
30-28-030	Criteria.
30-28-040	Evaluation methods.

NEW SECTION

WAC 30-28-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to state-wide services. Those rules found in chapters 30-01 through 30-12 WAC also apply.

NEW SECTION

WAC 30-28-020 PROGRAM PURPOSE AND GOALS. The commission may identify services not currently provided that have a state-wide impact, or affect many arts organizations or artists. In such instances, the commission may initiate a project involving one or more organizations to provide those services.

NEW SECTION

WAC 30-28-030 CRITERIA. (1) The criteria by which the commission shall designate a service as state-wide will include the following:

- (a) A demonstrated state-wide need for the service;
- (b) The service is not currently provided in a coordinated manner state-wide;
- (c) The service presently provided by independent entities could be more cost-effective if coordinated at a state-wide level;
- (d) The service will increase the sharing of resources at a state-wide level;

(e) The service may be or become part of a larger regional, national, or international network.

(2) The commission will use the following criteria to determine eligibility for existing organizations to develop a state-wide service:

(a) The organization must have been incorporated in the state of Washington for no less than two years;

(b) The organization must have provided professional arts programming in the state of Washington for no less than two years;

(c) At the request of the commission, the organization must submit a preliminary plan for the delivery of the services on a form provided by the commission.

(3) In those instances where no organization exists which is capable of providing the identified services, the commission may assist in the creation and development of such an organization.

(4) The commission may waive matching requirements for state-wide services.

(5) Subsequent contracts for state-wide services will be initiated at the discretion of the commission. Subsequent contracts are subject to an annual review by the commission.

NEW SECTION

WAC 30-28-040 EVALUATION METHODS. Contractors for the delivery of state-wide services shall submit an annual evaluation of their performance on a form provided by the commission.

**Chapter 30-32 WAC
CULTURAL ENRICHMENT PROGRAM**

WAC

30-32-010	Purpose.
30-32-020	Definitions.
30-32-030	Program purpose and goals.
30-32-040	Eligibility and delivery of program services—Schools.
30-32-050	Eligibility—Artists.
30-32-060	Application review process—Artists.
30-32-070	Contracting of artists.
30-32-080	Evaluation methods.

NEW SECTION

WAC 30-32-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to the cultural enrichment program. The rules found in chapters 30-01 through 30-12 WAC also apply.

NEW SECTION

WAC 30-32-020 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020, the following definitions shall apply to this chapter:

(1) "CEP" means the cultural enrichment program administered by the commission.

(2) "Common schools" means the public schools of Washington state as defined by RCW 28A.01.060.

(3) "Performing arts" means the broad disciplines of music, dance, and drama and the various forms of expression and performances associated within them.

NEW SECTION

WAC 30-32-030 PROGRAM PURPOSE AND GOALS. The cultural enrichment program provides the best professional performing arts experiences not generally available to the common schools in Washington state. By the presentation of performances by professional artists and arts organizations and by accompanying study guide materials, the cultural enrichment program aims to enrich learning experiences, stimulate awareness and build positive attitudes toward the arts among students in kindergarten through 12th grade.

NEW SECTION

WAC 30-32-040 ELIGIBILITY AND DELIVERY OF PROGRAM SERVICES—SCHOOLS. (1) All common schools in the state of Washington are eligible to receive CEP services. Parochial schools are not eligible to receive CEP events in their facilities, however, parochial school students may be invited to join common school students in community facilities.

(2) The commission will deliver CEP services as follows:

(a) CEP events will be provided at no cost;

(b) The commission will determine the distribution of services and coordinate the schedule of events with local school district coordinators assigned to CEP. No applications are required;

(c) CEP events will be presented in public school facilities and in community cultural facilities when school districts are able to bus students to the central location;

(d) CEP events will be scheduled during school hours;

(e) Study guides will be distributed to school district coordinators in the common schools.

NEW SECTION

WAC 30-32-050 ELIGIBILITY—ARTISTS. All professional artists and arts organizations are eligible to apply to participate in the CEP. They must submit an application form provided by the commission in the prior fiscal year, to be filed by the deadline determined by the commission. Applications shall be made available by direct mail to artists on the commission's mailing list who have indicated interest in CEP and public notice of the competition will be made through the media.

NEW SECTION

WAC 30-32-060 APPLICATION REVIEW PROCESS—ARTISTS. Artist applications are reviewed by an advisory panel comprised of educators and professional artists with expertise in music, dance, drama, and other arts disciplines. The recommendations of the advisory panel are presented to the commission's education committee which makes recommendations to the commission for final approval. Applications are rated according to the following criteria:

(1) Ability to build rapport with student audiences;

(2) Presentation of a program appropriate to the educational environment, grade level to be served, and the overall needs of CEP;

(3) Record of offering professional quality programs in schools;

(4) History of sound management.

NEW SECTION

WAC 30-32-070 CONTRACTING OF ARTISTS. Artists who have been selected for inclusion in the CEP shall be contracted by the commission for specific dates, location of events, performance fees, and allowable expenses as related to the program to be performed. The artist(s) will be responsible for providing the commission with information on their program and related educational materials to be included in study guides to accompany the event. The commission will be responsible for the final production and distribution of the study guides to the participating school districts.

NEW SECTION

WAC 30-32-080 EVALUATION METHODS. Each year, the commission will convene an advisory panel to review the CEP. Individual performances shall be evaluated by participating schools with written reports on forms provided by the commission. Also, on-site monitoring of events will be conducted by the commission, its staff and advisors.

**Chapter 30-36 WAC
ARTISTS-IN-RESIDENCE PROGRAM**

WAC

- 30-36-010 Purpose.
- 30-36-020 Definitions.
- 30-36-030 Program purpose and goals.
- 30-36-040 Eligibility—Sponsors.
- 30-36-050 Eligibility—Artists.
- 30-36-060 Application review process—Sponsors.
- 30-36-070 Application review process—Artists.
- 30-36-080 Responsibilities—Sponsors.
- 30-36-090 Matching requirements.
- 30-36-100 Residency requirements.
- 30-36-110 Evaluation methods.

NEW SECTION

WAC 30-36-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to the artists-in-residence program. Those rules found in chapters 30-01 through 30-12 WAC also apply.

NEW SECTION

WAC 30-36-020 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020, the following definitions shall apply to this chapter:

- (1) "AIR" means the artists-in-residence program administered by the commission.
- (2) "Sponsor" means any Washington state public school, school district, educational service district, private nonparochial school, college or university, or any

cultural or community organization including local arts councils and commissions, retirement centers, libraries, hospitals, correctional centers, and other facilities for special populations.

(3) "Primary sponsor" means the applicant organization that takes the primary responsibility for managing the program at the local site, receives the greater part of the resident artist's time, and is responsible for coordination between the artist and the primary and secondary program sites.

(4) "Secondary sponsor" means the organization that shares a smaller part of the resident artist's time and may be responsible for a partial share of the cost of the program in cooperation with the primary sponsor.

(5) "Matching" means the sharing of costs for the program between the commission, primary sponsor and, if applicable, the secondary sponsor.

(6) "Special populations" means public or nonprofit institutions serving prison programs, incarcerated youth programs, and programs serving the mentally or physically disabled.

NEW SECTION

WAC 30-36-030 PROGRAM PURPOSE AND GOALS. The artists-in-residence program is a competitive matching grant program for sponsors seeking to integrate a working artist into the everyday life of a school, community center, or facility serving special populations so that participants can observe a professional artist at work and learn how to participate in that artist's process and form of artistic expression. The AIR program is designed to augment the arts in the basic curriculum of the common schools or to provide professional artistic programs in other sites.

NEW SECTION

WAC 30-36-040 ELIGIBILITY—SPONSORS. All sponsors meeting the definitions under WAC 30-36-020(2) are eligible to apply to the commission's artists-in-residence program. Sponsors wishing to participate in the AIR program must file an application provided by the commission to be submitted in the prior fiscal year on the deadline determined by the commission. Applications are competitive on a state-wide basis and awards are subject to the level of funds available to the commission. Applications must be submitted by the primary sponsor with a clear indication of a secondary sponsor and residency sites. Schools cannot be both a primary and secondary sponsor. The primary sponsor may contribute the secondary sponsor's share of the match for the program.

NEW SECTION

WAC 30-36-050 ELIGIBILITY—ARTISTS. Professional artists in all arts disciplines are eligible to apply to participate in the AIR program. They must submit an application form provided by the commission in the prior fiscal year to be filed by the deadline determined by the commission. Application forms shall be made available by direct mail to all artists who are on the commission's

mailing list and who indicate interest in the AIR program. Public notice of the competition will be made through the media.

NEW SECTION

WAC 30-36-060 APPLICATION REVIEW PROCESS—SPONSORS. Sponsor applications are reviewed by an advisory panel and by the commission's education committee which make recommendations to the commission for final approval. The following criteria are applied to all applications:

- (1) Demonstrated need for the program;
- (2) A clearly defined plan for the artist at the primary and secondary sites;
- (3) A documented cash and in-kind match commitment as required by the commission;
- (4) A plan for meeting the personal needs of the artist including food, lodging, and studio space;
- (5) A strong commitment to and arrangements for local management of the program;
- (6) Specific plans for publicity, evaluation, and follow-up activities;
- (7) Recognition that artists hired for residencies are practicing professionals in their chosen field, not teachers, to be used as resources for students, teachers and community members, and not to be considered as substitutes for regular teachers or program personnel;
- (8) A clear indication that sponsor guidelines, as outlined by the commission, will be followed;
- (9) In addition to the specific program criteria above, the commission will consider an applicant's prior history in the AIR program, the distribution of artists and their artistic disciplines among all possible program sites, and the geographic distribution of the commission's resources;
- (10) In the case of schools, the commission will consider applicants' commitment to the arts in their basic curriculum as documented by arts classes offered and professional teaching staff.

NEW SECTION

WAC 30-36-070 APPLICATION REVIEW PROCESS—ARTISTS. Artist applications are reviewed by artist selection panels comprised of professional artists which make recommendations to the education committee and commission for final approval. Applications are rated on the strength of the applicant's artist abilities, philosophy in relation to the program's goals, and documented experience in youth and adult education programs. Approved artist applications are held until there is a sponsor request and then forwarded to a sponsor for final selection. Final selection of an artist is made either at interviews arranged by the commission or through a resume-sharing process among sponsors and the commission.

NEW SECTION

WAC 30-36-080 RESPONSIBILITIES—SPONSORS. Sponsors are required to establish an AIR planning committee to determine the objectives of the

residency at both the primary and secondary sites. This committee should include educators, administrators, artists, and community members. This committee should:

- (1) Designate an on-site project coordinator;
- (2) Identify target groups to work with the artist(s);
- (3) Plan the work of the artist at all sites;
- (4) Apply to the commission for matching funds, contract with the commission and manage the overall residency project;
- (5) Select the resident artist(s) and notify the commission of the decision within ten days following artist interviews;
- (6) Oversee the duties as outlined in the original sponsor application.

NEW SECTION

WAC 30-36-090 MATCHING REQUIREMENTS. First and second year sponsors are required to match commission funds on a fifty-fifty basis. Third year (and above) sponsors are required to match fifty-five percent to the commission's forty-five percent. In-kind contributions cannot be considered as match.

NEW SECTION

WAC 30-36-100 RESIDENCY REQUIREMENTS. Sponsors and artists must adhere to the following residency requirements as set forth by the commission:

- (1) The artist may not work more than four hourly periods per day. During the remainder of the day, the artist pursues his or her own artwork;
- (2) Contact-period classes should not exceed thirty participants;
- (3) Classroom teachers or sponsor representatives should remain in the artist's sessions at all times;
- (4) The standard residency must be at least ten days in length. One hour is reserved for a teacher workshop. Three hours are to be spent at the secondary sponsor site;
- (5) Artists are hired by the primary sponsor on a contract, and are paid in full upon satisfactory completion of services at the end of the residency. Long-term resident artists are paid in agreed upon installments;
- (6) All materials and supply costs are covered by the sponsors;
- (7) Sponsors and artists must evaluate the residency and submit reports on a form provided by the commission. A final report is due thirty days after the end of the contract period;
- (8) The commission reserves the right to waive or revise scheduling and matching requirements for special populations.

NEW SECTION

WAC 30-36-110 EVALUATION METHODS. The commission evaluates the artists-in-residence program as follows:

- (1) Evaluation forms provided by the commission are required to be completed and returned by each sponsor and participating artist;

(2) Written evaluations by students and participants in each residency are optional, but encouraged by the commission;

(3) Site visits by commissioners, AIR program manager and other staff are conducted as time and budget allow;

(4) Every two years, the national endowment for the arts conducts an in-depth evaluation in conjunction with its funding of the program through the commission.

Chapter 30-40 WAC ART IN PUBLIC PLACES PROGRAM

WAC

30-40-010	Purpose.
30-40-020	Authority.
30-40-030	Definitions.
30-40-040	Program purpose and goals.
30-40-050	Fiscal procedures/eligibility.
30-40-060	Maintenance/deaccessioning.
30-40-070	Program procedures.
30-40-080	Rejection of art.
30-40-090	Evaluation methods.

NEW SECTION

WAC 30-40-010 PURPOSE. The purpose of this chapter is to provide artists, state agencies, universities, colleges and community colleges, common schools, and the public with rules that apply to the art in public places program.

NEW SECTION

WAC 30-40-020 AUTHORITY. The Washington state arts commission is authorized by RCW 43.46.040 to adopt rules and is authorized under RCW 43.46.090 to administer the art in public places program. Under this authority, the commission develops, maintains and presents to the public the state art collection. The specific statutes these rules are intended to implement are: RCW 43.46.090, 43.46.095, 43.17.200, 43.17.205, 43.17.210, 43.19.455, 28A.58.055, 28B.10.025, and 28B.10.027.

NEW SECTION

WAC 30-40-030 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020, the following definitions shall apply to this chapter:

(1) "Agency" means the agency with one-half of one percent of its capital construction appropriations designated for the acquisition of works of art under RCW 43.17.200, 43.19.455, 28A.58.055, and 28B.10.025, as follows:

(a) RCW 43.17.200 designates all state agencies, departments, boards, councils, commissions, and quasi-public corporations.

(b) RCW 43.19.455 designates all state agencies under the department of general administration.

(c) RCW 28A.58.055 designates "common schools" (public schools) recognized by the state of Washington.

(d) RCW 28B.10.025 designates the University of Washington, Washington State University, regional universities, The Evergreen State College and community college districts.

(2) "Agency project committee" means an advisory committee that works with the commission to develop a designated art project. The agency project committee shall be appointed at the commission's request by the administration of the agency receiving the project and may consist of three to seven members representing: Agency administration, project architect, artists or art professionals, community members, and building users. The commission may recommend representatives to the agency project committee.

(3) "Art selection panel" means a body appointed by the commission to review, recommend, and select artists for projects according to project specifications. Panels will vary in size and be comprised of artists, art professionals.

(4) "Maintenance" means the ongoing upkeep required for artworks to retain their structural and aesthetic integrity.

(5) The "state art collection" means all works of art and select design models commissioned or purchased under RCW 43.17.200, 28A.58.055, 28B.10.025, 43.46.090, and 43.19.455. Individual works are held in trust under the terms of an interagency agreement by agencies working in partnership with the commission. Development, administration, and management of the overall collection, including maintenance, deaccessioning and loan policies, archival recordkeeping and documentation, shall be carried out by the commission.

(6) The "artist resource bank" means a file of artists' slides and materials maintained by the commission. Artists included in the artist resource bank are selected by art selection panels through competitions and considered for project selection by agency project committees, primarily in the common schools.

(7) "Deaccessioning" means the removal of a work of art from the state art collection by the commission.

NEW SECTION

WAC 30-40-040 PROGRAM PURPOSE AND GOALS. (1) The legislature recognizes this state's responsibility to foster culture and the arts and its interest in the viable development of its artists and craftsmen.

(2) The legislature declares it to be a priority of this state that a portion of appropriations for capital expenditures be set aside for the acquisition of works of art to be placed in public buildings or on public lands.

(3) To provide high quality works of art in public places in the state of Washington.

NEW SECTION

WAC 30-40-050 FISCAL PROCEDURES/ELIGIBILITY. (1) Construction eligibility. Funding for works of art are generated through the capital budget under the following statutes:

(a) RCW 43.17.200 (state agencies) – applies to construction of any new building and/or additions to an existing building (structure). Excludes highway construction sheds, warehouses and other buildings of a temporary nature.

(b) RCW 28A.58.055 (common schools) – applies to construction of any new building and/or additions to an existing building (structure).

(c) RCW 28B.10.027 (universities, colleges and community colleges) – applies to construction of any new building and/or additions to an existing building (structure). Renovation and remodel work exceeding two hundred thousand dollars are included. Excluded are sheds, warehouses and other buildings of a temporary nature.

(2) Calculation of funds. The amount to be made available for works of art is to be calculated as follows:

(a) (RCW 43.17.200 and 28B.10.027) For each eligible appropriation, the one-half of one percent formula is to be applied to architecture and engineering fees, total building cost and equipment costs.

(b) (RCW 28A.58.055) For each eligible appropriation, the one-half of one percent formula is to be applied to the total state matching funds to school districts.

(3) Determination of funds. The commission, in consultation with the director of general administration and/or the directors of state agencies, the superintendent of public instruction, and school district boards of directors, and the boards of regents or trustees of universities, colleges and community colleges, shall determine the funds to be made available for art under RCW 43.17.210, 43.19.455, 28A.58.055, and 28B.10.025.

(4) Supplementing funds for art. The one-half of one percent expenditure is a required minimum for works of art. State agencies, universities, colleges and community colleges, and common schools may designate more than this amount in planning for a project. Other private and public funding sources may provide supplemental grants and matching funds.

(5) Transfer of funds. The commission maintains the fiscal system for all one-half of one percent funds for art. After project funds for art have been determined, the commission requests transfer of the funds for art to the commission. The transaction is made through an invoice voucher billing from the commission to the agency, and the agency transfers the funds to the commission through a journal voucher.

The funds are transferable to the commission at the time the law providing for the appropriation becomes effective. In the case of projects governed by the sale of bonds, the funds for art shall be eligible for transfer thirty days after the sale of the bond(s).

(6) Reappropriation of funds. Upon timely notification by the commission, the agency shall request reappropriation of the unspent funds for art in the coming biennium. The reappropriation of funds is made by the commission transferring the funds back to the agency through a journal voucher, and upon reappropriation, requesting the return transfer of funds for art to the commission.

(7) Use of funds for art. The one-half of one percent funds for art may be used for expenses incurred in the

design, fabrication and installation of works of art, artists' expenses and the commission's administrative expenses.

Funds for art may not be used for administrative expenses of the agency or architect; expenses of the agency as agreed upon for the preparation and installation of the work, dedication, and insurance, or for the maintenance of the works of art.

(8) Determination of projects and sites. The commission, in consultation with the director of general administration and/or the directors of state agencies, the superintendent of public instruction, and school district boards of directors, and the boards of regents or trustees of universities, colleges and community colleges, shall determine the projects and sites to be designated for works of art under RCW 43.17.210, 43.19.455, 28A.58.055, and 28B.10.025.

(9) Contracting and expenditure.

(a) The commission is responsible for contracting and expending the one-half of one percent funds for art.

(b) The artists enter into a contract with the commission to create a new work or transfer title of an existing work according to the terms of the contract.

(c) The agency will comply with the terms of the interagency agreement as negotiated with the commission.

(10) Waiver of funds. School districts under the superintendent of public instruction may elect to waive their use of art funds. Waiver of funds for art will not cause loss of or otherwise endanger state construction funds. These funds are subsequently not available to the school district but shall be applied to works of art according to RCW 28A.58.055 at the discretion of the commission.

NEW SECTION

WAC 30-40-060 MAINTENANCE/DEACCESSIONING. (1) Maintenance responsibilities. The agency is responsible for all routine maintenance operations required on a periodic basis as specified by the artist in his/her maintenance specifications report. The commission is responsible for any extraordinary repair or unscheduled maintenance required to restore a structurally or aesthetically diminished artwork to its original intent and function.

(2) Deaccessioning. Works of art will be removed from the state art collection if it has been determined by the commission that the work:

(a) Has been lost or stolen;

(b) Presents a safety hazard in its present condition; or that

(c) The restoration of the work's structural or aesthetic integrity is:

(i) Technically infeasible;

(ii) Disproportionate to the value of the work.

NEW SECTION

WAC 30-40-070 PROGRAM PROCEDURES. (1) Placement of works of art/projects and sites. Artwork may be placed on public lands; integral to or attached to a public building or structure; detached within

or outside a public building or structure; part of a portable exhibition or collection; part of a temporary exhibition; or loaned or exhibited in other public facilities. Funds are designated for projects and sites as follows:

(a) State agencies – Funds may be used within the jurisdiction of the agency or on any public land, building or structure of any state agency, including new and existing buildings, state park lands, and structures which may include bridges and waterways.

(b) Common schools – Funds may be used within the jurisdiction of the school district or at any common school facility within the state. Funds under this section may not be designated to projects and sites outside of the common schools system.

(c) Universities, colleges and community colleges – Funds may be used within the jurisdiction of the university, college or community college which generated the funds for art, and with the permission of the board of regents or trustees, designated to other projects and sites at other institutions of higher education. Funds under this section may not be designated to projects and sites at other state agencies or within the common school system.

(d) Any temporary relocation of an artwork initiated by the agency must be registered with the commission. Placement of works of art outside the agency must be processed through the loan procedures of the commission.

(2) Project specifications. The commission works with the agency project committee to develop the project specifications considering the available budget, sites and project approach.

The commission will determine whether a project is to be a commission or purchase of art. Design fees will be paid according to the commission's fee structure for design proposals and may vary according to the number of artist finalists and scope of design work as agreed upon by the commission, artist(s) and agency.

(3) Method of selection of artists. The commission, in consultation with the director of general administration and/or the directors of state agencies, the superintendent of public instruction, and school district boards of directors, and the boards of regents or trustees of universities, colleges and community colleges, is responsible for the selection of artists and determines the method of selection which may be:

(a) Open competition – Participation is open to any qualified professional artist.

(b) Limited competition – The art selection panel will recommend to the commission a list of artists who will be invited to submit.

(c) Direct selection – The artist will be recommended as the artist(s) by the art selection panel.

(d) Artist resource bank – The agency project committee will select the artist or works of art from a resource bank of available artists and works of art screened by art selection panels and approved by the commission. The artist is responsible for submitting slides, materials, and/or proposals in accordance with specifications set forth by the commission.

(4) Selection criteria. The highest priority is given to quality, the artistic excellence of the artist and proposed

artwork, and evidence of the artist's ability to execute the work. Consideration will also be given to the structural and aesthetic integrity of any existing or proposed work.

In order to achieve diversity in the state art collection, priority consideration may be given to artists who are not currently under contract, have not recently had work purchased or commissioned, or who are not represented in the state art collection. Diversity of individual artists may be represented by scale, style or geographic placement.

(a) Special considerations for selection of projects under the superintendent of public instruction – The school district board of directors may appoint a representative to the agency project committee in order to participate in the selection of artists through the commission's artist resource bank selection process. In some cases, a separate art selection panel will be established by the commission to which the school district board of directors may appoint a representative.

(5) Reviewing of design, execution, placement and acceptance. The commission, in consultation with the director of general administration and/or the directors of state agencies, the superintendent of public instruction, and school district boards of directors, and the boards of regents or trustees of universities, colleges and community colleges, is responsible for reviewing the design, execution, placement and acceptance of the works of art under the art in public places program.

(6) Artist responsibilities. The artists enter into a contract with the commission to create a new work of art or transfer title of an existing work according to the terms of the contract.

NEW SECTION

WAC 30-40-080 REJECTION OF ART. (1) Selections by school districts. The school district board of directors and the superintendent of public instruction may reject the results of the selection process or reject the placement of a work of art if the work is portable. Works that are integrated into the structure of the building, commissioned for a specific site where the aesthetic integrity of the work is dependent upon the site and/or works that physically cannot be moved without incurring a large expense are not considered portable. The determination as to whether a work of art is portable or not shall be made by the commission in consultation with the school district and artist. If the selection process or a work of art is rejected, the art funds are subsequently not available to the school district for uses other than art. The funds for art and/or works of art will be used in other school districts at the discretion of the commission.

(2) Selections by state agencies and universities, colleges and community colleges. The agency may request the commission to reconsider the selection of an artist or work of art based on the original project specifications. On receipt of such a request, the commission will review the project and may meet with the artist, agency representative, member(s) of the art selection panel and commission staff. These participants may elect to reschedule the project, request an alternative design from the artist,

or reassign project funds or the selected work to an alternative site.

NEW SECTION

WAC 30-40-090 EVALUATION METHODS. The commission will review the art in public places program through reports of the state agencies, common schools, universities, colleges and community colleges on a form provided by the commission, reports submitted by artists and program staff, and by periodic reviews by the commission's visual arts committee.

**Chapter 30-44 WAC
GOVERNOR'S ARTS AWARDS**

WAC

- 30-44-010 Purpose.
- 30-44-020 Program purpose and goals.
- 30-44-030 Eligibility.
- 30-44-040 Nomination procedures.
- 30-44-050 Program procedures.

NEW SECTION

WAC 30-44-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to the governor's arts awards.

NEW SECTION

WAC 30-44-020 PROGRAM PURPOSE AND GOALS. The governor's arts awards is a program sponsored and administered by the commission. The commission recommends the award recipients to the governor who has final approval authority. The governor's arts awards recognize those individuals and organizations who have contributed significantly to the arts and cultural development of the state of Washington.

NEW SECTION

WAC 30-44-030 ELIGIBILITY. In order for the commission to consider an individual or organization for a governor's arts award, the nominee must:

- (1) Be a current resident of the state of Washington, or have been a resident of the state of Washington during the time the contributions were made and/or achievements accomplished;
- (2) Not have been a previous recipient.

NEW SECTION

WAC 30-44-040 NOMINATION PROCEDURES. Nominations will be made on a form provided by the commission. In addition to the form, nominations should include information outlining the significant achievements and/or contributions of the nominee. The nomination form is available at the commission office. The commission may recommend individuals or organizations not nominated in a current year, but who have been nominated in past years. The commission may recommend as many recipients as it deems appropriate.

NEW SECTION

WAC 30-44-050 PROGRAM PROCEDURES. The commission will generally use the following procedures for notification and selection of recipients:

- (1) The commission will notify the public that nominations are open, including the deadline and a sample of the form. The notification will be made through the use of the commission's mailing lists and notice to the general media.
- (2) An ad hoc committee of commissioners and advisors will review the nominations and make their recommendations to the commission.
- (3) The commission will review the committee's recommendations for nominations and advise the governor of its decisions. The governor has final approval authority.
- (4) Following the governor's acceptance of the award recipients, the staff will make arrangements for the presentation of the awards and notify the recipients of the time and place.
- (5) Each year the commission will select one or more works of art to present to the recipients.
- (6) The governor's arts awards may be suspended for a period of time due to circumstances beyond the commission's control.

**Chapter 30-48 WAC
COMMUNITY DEVELOPMENT PROGRAM**

WAC

- 30-48-010 Purpose.
- 30-48-020 Definitions.
- 30-48-030 Program purpose and goals.
- 30-48-040 Eligibility.
- 30-48-050 Application review process—Technical assistance.
- 30-48-060 Application—Community challenge award.
- 30-48-070 Evaluation methods.

NEW SECTION

WAC 30-48-010 PURPOSE. The purpose of this chapter is to provide the public and the commission's constituents with those rules that apply to the community development program administered by the commission. Those rules found in chapters 30-01 through 30-16 WAC also apply.

NEW SECTION

WAC 30-48-020 DEFINITIONS. In addition to the definitions found in WAC 30-01-030 and 30-12-020, the following definitions shall apply to this chapter:

- (1) "Local arts council" means a private, nonprofit organization, designated under Section 501(c)(3) as a tax-exempt organization by the Internal Revenue Service, created to represent, serve and promote multidisciplinary arts, artists, and arts organizations within its community jurisdiction.

(2) "Local arts commission" means a governmental agency created to represent, serve and promote interdisciplinary arts, artists, and arts organizations within its legal jurisdiction.

(3) "Local arts agency" means either a local arts council or arts commission.

(4) "Technical assistance" means the transmittal of information, skills, and/or resources that help to improve the ability of an organization to accomplish its purpose.

(5) "Consultant" refers to an individual outside the employment of the commission who may provide needed expertise under a contract or subgrant.

(6) "Community challenge award" means a category of the commission's partnership program for selected local arts agencies.

NEW SECTION

WAC 30-48-030 PROGRAM PURPOSE AND GOALS. The purpose of the community development program is to assist local arts councils and commissions to attain an effective federal-state-local partnership in support of the arts. The goals of the community development program are:

(1) To improve local arts councils and arts commissions in the state of Washington by providing technical and financial assistance.

(2) To advocate the needs and goals of local arts councils and arts commissions.

(3) To enhance the sharing of information and expertise within the network of local arts councils and arts commissions within the state, region, and nation.

NEW SECTION

WAC 30-48-040 ELIGIBILITY. All local arts councils and arts commissions in the state of Washington are eligible to receive the services of the commission's community development program. Local arts agencies requesting service will be considered on a first come, first served basis within the available resources of the commission.

NEW SECTION

WAC 30-48-050 APPLICATION REVIEW PROCESS—TECHNICAL ASSISTANCE. Requests for technical assistance should be made to the commission as follows:

(1) For one-day on-site visits or presentations by a member of the commission's staff or consultant, qualified organizations must call or write to outline the nature of the service to be rendered, the date, location and time of the site visit and the expected outcome. The commission may authorize either staff or a consultant to respond to the request.

(2) For services requiring more than a one-day site visit by the staff or consultant, the organization must submit a dated letter of request at least six weeks in advance with the following information:

(a) A brief description of the project or need requiring technical assistance;

(b) A formal request for assistance signed by an authorized staff member and member of the board;

(c) Estimated timeline for the project;

(d) Indication of agreement to assign a liaison person from the organization to work with and assist the staff or consultant.

The commission will review each request and respond within ten days. Decisions to provide extended technical assistance on site will be considered on the basis of available staff time and/or budget to engage a consultant.

(3) Requests for funding will follow the procedures outlined under chapter 30-16 WAC pertaining to the partnership program. Local arts agencies are eligible to apply for funds to support consultants and/or various short-term and long-term projects.

NEW SECTION

WAC 30-48-060 APPLICATION—COMMUNITY CHALLENGE AWARD. The commission may invite one or more local arts agencies each year to participate in its community challenge award program. These awards are designed specifically to help local arts agencies expand their local base of support and services to their constituents. Local arts agencies may request consideration for this funding category following discussion and preapplication planning with the staff. Organizations may be invited to proceed with a formal application only after the commission has reviewed a preliminary proposal and acted to authorize the commitment of funds in advance of a formal review of the application. These awards will be contingent each year on the availability of funds within the partnership program. The following information will be required for a formal application:

(1) A formal plan for a financial challenge to local government or businesses;

(2) Documentation of the organization's development and stability including documenting the sources for a two to one match representing new or additional funding;

(3) A formal project plan developed by the organization's board, staff, and primary constituents including an outline of expanded programs, services, and public participation;

(4) Evidence of sound management through budget documents, long-range plans, history of staff employment, and board minutes;

(5) Qualified organizations must also meet general and specific requirements of the partnership program as described under chapter 30-16 WAC.

NEW SECTION

WAC 30-48-070 EVALUATION METHODS. The commission will review the community development program through site visits by members and staff. Reports will be required of all clients receiving technical assistance or matching grants. Consultants will also be required to file reports on their services to both the local arts agency and the commission. Final report forms will be required by the commission.

WSR 87-11-002
EMERGENCY RULES
DEPARTMENT OF FISHERIES
 [Order 87-39—Filed May 7, 1987]

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 test fishery indicates sufficient stocks for a limited commercial harvest of Sac-roe herring.

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 7, 1987.

By Judith Merchant
for Joseph R. Blum
Director

NEW SECTION

WAC 220-49-02000V SEASONS—HERRING ROE Notwithstanding the provisions of WAC 220-49-020 and 220-49-021 it is unlawful to fish for or possess Sac-roe herring taken in Marine Fish Shellfish Management Catch Reporting Areas 20A, 21A or 21B except that effective May 7, 1987 until further notice, purse seine vessel "Yankee Boy", registration number 00140 and operated by James Glenovich, "Via Con Dios", number 11011 operated by Rod Harvie, "St. Zita", number 23019 operated by Robert Glenovich, and "Pacific Rider", number 18807 operated by Nick Jerkovich, may fish daily from one hour before official sunrise to one hour after official sunset for Sac-roe herring for commercial purposes in Marine Fish and Shellfish Catch Reporting Areas 20A, 21A or 21B.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 220-49-02000U SEASONS—HERRING ROE (87-35)

WSR 87-11-003
EMERGENCY RULES
STATE EMPLOYEES INSURANCE BOARD
 [Resolution No. 87-3—Filed May 8, 1987]

Be it resolved by the State Employees Insurance Board, acting at the House Office Building, Hearing Room E, Olympia, Washington, that it does adopt the annexed rules relating to the repeal of WAC 182-12-126; new section WAC 182-12-127; and amending WAC 182-08-060.

We, the State Employees Insurance 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 emergency filing of WAC 182-12-127 is needed to implement changes in federal law, and amendment of WAC 182-08-060 in time to offer new medical plans for open enrollment.

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 State Employees Insurance Board as authorized in chapter 41.05 RCW.

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

APPROVED AND ADOPTED May 8, 1987.

By C. H. Shay
Assistant Benefits Manager

REPEALER

The following section of Washington Administrative Code is repealed:

WAC 182-12-126 Extension of retiree dependents' eligibility.

NEW SECTION

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 employer-funded coverage may continue their SEIB 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

WSR 87-11-004

ADOPTED RULES

DEPARTMENT OF AGRICULTURE

[Order 1928—Filed May 8, 1987]

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 (8) of this section, or (c) the person becomes covered in SEIB employer-funded coverage.

(5) 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 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) 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) 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.

(8) CONVERSION OPTION: Within a period of thirty-one days following the expiration of a person's continued coverage, the person may purchase an individual conversion policy.

AMENDATORY SECTION (Amending Order 7228, filed 12/8/76)

WAC 182-08-060 APPROVAL OF HEALTH MAINTENANCE ORGANIZATION ((OR PANEL)) PLANS. In the absence of any federal or state statute to the contrary, the board may approve one ((individual practice and one group practice and one health maintenance operator or panel plan,)) or more state certified health maintenance organizations within a service area, during a contract term. Where more than one ((health care service contractor)) such organization seeks approval within the same service area, the board shall approve ((the health care service contractor)) those which will best serve the total needs and have the ability to service the proposed benefits with a direct ratio of benefits to premium advantage.

I, C. Alan Pettibone, director of the Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to schedule of laboratory fees, WAC 16-32-010.

This action is taken pursuant to Notice No. WSR 87-08-057 filed with the code reviser on April 1, 1987. 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 16.38.060 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 8, 1987.

By Michael V. Schwisow
Deputy Director

Chapter 16-32 WAC
LIVESTOCK SERVICES—FEES

WAC

16-32-010 Schedule of laboratory fees.

NEW SECTION

WAC 16-32-010 SCHEDULE OF LABORATORY FEES. (1) The following fees shall be charged for services performed by the diagnostic laboratory of the livestock services division, state department of agriculture, for Washington residents:

Bacteriology:

Aerobic culture (1-3 tissues)	\$ 7.00
each additional culture	2.00
Antibiotic sensitivity tests	3.00
Anaerobic culture	10.00
Paratuberculosis (Johne's disease).....	10.00
each additional sample in herd	3.00
Milk culture	7.00
each additional sample in herd	2.00
Mycology.....	10.00
Trichomoniasis and Campylobacteriosis	5.00

Serology:

Charges include paired sera (acute and convalescent) from each animal for diagnostic purposes. The fee for single samples for regulatory purposes is one-half that of the paired sera.

Food animal:

Single virus or bacteria

1st animal.....	5.00
each additional animal in herd	1.00

Combination tests:

- Abortion screen (Leptospirosis, Campylobacteriosis, Bluetongue, Anaplasmosis)
 - 1st animal..... 15.00
 - each additional animal in herd 1.00

Companion animals:

- Viral - 1st animal (EIA) 10.00
- each additional animal, same case..... 1.00

Bacterial (Brucella canis, Leptospirosis)

- 1st animal..... 15.00
- each additional animal, same case..... 1.00

(2) The following fees shall be charged for services performed by the diagnostic laboratory of the livestock services division, state department of agriculture, for persons residing outside of the state of Washington:

Bacteriology:

- Aerobic culture (1-3 tissues)..... \$ 10.00
- each additional culture 3.00
- Antibiotic sensitivity tests 4.00
- Anaerobic culture 15.00
- Paratuberculosis (Johne's disease)..... 15.00
- each additional sample in herd 4.00
- Milk culture 10.00
- each additional sample in herd 3.00
- Mycology..... 15.00
- Trichomoniasis and Campylobacteriosis 2.00

Serology:

Charges include paired sera (acute and convalescent) from each animal for diagnostic purposes. The fee for single samples for regulatory purposes is one-half that of the paired sera.

Food animal:

- Single virus or bacteria
 - 1st animal..... 8.00
 - each additional animal in herd 2.00

Combination tests:

- Abortion screen (Leptospirosis, Campylobacteriosis, Bluetongue, Anaplasmosis)
 - 1st animal..... 30.00
 - each additional animal in herd 3.00
- Viral - 1st animal (EIA) 15.00
- each additional animal, same case..... 3.00
- Bacterial (Brucella canis, Leptospirosis)
 - 1st animal..... 23.00
 - each additional animal, same case..... 3.00

related to forest fire protection and repealing previously existing rules found in chapter 332-24 WAC. These new rules prescribe conditions, requirements or actions necessary for the protection of forest lands.

This action is taken pursuant to Notice No. WSR 87-06-055 filed with the code reviser on March 4, 1987. 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 Natural Resources as authorized in RCW 76.04.015.

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 8, 1987.

By Brian J. Boyle

Commissioner of Public Lands

Chapter 332-24 WAC
FOREST PROTECTION

WAC

ADMINISTRATION

- 332-24-005 Definitions.
- 332-24-015 Invalidity of part of chapter not to affect remainder.

PERMITS

- 332-24-201 Written burning permit requirements and exceptions.
- 332-24-205 General rules—Recreational or debris disposal fires not requiring a written burning permit.
- 332-24-211 Requirements—Recreational or debris disposal fires.
- 332-24-215 Recreation and debris disposal fire requirements—Penalty.
- 332-24-221 Burning permits.
- 332-24-225 Burning barrels.
- 332-24-231 Burning permits—Yacolt burn in portions of Clark and Skamania Counties.
- 332-24-232 Exemption from burning permit requirements—Parts of Clark and Wahkiakum Counties.
- 332-24-234 Exemption from burning permit requirements—Parts of Okanogan County.
- 332-24-236 Exemption from burning permit requirements—Parts of Asotin, Garfield, Columbia and Walla Walla Counties.
- 332-24-238 Exemption from burning permit requirements—Parts of Cowlitz County.
- 332-24-240 Exemption from burning permit requirements—Parts of Snohomish County.

WSR 87-11-005

ADOPTED RULES

DEPARTMENT OF NATURAL RESOURCES

[Order 504—Filed May 8, 1987]

I, Brian J. Boyle, Commissioner of Public Lands, do promulgate and adopt at Olympia, Washington, the annexed rules relating to the adoption of permanent rules

- 332-24-242 Exemption from burning permit requirements—Parts of Skagit County.
- 332-24-244 Exemption from burning permit requirements—Parts of Pacific and Grays Harbor Counties.
- 332-24-261 Dumping mill waste, forest debris—Creation of a fire hazard—Permits.

CLOSURE/SUSPENSIONS

- 332-24-301 Industrial restrictions.

FIRE PROTECTION REGULATIONS

- 332-24-401 Felling of snags.
- 332-24-405 Spark emitting equipment requirements.
- 332-24-411 Substitution, reduction, or increase of requirements.

ASSESSMENTS, OBLIGATIONS, FUNDS

- 332-24-600 Forest fire protection and special forest fire suppression account minimum assessment refund procedure.

HAZARD ABATEMENT

- 332-24-650 Extreme fire hazard requiring abatement.
- 332-24-652 Extreme fire hazard—Eight hundred contiguous acres.
- 332-24-654 Extreme fire hazard—Liability—Responsibility.
- 332-24-656 Preexisting hazards.
- 332-24-658 Recovery of costs.
- 332-24-660 Approved isolation, reduction, or abatement—Relief of liability.
- 332-24-900 Captions—Chapter 332-24 WAC.

ADMINISTRATION

NEW SECTION

WAC 332-24-005 DEFINITIONS. Items defined herein have reference to chapter 76.04 RCW and all other provisions of law relating to forest protection and have the meanings indicated unless the context clearly requires otherwise.

(1) "Abatement" means the elimination of additional fire hazard by burning, physical removal, or other means.

(2) "Additional fire hazard" means additional fire hazard as defined in RCW 76.04.005.

(3) "Adze eye hoe" means a serviceable forest fire fighting hoe with a blade width of at least five and three-quarters inches and a rectangular eye. The blade shall be sharpened, solid, and smooth. The handle shall be hung solid with no more than three-quarters of an inch nor less than one-eighth of an inch extending beyond the head, smooth, aligned, and at least thirty-two inches long.

(4) "Approved exhaust system" means a well-mounted exhaust system free from leaks and equipped with spark arrester(s) rated and accepted under United States Department of Agriculture Forest Service current standards.

(a) Turbochargers qualify as an approved exhaust system when all gases pass through the turbine wheel. The turbine must be turning at all times, and there must be no exhaust bypasses. A straight mechanical-driven supercharger does not qualify as an approved exhaust system in lieu of an approved spark arrester.

(b) Passenger vehicles and trucks may be equipped with an adequately baffled muffler in lieu of a spark arrester.

(c) General purpose spark arresters for use on equipment, vehicles, and motorcycles operating on forest land must meet the performance levels set forth in the Society of Automotive Engineers (SAE) Recommended Practice SAE J350, "Requirements of Single Position Application General Purpose Arresters." The spark arrester shall be permanently marked with the model number and the manufacturer's identification or trademark. When the inlet and outlet of an arrester are not easily identified, they must be marked. Arresters on mobile equipment shall not be mounted more than forty-five degrees from the qualified position.

(d) Portable power saws purchased after June 30, 1977, and used on forest land, must meet the performance levels set forth in the Society of Automotive Engineers (SAE) Recommended Practice SAE J335b, "Multi-Positioned Small Engine Exhaust Fire Ignition Suppression." Requirements to obtain the SAE J335b specifications are as follows:

(i) The spark arrester shall be designed to retain or destroy ninety percent of the carbon particles having a major diameter greater than 0.023 inches (0.584mm.)

(ii) The exhaust system shall be designed so that the exposed surface temperature shall not exceed five hundred fifty degrees Fahrenheit (288 degrees Centigrade) where it may come in direct contact with forest fuels.

(iii) The exhaust system shall be designed so that the exhaust gas temperature shall not exceed four hundred seventy-five degrees Fahrenheit (246 degrees Centigrade) where the exhaust flow may strike forest fuels.

(iv) The exhaust system shall be designed in such a manner that there are no pockets or corners where flammable material might accumulate. Pockets are permissible only if it can be substantiated by suitable test that material can be prevented from accumulating in the pockets.

(v) The exhaust system must be constructed of durable material and so designed that it will, with normal use and maintenance, provide a reasonable service life. Parts designed for easy replacement as a part of routine maintenance shall have a service life of not less than fifty hours. Cleaning of parts shall not be required more frequently than once for each eight hours of operation. The spark arrester shall be so designed that it may be readily inspected and cleaned.

(vi) Portable power saws will be deemed to be in compliance with SAE J335b requirements if they are certified by the United States Department of Agriculture, Forest Service, and the San Dimas Equipment Development Center.

(e) Portable power saws which were purchased prior to June 30, 1977, and which do not meet the Society of

Automotive Engineers Standards, must meet the following requirements:

(i) The escape outlet of the spark arrester shall be at an angle of at least forty-five degrees from a line parallel to the bar;

(ii) The configuration of spark arrester shall be such that it will not collect sawdust no matter in what position the saw is operated;

(iii) Spark arrester shall be designed and made of material that will not allow shell or exhaust temperature to exceed eight hundred fifty degrees Fahrenheit;

(iv) The arrester shall have a screen with a maximum opening size of 0.023 inches (0.584mm.);

(v) The arrester shall be capable of operating, under normal conditions, a minimum of eight hours before cleaning is needed;

(vi) The screen shall carry a manufacturer's warranty of a minimum of fifty-hour life when installed and maintained in accordance with the manufacturer's recommendation;

(vii) The arrester shall be of good manufacture and made so that the arrester housing and screen are close fitting;

(viii) The arrester shall be at least ninety percent efficient in the destruction, retention or attrition of carbon particles over 0.023 inches (0.584mm.);

(ix) Efficiency is to be measured as described in Power Saw Manufacturer's Association Standard, Number S365;

(x) Construction of the arrester shall permit easy removal and replacement of the screen for field inspection and cleaning.

(f) Multipositioned engine powered tools, other than power saws, used on forest land must meet the performance levels set forth in the Society of Automotive Engineers (SAE) Recommended Practice J335b, "Multi-Positioned Small Engine Exhaust Fire Ignition Suppression."

(g) Locomotive spark arresters for use on logging, private or common carrier railroads operating on or through forest land must meet the performance levels set forth in the Association of American Railroads (AAR) Recommended Practice, "Standard for Spark Arresters for Non-Turbo Charged Diesel Engines Used in Railroad Locomotives."

(5) "Axe" means a serviceable, double-bitted, swamping axe or single-bitted axe of at least a three-pound head and thirty-two inch handle. The blades shall be sharpened, solid and smooth. The handle shall be hung solid, smooth and straight.

(6) "Burning barrel" means a metal container in sound condition with several holes at the bottom for cleaning and sufficient air circulation with the top covered by a spark arresting woven wire cloth or wire screen of one-quarter of one inch (4x4) mesh, fourteen gauge or heavier. The spark arresting woven wire cloth or wire screen shall overlap at least four inches beyond the edge of the barrel.

(7) "Currently with the logging" and "current with the felling of live timber, or with the current logging operation" means during the logging operation or associated activities on any landing, setting or similar part of the operation.

(8) "Debris disposal fire" means an outdoor fire for the elimination of a fire hazard and for the purpose of clean-up of natural vegetation, such as yard and garden refuse and residue of a natural character such as leaves, clippings, prunings, trees, stumps, brush, shrubbery, and wood so long as it has not been treated by an application of prohibited material or substance in a pile no larger than ten feet in diameter.

(9) "Department" means the department of natural resources, or its authorized representatives, as defined in chapter 43.30 RCW.

(10) "Dump" includes, without limitation, dumping, depositing, or placing.

(11) "Fire extinguisher" means, unless otherwise stated, a fully charged and operational chemical fire extinguisher rated by underwriters' laboratory or factory mutual, appropriately mounted in either a vertical or horizontal position, and located so as to be readily accessible to the operator. When two fire extinguishers are required, they are to be appropriately mounted and located so that one is readily accessible to the operator and the other is separate from the operator and readily accessible to other personnel. The fire extinguisher shall be equipped with a gauge to determine the level of charge present to propel the chemical from the extinguisher; however fire extinguishers required for use with portable power saws are not required to be equipped with a gauge to determine the level of charge.

(12) "Fire hazard" means the accumulation of combustible materials in such a condition as to be readily ignited and in such a quantity as to create a hazard from fire to nearby structures, forest areas, life and property.

(13) "Fire tool box" means a compartment of sound construction with a waterproof lid, provided with hinges and hasps and so arranged that the box can be properly sealed and the contents kept dry. The box shall be red in color and marked "fire tools" in white or black letters at least three inches high. The fire tool box shall contain a minimum of:

(a) Two axes or pulaskis;

(b) Three adze eye hoes;

(c) Three shovels.

(14) "Firewatch" means one competent person to be at the site(s) for one hour following the operation of spark-emitting equipment on class 3L days or above, or as determined by the department based on the national fire danger rating system and other fire danger conditions. The firewatch shall be vigilant and so located or positioned to be able to detect within five minutes fires which may originate at the site(s) of the equipment operation. The firewatch shall report a fire to the responsible protection agency within fifteen minutes of detection.

(15) "Fixed-position machine" means any machine used for any portion or phase of harvesting, thinning, site preparation, land clearing, road, railroad and utility right of way clearing or maintenance, mineral or natural resources extraction, or other operation that performs its

primary function from a fixed-position. This definition applies even though said machine is capable of moving under its own power to a different fixed position.

(16) "Forest debris" means forest debris as defined in RCW 76.04.005.

(17) "Forest land" means forest land as defined in RCW 76.04.005.

(18) "Isolation" means the division or separation of an additional fire hazard into compartments by a constructed barrier of at least one hundred feet in width at its narrowest point. The constructed barrier must be free and clear of forest debris as defined in RCW 76.04.005 and must be approved, in writing, by the department.

(19) "Mill waste" means waste of all kinds from forest products, including, but not limited to, sawdust, bark, chips, slabs, and cuttings from lumber or timber.

(20) "Operation" means the use of equipment, tools, and supporting activities on or adjacent to forest land that may cause a forest fire to start. Such activities may include, but are not limited to, any phase of harvesting, thinning, site preparation, land clearing, road, railroad, and utility right of way clearing and maintenance, and mineral or natural resource extraction. The operating period shall be that time period when the activity is taking place and includes that time when a firewatch would be required to be in attendance.

(21) "Outdoor fire" means the combustion of material in the open, or in a container, with no provisions for the control of such combustion or the control of the emissions from the combustion products.

(22) "Person" means any person, firm or corporation, public or private, governmental agency or entity.

(23) "Pulaski" means a serviceable axe and hoe combination tool with not less than a three and one-half pound head and thirty-two inch handle. The blades shall be at least two and one-half inches wide, sharpened, solid and smooth. The handle shall be hung solid, smooth and straight.

(24) "Pump truck or pump trailer" means:

(a) A serviceable truck or trailer which must be able to perform its functions efficiently and must be equipped with a water tank of not less than a three hundred gallon capacity, filled with water. The complete pump truck or pump trailer shall be kept ready for instant use for suppressing forest fires. If a trailer is used, it shall be equipped with a hitch to facilitate prompt moving. A serviceable tow vehicle shall be immediately available for attachment to the trailer. The pump truck, or pump trailer with its tow vehicle, must be available throughout the operating and watchperson periods.

(b) The pump may be a portable pump or suitable power take-off pump. It shall be plumbed with a bypass or pressure relief valve. The pump shall develop, at pump level, pressure sufficient to discharge a minimum of twenty gallons per minute, using a one-quarter inch nozzle tip through a fifty foot length of one inch or one and one-half inch rubber-lined hose.

(c) The pump truck or pump trailer shall be equipped with the following:

(i) A minimum of five hundred feet of one or one and one-half inch cotton or synthetic jacket hose;

(ii) A fully stocked fire tool box.

(d) The tank shall be plumbed so that water may be withdrawn by one person by gravity feed. This outlet shall be adapted to accept the hose used with the pump truck or pump trailer. The outlet shall be located for easy filling of pump cans.

(e) The pump truck or pump trailer must be equipped with fuel, appropriate tools, accessories and fittings to perform its functions for a continuous period of four hours. A recommended list of tools, fittings and accessories may be obtained from the department.

(25) "Recreational fire" means an outdoor fire for the purpose of sport, pastime or refreshment, such as camp fires, bonfires, cooking fires, etc., in a hand-built pile no larger than four feet in diameter and not associated with any debris disposal activities related to fire hazard elimination or yard and garden refuse clean-up.

(26) "Reduction" means the elimination of that amount of additional fire hazard necessary to produce a remaining average volume of forest debris no greater than nine tons per acre of material three inches in diameter and less.

(27) "Shovel" means a serviceable, long-handled or "D"-handled, round-point shovel of at least "0" size with a sharpened, solid and smooth blade. The handle on the shovel shall be hung solid, smooth and straight.

(28) "Snag" means a standing dead conifer tree over twenty-five feet in height and sixteen inches and over in diameter, measured at a point four and one-half feet above the average ground level at the base.

(29) "Tractor or other mobile machine" means any machine that moves under its own power when performing any portion or phase of harvesting, thinning, site preparation, land clearing, road, railroad and utility right of way clearing or maintenance, mineral or natural resource extraction, or other operation. This definition includes any machine, whether crawler or wheel-type, whether such machine be engaged in yarding or loading, or in some other function during the operation.

NEW SECTION

WAC 332-24-015 INVALIDITY OF PART OF CHAPTER NOT TO AFFECT REMAINDER. If any provisions of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter, or the application of the provision to other persons or circumstances, is not affected.

PERMITS

NEW SECTION

WAC 332-24-201 WRITTEN BURNING PERMIT REQUIREMENTS AND EXCEPTIONS. Under authority granted in RCW 76.04.015 and 76.04.205, the following regulation is hereby promulgated:

(1) The department is responsible, by law, for the granting of burning permits for certain types of outdoor fire;

(2) The department aids in the protection of air quality under its smoke management program;

(3) Pursuant to its authority and responsibility, the department has studied and determined the effects of

such burning on life, property and air quality to be of year-round effect;

(4) Throughout the year, outdoor fire is prohibited within any department forest protection assessment area unless a written burning permit is obtained from the department and signed by the permittee and afterwards, having the permit in possession while burning and complying with the terms of such permit. Except, a written burning permit for an outdoor fire is not required from the department under the following conditions:

(a) In certain geographic areas of the state as designated by the department in this chapter;

(b) When the outdoor fire is:

(i) Contained within a campfire pit, approved by the department, located in a state, county, municipal, or other campground;

(ii) Contained within a camp stove or barbecue situated on bare soil, gravel bars, beaches, green field, or other similar areas free of flammable material for a sufficient distance adequate to prevent the escape of fire;

(iii) Contained in an approved burning barrel complying with WAC 332-24-225;

(c) When the general rules and requirements specified in WAC 332-24-205 and 332-24-211 and the conditions for the protection of life, property and air quality are met.

NEW SECTION

WAC 332-24-205 GENERAL RULES—RECREATIONAL OR DEBRIS DISPOSAL FIRES NOT REQUIRING A WRITTEN BURNING PERMIT. (1) The department reserves the right to restrict, regulate, refuse, revoke or postpone outdoor fires under RCW 76.04.205 and 76.04.315, and chapter 70.94 RCW due to adverse fire weather or to prevent restriction of visibility, excessive air pollution or a nuisance.

(2) The Yacolt burn area, located in portions of Clark and Skamania Counties, is exempt from these rules, and that area requires a written burning permit throughout the year.

(3) This section does not apply:

(a) On lands protected by the department within incorporated city limits;

(b) On lands protected by the department situated within a fire protection district where the fire protection for those lands has been contracted to the fire protection district, except where the district has incorporated these rules into their regulations;

(c) On lands protected by the department situated within fire protection districts which have adopted a resolution pursuant to chapter 52.12 RCW assuming the authority to issue burning permits on improved property and where such resolution prohibits burning by rules which allow burning without a written burning permit;

(d) On lands protected by the department where air pollution authorities have prohibited fires for smoke management purposes that fall under these regulations.

NEW SECTION

WAC 332-24-211 REQUIREMENTS—RECREATIONAL OR DEBRIS DISPOSAL FIRES. (1)

The fire must not include rubber products, plastics, asphalt, garbage, dead animals, petroleum products, paints, or any similar materials that emit dense smoke or create offensive odors when burned, pursuant to RCW 70.94.775(1).

(2) A person capable of extinguishing the fire must attend the fire at all times and the fire must be extinguished before leaving it.

(3) No recreational or debris disposal fires are to be within fifty feet of structures.

(4) A recreational fire shall be in a hand-built pile no larger than four feet in diameter. A serviceable shovel must be within the immediate vicinity of the fire.

(5) A debris disposal fire shall be in a pile no larger than ten feet in diameter. A serviceable shovel and a minimum of five gallons of water must be within the immediate vicinity of the fire. A bucket is acceptable if the outdoor fire is adjacent to an accessible body of water. A charged garden hose or other adequate water supply may be substituted for the five gallon water requirement.

(6) Only one pile may be burned at any one time and each pile must be extinguished before lighting another.

(7) No outdoor fire is permitted in or within five hundred feet of forest slash without a written burning permit.

(8) The material to be burned must be placed on bare soil, gravel bars, beaches, green fields or other similar area free of flammable material for a sufficient distance adequate to prevent the escape of the fire.

(9) Burning must be done during periods of calm to very light winds. Burning when wind will scatter loose flammable materials, such as dry leaves and clippings, is prohibited.

(10) If the fire creates a nuisance from smoke or fly ash, it must be extinguished.

(11) A landowner or the landowner's designated representative's written permission must be obtained before kindling an outdoor fire on the property of another.

(12) Persons not able to meet the requirements of subsections (1) through (10) of this section must apply for a written burning permit through the department.

NEW SECTION

WAC 332-24-215 RECREATION AND DEBRIS DISPOSAL FIRE REQUIREMENTS—PENALTY. Failure to comply with the rules in WAC 332-24-211 voids permission to burn, and the person burning is in violation of RCW 76.04.205.

NEW SECTION

WAC 332-24-221 BURNING PERMITS. (1) Written burning permits will be required throughout the year for fires set under any of the following conditions:

(a) Broadcast burning of logged areas or unimproved lands; or

(b) Burning of logging landings; or

(c) Burning of debris resulting from the scarification of forest lands; or

(d) Under-burning of forest lands; or

(e) Burning of waste forest material resulting from the clearing of utility or public road rights of way that run through or adjacent to forest lands; or

(f) Burning of mill waste from forest products or any other material which has been transported to and dumped in concentrations on forest lands.

(2) All outdoor fires within the department's protection areas which are not required to have a written burning permit shall not:

(a) Include rubber products, plastics, asphalt, garbage, dead animals, petroleum products, paints, or any similar materials that emit dense smoke or create offensive odors when burned, as pursuant to RCW 70.94.775(1); or

(b) Cause visibility to be obscured on public roads and highways by the smoke from such fires; or

(c) Endanger life or property through negligent spread of fire.

NEW SECTION

WAC 332-24-225 BURNING BARRELS. (1) Outdoor fires in burning barrels are allowed without a written burning permit when the following requirements are met:

(a) Burning shall be done in an approved burning barrel as defined in this chapter;

(b) Burning barrel shall be located not less than fifteen feet from any structure;

(c) Burning barrels shall be placed on bare mineral soil. Clearing around the barrel shall be to mineral soil for a radius of four feet or equal to the height of the barrel, if higher;

(d) No burning barrel or waste burner is permitted in or within five hundred feet of forest slash;

(e) Burning in a burn barrel is permitted only during periods of calm to very light winds;

(f) Materials burned shall not include prohibited materials pursuant to RCW 70.94.775(1).

(2) Persons unable to meet the requirements of subsection (1) of this section must apply and have in their possession a written burning permit issued by the department.

(3) The department reserves the right to restrict, regulate, refuse, revoke or postpone outdoor fires in burning barrels pursuant to RCW 76.04.205 and 76.04.315 and chapter 70.94 RCW, due to adverse fire weather or to prevent restriction of visibility, excessive air pollution or a nuisance.

(4) This section does not apply:

(a) On lands protected by the department within incorporated city limits;

(b) On lands protected by the department situated within a fire protection district where the fire protection for those lands has been contracted to the fire protection district, except where such district has incorporated these rules into their regulations;

(c) On lands protected by the department, situated within a fire protection district that has requirements for burning barrels on improved lands protected by said district. In such case, the requirements imposed by the fire protection district for lands under their jurisdiction shall

also be enforced on forest lands within the district protected by the department;

(d) On lands protected by the department where air pollution authorities have prohibited fires for smoke management or air quality reasons that fall under these rules.

NEW SECTION

WAC 332-24-231 BURNING PERMITS—YACOLT BURN IN PORTIONS OF CLARK AND SKAMANIA COUNTIES. (1) Under the authority granted in RCW 76.04.015 and 76.04.205, the department requires, throughout the year, any person wishing to burn flammable material, within the area described, to first obtain a written burning permit from the department and, thereafter, comply with the terms of said permit. The requirements for a written burning permit may be waived if the fire is contained in a suitable device sufficient, in the opinion of the department, to prevent the fire from spreading. This chapter shall be in effect until such time as the department deems it no longer necessary.

(2) The following describes parts of Clark and Skamania Counties subject to the requirements of subsection (1) of this section:

Starting at the east quarter corner of Section 12, Township 5 North, Range 4 East, that point lying on the boundary of the Gifford Pinchot National Forest. Thence, west one mile; north one-half mile; west two miles; south two miles; west one mile; north one mile; west one mile; south one mile; west two miles to the southwest corner of Section 13, Township 5 North, Range 3 East. Thence, south three miles; east approximately one-quarter of one mile to the north quarter corner of Section 1, Township 4 North, Range 3 East. Thence, south two and one-quarter of a mile; westerly along the county road one and one-half miles; south one-quarter of one mile to the east quarter corner of Section 15, Township 4 North, Range 3 East. Thence, west one mile; south two and one-half miles; east one and one-half miles; south six miles to the south quarter corner of Section 26, Township 3 North, Range 3 East, that point lying on the north boundary of the Camp Bonneville - U.S. Military Reservation. Thence, east one-half of one mile; south one mile; east one mile; south two miles; east approximately one and one-half miles to the Little Washougal River. Thence, southwest-erly approximately two and one-quarter miles along the Little Washougal River. Thence, east along the Bonneville Power line five miles. Thence, northeasterly along the county road to the northeast corner of Section 24, Township 2 North, Range 4 East. Thence, north one-half of one mile to a Bonneville Power line. Thence, east one mile to the West Fork of the Washougal River. Thence, southeasterly along said river to the east-west center line of Section 20, Township 2 North, Range 5 East, and then east along said center line to the east quarter corner of said Section 20. Thence, south one-half mile to a Bonneville Power line. Thence, east nine and one-half miles. Thence, south to the Evergreen Highway in the approximate center of Section 25, Township 2 North, Range 6 East, and then along said

highway in a northeasterly direction approximately three miles to the northwest city limits of North Bonneville. Thence, north to the Bonneville Power line and northeasterly along it approximately four miles to where it intersects the north-south center line of Section 35, Township 3 North, Range 7 East. Thence, north approximately two and three-quarters mile to the center of Section 23, Township 3 North, Range 7 East. Thence, east one and one-half miles; south approximately one-third mile to the southwest corner of Section 24, Township 3 North, Range 7 and one-half miles east. Thence, east one mile; south one mile to the Bonneville Power line; northeasterly along said power line to the east section line of Section 30, Township 3 North, Range 8 East. Thence, northerly to the northeast corner of Section 18, Township 3 North, Range 8 East. Thence, west two and one-quarter miles to the road running up from Carson Creek; westerly along said road through Section 12 along the south side of Sections 2 and 3, Township 3 North, Range 7 East. Thence, southwesterly across Section 9 to the southwest corner of Section 9, Township 3 North, Range 7 East. Thence, west approximately ten miles to the northwest corner of Section 14, Township 3 North, Range 5 East. Thence, south one mile; west four miles; north thirteen and one-half miles to the point of beginning.

NEW SECTION

WAC 332-24-232 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF CLARK AND WAHIAKUM COUNTIES. (1) Pursuant to the authority granted in RCW 76.04.205, the parts of Clark and Wahkiakum Counties described in subsections (2) and (3) of this section are exempt from the requirements of RCW 76.04.205 and permits for the burning of flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution control authority in which said lands are located.

(2) The following described parts of Clark County, Washington, are exempt from the burning permit requirements of RCW 76.04.205 in accordance with subsection (1) of this section: All lands lying within the following described line:

(a) All lands west of Fire District Number Six and the Vancouver city limits; and

(b) All lands west of the Burlington Northern Railroad main line from its intersection with northwest 179th Street north to Gee Creek.

(3) The following described parts of Wahkiakum County, Washington, are exempt from the burning permit requirements of RCW 76.04.205 in accordance with subsection (1) of this section:

(a) Puget Island, which lies south and west of the town of Cathlamet;

(b) The area between the towns of Skamokawa and Cathlamet south and west of State Route 4 to the Columbia River, including Price and Hunting Islands.

NEW SECTION

WAC 332-24-234 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF OKANOGAN COUNTY. (1) Pursuant to the authority granted in RCW 76.04.205, parts of Okanogan County, described in subsection (2) of this section, are exempt from the requirements of RCW 76.04.205 and permits for the burning of flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution control authority in which said lands are located.

(2) The following described parts of Okanogan County, Washington, are exempt from the burning permit requirements of RCW 76.04.205 in accordance with subsection (1) of this section: All lands lying within the following described line:

(a) Starting at the junction of the Canadian-United States boundary and the north end of the Boundary Point Road, thence, southerly along the Boundary Point Road to U.S. Highway 97; southerly along U.S. Highway 97 to the Tom Dull Road; southerly along the Tom Dull Road to 23rd Avenue. Thence, west approximately five hundred feet to the Oroville-Tonasket Reclamation District irrigation ditch. Thence, southerly along the ditch to the siphon across the Similkameen River; southerly along the siphon and/or ditch to the Gunsolley Road (Ellemehan Mountain Road). Thence, northeasterly along the Gunsolley Road to the Golden Road. Thence, southerly along the Golden Road to the Janis Oroville Westside Road; southerly along the Janis Oroville Westside Road to a point west of the south end of the Janis Bridge on U.S. Highway 97. Thence, northerly along U.S. Highway 97 to the McLoughlin Canyon Road. Thence, easterly along the McLoughlin Canyon Road to the State Frontage Road. Thence, northerly along the State Frontage Road to the Clarkston Mill Road; northerly along the Clarkston Mill Road to the Longnecker Road. Thence, northwesterly along the Longnecker Road to U.S. Highway 97 to the city limits of Tonasket. Thence, along the south, east and north boundary of the Town of Tonasket to U.S. Highway 97. Thence, northerly along U.S. Highway 97 to the O'Neil Road; northerly along the O'Neil Road to U.S. Highway 97; northerly along U.S. Highway 97 to the Eastside Oroville Road; northerly along the Eastside Oroville Road to the northeast end of the Thorndike Loop Road. Thence, west to the east shore of Osoyoos Lake. Thence, northerly along the east shore of Osoyoos Lake to the Canadian-United States boundary to point of beginning.

(b) Beginning at the intersection of U.S. Highway 97 and State Route Number 16, in the Town of Peteros, thence, proceeding northerly along U.S. Highway 97 to the junction of Paradise Hill Road, within the Town of Brewster; northerly along the Paradise Hill Road to the junction of the Paradise Hill Road and North Star-Paradise Hill Cutoff Road, located within the south one-half of Section 35, Township 31 North, Range 24 East. Thence, northeasterly along the North Star-Paradise Hill Cutoff Road to the intersection at the North Star

Road. Thence, south and east along the North Star Road until it intersects with Old Highway 97. Thence, northerly along Old Highway 97 to the junction with the Malott Road within the Town of Malott. Thence, north and east along the Malott Road to the junction of State Route Number 20. Thence, southeasterly along State Route Number 20 to the junction of the Old Loop Highway. Thence, east along the Old Loop Highway into the Town of Okanogan to the junction of the Conconully Highway. Thence, north along the Conconully Highway to the junction of the Ross Canyon Road. Thence, east along the Ross Canyon Road to the junction of the Johnson Creek Road. Thence, north along the Johnson Creek Road to the junction of the BIDE-A-WEE Road. Thence, east along the BIDE-A-WEE Road to the junction of Old Highway 97. Thence, north along Old Highway 97 to the junction with the Pharr Road within the Town of Riverside; northerly along the Pharr Road to a point on the north line of Section 6, Township 35 North, Range 27 East. Thence, east along that section line, across the Okanogan River to the Keystone Road. Thence, southerly along the Keystone Road to the Tunk Valley Road; southerly along the Tunk Valley Road into the Town of Riverside at a point where the Tunk Valley Road and the west bank of the Okanogan River intersect. Thence, south along the west bank of the Okanogan River to the Columbia River. Thence, southwesterly along the west bank of the Columbia River to the point of beginning.

NEW SECTION

WAC 332-24-236 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF ASOTIN, GARFIELD, COLUMBIA AND WALLA WALLA COUNTIES. (1) Pursuant to the authority granted in RCW 76.04.205, the parts of Asotin, Garfield, Columbia and Walla Walla Counties described in subsections (2), (3), (4) and (5) of this section, are exempt from the requirements of RCW 76.04.205 and permits for the burning of flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution control authority in which said lands are located.

(2) The following described parts of Asotin County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section: All lands lying north of Township 9 North or east of the following described line:

Beginning at a point on the border between the states of Washington and Oregon, where the Grande Ronde River crosses said border in Section 13, Township 6 North, Range 43 East, thence, northeasterly along said river to the west line of Section 36, Township 7 North, Range 44 East. Thence, north to the southwest corner of Section 25, Township 7 North, Range 44 East. Thence, east one mile; north one mile; east three miles; north one and one-half miles to the east quarter corner of Section 16, Township 7 North, Range 45 East at Fields Spring State Park. Thence, east two miles; north one-half mile;

west one-half mile; north two and one-half miles to the center of Section 35, Township 8 North, Range 45 East. Thence, west one-half mile; north one-half mile; west one mile; north one-half mile; west one mile; north two and one-half miles; west four miles to the southeast corner of Section 10, Township 8 North, Range 44 East. Thence, north one mile; west two miles; north one-half mile; west one mile; north three-quarter mile; west one and one-quarter miles; north three-quarter mile; east one-half mile; north three-quarter mile; east one and three-quarter miles; north one and one-quarter miles; west two miles to the southwest corner of Section 18, Township 9 North, Range 44 East. Thence, north two miles; west three miles to the southwest corner of Section 3, Township 9 North, Range 44 East, which is a point on the Asotin-Garfield County line.

(3) The following described parts of Garfield County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section: All lands lying north of the following described line:

Beginning at the southeast corner of Section 4, Township 9 North, Range 43 East, which is a point on the Garfield-Asotin County line, thence, north one mile; west two miles; north three and one-half miles; west three and one-half miles; north one-half mile; west one-quarter mile; north one-half mile; west one and three-quarter miles to the center of Section 8, Township 10 North, Range 42 East. Thence, south one and one-half miles; west two and one-half miles to the northwest corner of Section 24, Township 10 North, Range 41 East, which is a point on the Garfield-Columbia County line.

(4) The following described parts of Columbia County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section: All lands lying north of the following described line:

Beginning at the northeast corner of Section 23, Township 10 North, Range 41 East, which is a point on the Columbia-Garfield County line, thence, south one-half mile; west one mile; north one-half mile; west one mile; north one-half mile; west one and one-half miles to the center of Section 17, Township 10 North, Range 41 East. Thence, south one and one-half miles; west two and one-half miles; north one-quarter mile; west two and one-half miles; north one-quarter mile; west one and three-quarter miles; south one-half mile; west one-quarter mile; south one mile; east one mile; south one-half mile; east one-half mile; south one mile; west two miles to the west quarter corner of Section 6, Township 9 North, Range 40 East. Thence, south three and one-half miles; west four miles; south one mile; west one mile; south one mile; west one mile to the northeast corner of Township 8 North, Range 38 East, which is a point on the Columbia-Walla Walla County line.

(5) The following described parts of Walla Walla County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section: All lands lying north and west of the following described line:

Beginning at the northeast corner of Township 8 North, Range 38 East, which is a point on the Walla

Walla-Columbia County line, thence, south one-half mile; west one-half mile; south three-quarter mile; west one-half mile; south three-quarter mile; west two miles; south three miles; west one mile to the northwest corner of Section 33, Township 8 North, Range 38 East. Thence, south one-half mile; east one-quarter mile; south one and three-quarter miles; west one-quarter mile; south one-quarter mile to the west quarter corner of Section 9, Township 7 North, Range 38 East. Thence, west one mile; south two and one-half miles; west one-half mile; south one-quarter mile; west one-half mile; south one and three-quarter miles; west one mile; south one-quarter mile; west one mile; south one and three-quarter miles; west one mile; south one and one-half miles to a point on the Washington-Oregon state boundary.

NEW SECTION

WAC 332-24-238 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF COWLITZ COUNTY. (1) Pursuant to the authority granted in RCW 76.04.205, the parts of Cowlitz County described in subsection (2) of this section are exempt from the requirements of RCW 76.04.205 and permits for burning flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution control authority in which said lands are located.

(2) The following described parts of Cowlitz County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section:

An area consisting of all shorelands and uplands lying within the following described boundaries: Beginning at a point where Interstate Highway 5 intersects with the west line of Section 34, Township 6 North, Range 1 West, thence, southeasterly along the west boundary of said Interstate Highway 5 to its junction with the Lewis River; thence, southwesterly along the north bank of the Lewis River to its confluence with the Columbia River; thence, northerly along the east bank of the Columbia River to the south tip of Burke Island; thence, northerly along the west boundary of Burke Island to the southern tip of Martins Island; thence, northerly along the west boundary of Martins Island to the north end thereof; thence, westerly to the boundary line between the states of Oregon and Washington approximately in the center of the Columbia River; thence, northwesterly along the state boundary line, in the center of the Columbia River, to the Town of Stella; thence, easterly along the north shoulder of State Highway 4 approximately four and one-half miles to the junction of the Coal Creek Road; thence, northerly along the west shoulder of the Coal Creek Road to its junction with Pacific Way; thence, easterly along the north shoulder of Pacific Way to its junction with the Lone Oak Road; thence, easterly along the north shoulder of the Lone Oak Road to its junction with the Columbia Heights Road; thence, southerly along the east shoulder of the Columbia Heights Road to the west one-quarter corner of Section 16, Township

8 North, Range 2 East, thence east one and one-half miles to the center of Section 15, Township 8 North, Range 2 West; thence, north one and one-half miles to the north one quarter corner of Section 10, Township 8 North, Range 2 West; thence, east along the north line of Section 10, Township 8 North, Range 2 West, to its junction with the east bank of the Cowlitz River; thence, southeasterly along the east bank of the Cowlitz River to its confluence with Ostrander Creek; thence, easterly along the south bank of Ostrander Creek to its intersection with the east shoulder of Interstate Highway 5 in Section 11, Township 8 North, Range 2 West; thence, southerly along the east shoulder of Interstate Highway 5 to the south bank of the Coweeman River; thence, easterly along the south bank of the Coweeman River to the west line of Section 36, Township 8 North, Range 2 West; thence, south approximately one mile to the east shoulder of Interstate Highway 5 in Section 1, Township 7 North, Range 2 West; thence, southeasterly along the east shoulder of Interstate Highway 5 to its junction with the Old Pacific Highway lying in Section 12, Township 7 North, Range 2 West; thence, southerly along the east shoulder of the Old Pacific Highway to its junction with the north city limits of the City of Kalama; thence, west along the north city limits of Kalama to its junction with the east shoulder of Interstate Highway 5 to the beginning point where Interstate Highway 5 intersects with the west line of Section 34, Township 6 North, Range 1 West.

(3) The following described parts of Cowlitz County lying within the area described in subsection (2) of this section, which are exceptions and are not exempt from the requirements of RCW 76.04.150, as amended, and do require permits for the burning of inflammable material; however these requirements do not apply to developed lands situated within these boundaries.

An area known as Mt. Solo, bounded on the west and south by the Mt. Solo Road, bounded on the east by 38th Avenue, bounded on the north by State Highway 4, all situated within Sections 23, 24, 25, 26, Township 8 North, Range 3 West, and Section 30, Township 8 North, Range 2 West.

NEW SECTION

WAC 332-24-240 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF SNOHOMISH COUNTY. (1) Pursuant to the authority granted in RCW 76.04.205, the parts of Snohomish County described in subsection (2) of this section are exempt from the requirements of RCW 76.04.205 and permits for burning flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution control authority in which said lands are located.

(2) The following described parts of Snohomish County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section: All lands lying within the following described line:

(a) Beginning at a point on the east boundary of the city of Everett, at which the Hewitt Avenue Bridge intersects the east boundary; thence, southerly along said east boundary to Lowell-Larimer's Corner Road (Bluff Road). Thence, southeasterly along said road to its point of intersection with the north line of Section 36, Township 28 North, Range 5 East. Thence, easterly along the north line of Section 36, Township 28 North, Range 5 East, and the north line of Sections 31 and 32, Township 28 North, Range 6 East to the point said north line intersects 127th Avenue (Lord's Hill Road). Thence, northerly one-half mile along said avenue to the Snohomish-Monroe Road. Thence, southeasterly along said road to 164th Street. Thence, easterly along 164th Street to State Route Number 522. Thence, southwest-erly along State Route Number 522 to the Snoqualmie-King County Road. Thence, southeasterly along said road to the point of its intersection with the Snohomish-King County line. Thence, easterly along said county line to the point of its intersection with State Route Number 203 (Monroe-Duval Highway). Thence, northerly along State Route Number 203 to the boundary of the City of Monroe; northerly along said boundary to U.S. Highway 2. Thence, northwesterly along U.S. Highway 2 to the Roosevelt Road. Thence, northerly along said road to 159th Avenue (Zuber Road); northerly along said avenue to 100th Street (Westwick Road). Thence, westerly along 100th Street to the southwest corner of Section 15, Township 28 North, Range 6 East, and 147th Avenue (Jauntz and Nelson Road). Thence, northerly along said avenue to 68th Street (Three Lakes Road). Thence, westerly along said street to the east bank of the Pilchuck River. Thence, northerly along said east bank to a point due east of 52nd Street (Foss Road). Thence, westerly across the Pilchuck River and continuing westerly along said street to 87th Avenue (Fobes Cutoff Road). Thence, northerly along 87th Avenue to its point of intersection with the north line of Section 36, Township 29 North, Range 5 East. Thence, westerly along said north line and continuing along the north line of Section 35, Township 29 North, Range 5 East to its point of intersection with U.S. Highway 2. Thence, northwesterly along U.S. Highway 2 to Hewitt Avenue East, (Calaveros Corner). Thence, westerly along said avenue to the point of beginning.

(b) Beginning at the intersection of State Route Number 530 with the Snohomish-Skagit County line, thence, southerly along State Route Number 530 to its point of intersection with 102nd Avenue northwest; southerly along 102nd Avenue northwest to its point of intersection with the Lund Road; thence, southeasterly along the Lund Road to its point of intersection with State Route Number 530; southeasterly along State Route Number 530 to its point of intersection with the Stillaguamish River; thence, westerly along the south bank of the Stillaguamish River to its point of intersection with Hat Slough; westerly along the south bank of Hat Slough to its point of intersection with the Stanwood Road; thence, southerly along the Stanwood Road to the south line of Section 6, Township 31 North, Range 4 East. Thence, west along the south line of Section 6, Township 31 North, Range 4 East, and Section 1,

Township 31 North, Range 3 East to its intersection with the line of ordinary high tide in Port Susan Bay. Thence, northerly along the line of ordinary high tide of Port Susan Bay, Davis Slough and Skagit Bay to the Snohomish-Skagit County line. Thence, east along the Snohomish-Skagit County line to the point of beginning.

(c) Beginning on the south bank of Ebey Slough where said bank is intersected by the east line of Section 31, Township 30 North, Range 5 East; thence, westerly along the south bank of said slough to its intersection with Steamboat Slough; thence southerly across said slough to the north shore of Smiths Island; thence, southerly along the shore of said island to its intersection with the Snohomish River; thence, southeasterly along the east bank of the Snohomish River to its point of intersection with a line extending west and east from 48th Street; thence, easterly along said line and street to its point of intersection with the east bank of Ebey Slough; thence, northeasterly along said bank to its point of intersection with the south line of Section 26, Township 29 North, Range 5 East. Thence, north to its point of intersection with U.S. Highway 2; thence, northwesterly along said highway to its point of intersection with the south line of Section 23, Township 29 North, Range 5 East. Thence, west along said line to the southwest corner of said Section 23; thence, north one mile; east one-half mile to the north one-quarter corner of said Section 23; thence, north one mile; west one-half mile; north one mile to the northeast corner of Section 10, Township 29 North, Range 5 East. Thence, west along the north line of said Section 10 to its intersection with the west bank of Ebey Slough; thence, northwesterly along the west bank of said slough to the point of beginning.

NEW SECTION

WAC 332-24-242 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF SKAGIT COUNTY. (1) Pursuant to the authority granted in RCW 76.04.205, the parts of Skagit County described in subsection (2) of this section are exempt from the requirements of RCW 76.04.205 and permits for burning flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution control authority in which said lands are located.

(2) The following described parts of Skagit County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section: All lands lying within the following described line with an exception:

(a) Beginning at point on the Skagit-Snohomish County line, at its intersection with the Conway-Stanwood Highway (Old U.S. Highway Alternate 99); thence, northerly along the Conway-Stanwood Highway to the Old English Lumber Company railroad grade. Thence, east along said old railroad grade to the Hill Slough. Thence, northeasterly along the Hill Slough to the Hill Ditch. Thence, northerly along the Hill Ditch to Carpenter Creek; northerly along Carpenter Creek to the intersection of Hickox Road and Bacon Road.

Thence, west along the Hickox Road to the Blodgett Road. Thence, northerly along the Blodgett Road to the Anderson Road. Thence, northeasterly through the Anderson Gully to the southeastern city limits of the City of Mount Vernon. Thence, easterly and northerly along said city limits to its intersection with the Francis Road. Thence, north along the west line of Section 9 and Section 4, Township 34 North, Range 4 East, to the north bank of the Skagit River. Thence, easterly along the north bank of the Skagit River to Township Street. Thence, north along Township Street to the city limits of the Town of Sedro Woolley. Thence, west and north along said city limits to the F and S Grade Road; northwesterly along the Grade Road to the Kelleher Road. Thence, westerly along the Kelleher Road to the Burlington-Alger Road (Old U.S. Highway 99). Thence, due west to the Samish River. Thence, southwesterly along the south bank of the Samish River to the Burlington-Northern Railroad right of way. Thence, northwesterly along the west boundary of said railroad right of way to Samish Bay. Thence, southerly and westerly along the line of ordinary high tide of Samish Bay (excluding Samish Island) and Padilla Bay to the juncture of Padilla Bay and the north bank of the Joe Leary Slough. Thence, easterly up the north bank of the Joe Leary Slough to the Avon-Allen Road. Thence, southerly along the Avon-Allen Road to the Anacortes branch line of the Burlington Northern Railroad; thence, southwestwesterly along the northerly border of said railroad right of way to Fredenia. Thence, northwesterly to the west quarter corner of Section 9, Township 34 North, Range 3 East; thence, north one-quarter of one mile; west one-half mile to the North Fork of Indian Slough. Thence, northwesterly along the north bank of Indian Slough to Padilla Bay. Thence, southwestwesterly along the line of ordinary high tide of Padilla Bay to the juncture of Swinomish Slough; thence, southerly along the east bank of the Swinomish Slough to Skagit Bay; thence, southeasterly along the line of ordinary high tide of Skagit Bay to the Skagit-Snohomish County line. Thence, east along the county line to the point of beginning.

(b) The following described parcels of land are not exempt from the burning permit requirements of RCW 76.04.205:

Beginning at a point on the north bank of the North Fork of the Skagit River where said bank is intersected by the west line of Section 8, Township 33 North, Range 3 East; thence, easterly along the north bank of said river to the point of intersection with the east line of Section 9, Township 33 North, Range 3 East. Thence, northwesterly along the west edge of the county road to the west quarter corner of Section 33, Township 34 North, Range 3 East. Thence, west one-quarter of one mile; south one and one-half miles; west three-quarters of one mile; thence, south along the west line of Section 8, Township 33 North, Range 3 East to the point of beginning.

NEW SECTION

WAC 332-24-244 EXEMPTION FROM BURNING PERMIT REQUIREMENTS—PARTS OF PACIFIC AND GRAYS HARBOR COUNTIES. (1) Pursuant to the authority granted in RCW 76.04.205, the parts of Pacific and Grays Harbor Counties described in subsections (2) and (3) of this section are exempt from the requirements of RCW 76.04.205 and permits for burning flammable material will not, from the effective date of this chapter, be required in such exempt parts; however nothing herein shall affect the operation and effectiveness of the rules of the rural fire protection district and/or local air pollution authority in which said lands are located.

(2) The following described part of Pacific County, Washington, is exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section:

A coastal strip of tidelands lying below and seaward of the line of ordinary high tide as marked on the ground by the line of vegetation or the line of driftwood accumulation, whichever is at any point the lower, beginning at the Grays Harbor-Pacific County line and running southerly and easterly to the west boundary of the Shoalwater Indian Reservation.

(3) The following described parts of Grays Harbor County, Washington, are exempt from the burning permit requirements of RCW 76.04.205, in accordance with subsection (1) of this section:

(a) A coastal strip of tidelands lying below and twenty feet seaward of the line of ordinary high tide as marked on the ground by the driftwood accumulation beginning at the south boundary of the Quinault Indian Reservation and running southerly to the south bank of the Copalis River.

(b) A coastal strip of uplands and tidelands lying to the west of State Route 109 as said public road is now located and constructed beginning at the south bank of the Copalis River and running southerly to the junction of the said state route with the Grays Harbor County road to Oyhut.

(c) A coastal strip of uplands and tidelands lying to the west of the Grays Harbor County road to Oyhut as said public road is now located and constructed beginning at the junction of the said road with State Route 109 and running southerly to the north boundary of Grays Harbor County Fire Protection District No. 13, as said boundary is now located.

(d) All uplands and tidelands of the Oyhut Peninsula lying to the south of the said north boundary to Grays Harbor County Fire Protection District No. 13.

(e) All uplands and tidelands of the Westport Peninsula lying north of the south Boundary of Grays Harbor County Fire Protection District No. 13, as said boundary is now located.

(f) A coastal strip of uplands and tidelands lying to the west of State Route 105 as said public road is now located and constructed beginning at the said south boundary of Grays Harbor County Fire Protection District No. 3 and running southerly to the Grays Harbor-Pacific County line.

NEW SECTION

WAC 332-24-261 DUMPING MILL WASTE, FOREST DEBRIS—CREATION OF A FIRE HAZARD—PERMITS. (1) Forest debris or mill waste dumped in the following manner on or near forest land shall constitute a forest fire hazard and require a dumping permit:

- (a) Piles of fifty cubic yards or more; or
- (b) Two or more piles totaling fifty cubic yards or more, less than three hundred feet apart; or
- (c) A pile less than three hundred feet from a pile placed by another where such piles would total fifty cubic yards or more; or
- (d) When dumped adjacent to piles of fifty cubic yards or more which were in existence before August 9, 1971; or
- (e) When dumped in smaller quantities or greater distances than above when such dumpings are likely to support, intensify or further spread the fire, thereby threatening forest land and/or endangering life or property; however forest debris accumulated on forest land from logging or silvicultural activities on the land on which such activities took place, or activities regulated by RCW 76.04.650, shall not be subject to the permit requirement of this section, except when forest debris accumulated on land clearing or right of way projects subject to RCW 76.04.650 is taken away from such areas and dumped.

(2) No person shall dump or cause to be dumped a forest fire hazard on or threatening forest land without first obtaining a written permit from the department.

(a) Any person having legal authority to dump mill waste from forest products or forest debris, on the described property, shall make application to the department or authorized employees for a permit to do so. The application shall state and include:

- (i) The location;
- (ii) The approximate quantity to be dumped;
- (iii) A description of the material to be dumped;
- (iv) A map illustrating the proposed dump site;
- (v) The name of the person by whom the dumping is to be done.

(b) Upon receipt of an application, the department will inspect the area described in the application. The department, in issuing the permit, may impose conditions in such permit to prevent the creation of a forest fire hazard.

(c) In situations as outlined in subsection (1)(e) of this section, the department may notify the appropriate persons, and such person or persons shall be required to obtain a permit for the continued existence of the dumping of such fire hazard. This permit is required to ensure that such dumping does not create a forest fire hazard and outlines required terms and conditions to eliminate or abate any forest fire hazard that may be created by dumping.

(d) A dumping permit shall be effective only under the conditions and for the period stated therein. The department shall have the authority to rescind a permit upon failure to comply with any of the conditions or terms.

(3) Any person who dumps such mill waste or forest debris, without a permit or in violation of a permit, is guilty of a gross misdemeanor and subject to the penalties for a gross misdemeanor under RCW 9A.20.021 and may further be required to remove all materials dumped.

CLOSURE/SUSPENSIONSNEW SECTION

WAC 332-24-301 INDUSTRIAL RESTRICTIONS. (1) When in the opinion of the area manager, for the department's administrative area, weather conditions arise which present a hazard to lands protected by the department, whereby life and property may be endangered, the area manager, through the authority granted the department in RCW 76.04.015 and 76.04-.325, may designate industrial precaution levels thereby regulating logging, land clearing or other industrial operations which may cause a fire to start on or adjacent to forest lands. The restrictions shall be for periods designated and shall only affect those portions of the state under the administrative jurisdiction of the area manager.

(2) In making a decision as to when restrictions or shutdowns should occur, the area manager shall utilize available information as to current and projected fire danger, current and projected weather, current fire activity and available resources for fire suppression.

(3) All persons performing logging, land clearing or other operations which may cause a fire to start on or adjacent to forest lands shall comply with the restrictions described in the designated industrial precaution level.

(a) The industrial fire precaution levels shall be:

(i) Level 1. Closed season – Fire requirements are in effect.

(ii) Level 2. Partial hootowl – The following are prohibited from 1-8 p.m. local time:

- use of power saws except at loading sites;
- cable yarding;
- blasting;
- welding or cutting of metal.

(iii) Level 3. Partial shutdown – The following are prohibited:

- cable yarding;
- use of power saws except at loading sites.

In addition, the following are prohibited from 1-8 p.m. local time:

- use of all power saws at loading sites;
- tractor yarding;
- mechanized loading and hauling of any product or material;
- blasting;
- welding or cutting of metal;
- any other spark emitting operation not specifically mentioned.

(iv) Level 4. General shutdown – All operations are prohibited.

(b) The following definitions shall apply to these industrial fire precaution levels:

(i) "Loading sites" means a place where any product or material, including but not limited to logs, firewood, slash, soil, rock, poles, posts, etc., is placed in or upon a truck or other vehicle.

(ii) "Cable yarding systems" means a yarding system employing cables and winches in a fixed position.

(iii) "Low hazard area" means any area where the department has determined the combination of elements reduces the probability of fire starting and/or spreading.

(c) A written waiver may be issued by the department for fire-safe activities in low-hazard areas.

FIRE PROTECTION REGULATIONS

NEW SECTION

WAC 332-24-401 FELLING OF SNAGS. (1) Snags within areas of extreme fire hazard requiring abatement, as defined by WAC 332-24-005(28), shall be felled concurrently with the logging operation, unless:

(a) Such snag contains a visible nest of a species of wildlife designated by the United States Fish and Wildlife Service as threatened or endangered; or

(b) The department, upon written request of the landowner, determines, in writing, that such snag does not represent a substantial deterrent to effective fire control action.

(2) The department may designate, in writing, that additional snags be felled concurrently with the logging operation if, in the department's opinion, they represent a substantial deterrent to effective fire control action, unless such snag contains a visible nest of a threatened or endangered species.

NEW SECTION

WAC 332-24-405 SPARK EMITTING EQUIPMENT REQUIREMENTS. It shall be unlawful for anyone to operate, during the closed season as defined in RCW 76.04.005, any steam, internal combustion, electric engines or any other devices which emit sparks on any forest land or any other place where, in the opinion of the department, fire could be communicated to forest land without first complying with the following requirements for equipment or operations:

(1) Fixed-position machine:

(a) Two fire extinguishers, each of at least a 5 B C rating;

(b) An approved exhaust system;

(c) An appropriately mounted shovel.

(2) Logging railroad locomotive or common carrier locomotive:

(a) An approved exhaust system;

(b) Communications between the train and dispatcher for reporting fires to the responsible protection agency;

(c) Each locomotive shall be followed by a speeder patrol at such times, and in such locations, as designated by the department. The speeder patrol shall be equipped with:

(i) Two shovels;

(ii) One pulaski;

(iii) One adze eye hoe;

(iv) Two serviceable five gallon backpack pump cans filled with water;

(v) An approved exhaust system;

(vi) Communications between the speeder and the dispatcher for reporting fires to the responsible protection agency;

(vii) One fire extinguisher of at least a 5 B C rating.

(3) Passenger vehicle used for industrial or commercial operations:

(a) A fire extinguisher of at least a 5 B C rating;

(b) An approved exhaust system.

(4) Portable power saw:

(a) A chemical fire extinguisher of at least eight ounce capacity, fully charged and in good working order.

The fire extinguisher shall be kept in the immediate possession of the operator;

(b) An approved exhaust system;

(c) A shovel, which shall be kept within two minutes round-trip of the operator;

(d) A firewatch shall be required in fire protection zones C and D west side of the Cascade Mountains. A firewatch may also be required in other areas of the state as may be designated by the department in writing.

(5) Spark-emitting engines used for purposes not specifically mentioned herein, which, in the opinion of the department, may cause a forest fire to start, unless equipped with:

(a) An approved exhaust system;

(b) One fire extinguisher of at least a 5 B C rating; however two-wheeled, three-wheeled, and four-wheeled motorcycles shall only be required to have an approved exhaust system.

(6) Tractor or mobile machine:

(a) One fire extinguisher of at least a 5 B C rating;

(b) An approved exhaust system;

(c) An appropriately mounted shovel.

(7) Truck or vehicle used for hauling:

(a) One fire extinguisher of at least a 5 B C rating;

(b) An approved exhaust system;

(c) An appropriately mounted shovel.

(8) During yarding, loading, milling, land clearing and right of way clearing, there must be kept at each landing, yarding tree, mill or other suitable place designated by the department, two serviceable five gallon backpack pump cans filled with water; however such operations in fire protection zones C and D on the west side of the Cascade Mountains or in other areas of the state as may be designated by the department, in writing, must comply with the following additional requirements:

(a) A pump truck or pump trailer to be kept on the landing or within five minutes round-trip of the operation;

(b) A firewatch;

(c) Adequate facilities to report a fire to the responsible protection agency within fifteen minutes of detection.

(9) Balloon, skyline and other similar long-line or aerial logging systems with greater than a twelve hundred foot distance between the yarder and tailhold or tailblock unless complying with the following requirements:

(a) Two serviceable five gallon backpack pump cans filled with water at each landing, yarding tree or other suitable place designated by the department;

(b) Portable water supply available and equipped in order to supply water to the furthest extremity of the operation within a maximum of ten minutes from the time of detection. The portable water supply shall contain a minimum of three hundred gallons of water and the complement of accessories and equipment identified in the definition of the pump truck or pump trailer. The portable water supply shall be equipped with a pump capable of delivering twenty gallons per minute, at sufficient pressure, using a one-quarter inch nozzle tip through a fifty foot length of one inch or one and one-half inch rubber-lined hose. The pump shall be plumbed with a bypass or pressure relief valve. The water supply shall be located and outfitted for immediate use at the landing, and so that it may also be readily lifted and transported by use of the rigging system or cargo hook. Logging systems which are not capable of lifting the portable water supply and the fire tool kit in one lift must accomplish this in no more than three separate lifts. The fire tool kit shall be packaged and located for ready attachment to the rigging for delivery to the portable water supply while it is in operation. The fire tool kit shall contain:

- (i) Three axes or pulaskis;
- (ii) Six shovels;
- (iii) Six adze eye hoes.
- (c) Firewatch;
- (d) Adequate facilities to report a fire to the responsible protection agency within fifteen minutes of detection.

(10) Each helicopter used for yarding, loading and land clearing or slash burning unless equipped and complying with the following:

(a) A VHF radio, maintained in operational use, at frequency 122.9 MHz;

(b) A portable water bucket of the following capacities, with necessary cargo hooks and tripping mechanism for dropping water on a fire, shall be located at the heliport serving the operation;

<u>External Payload of Helicopter</u>	<u>Minimum Required Bucket Size</u>
780 pounds and below	50 gallons
781 pounds – 1600 pounds	100 gallons
1601 pounds – 3900 pounds	200 gallons
3901 pounds and larger	300 gallons

(c) A water source of sufficient capacity readily accessible to allow the bucket to be filled three times without refilling the source. The water source must be located within five minutes round-trip flying time of every part of the operation;

(d) The following sized fire tool kit packaged for ready attachment to the cargo hook and located at the heliport serving the operation:

- (i) Two axes or pulaskis;
- (ii) Three shovels;
- (iii) Three adze eye hoes.
- (e) Two fire extinguishers of at least 20 B C rating shall be kept with refueling equipment. They shall be

appropriately mounted, suitably marked and available for immediate use.

(11) Railroad track installation and maintenance:

(a) Crews – ten people or less:

(i) A pump truck or pump trailer as defined in WAC 332-24-005(24); however the water capacity of the pump truck or pump trailer may be less than three hundred gallons, but greater than one hundred fifty gallons when the unit is capable of producing department-approved high expansion foam;

(ii) One serviceable five gallon backpack pump can;

(iii) Communications between the crew and dispatcher for reporting fires to the responsible protection agency.

(b) Crews – greater than ten people:

(i) A pump truck or pump trailer as defined in WAC 332-24-005(24) that is also capable of producing department-approved high expansion foam;

(ii) A fire tool box containing a minimum of:

- (A) Six pulaskis;
- (B) Six adze eye hoes;
- (C) Six shovels.

(iii) Communications between the crew and dispatchers for reporting fires to the responsible protection agency.

(c) Track welding, cutting and grinding shall be curtailed by not less than a four foot high canvas type curtain, which completely encloses the operation and prevents the escapement of sparks from welding, cutting or grinding.

(12) Prior to beginning operations, all snags, stubs and dead trees over fifteen feet in height shall be cut within fifty feet of each fixed-position machine which will operate for two consecutive days or more in one position.

The ground shall be initially cleared of all flammable debris under four inches in diameter beneath and within ten feet of each fixed-position machine which will operate for two consecutive days or more in one position.

(13) The area around the tail, corner and haul back blocks must be kept clean of all flammable debris under four inches in diameter for a distance of six feet in all directions. Suitable flame-resistant blanket devices may be substituted for the clearing requirement when the six foot diameter area is covered. Each block must be equipped with one serviceable five gallon backpack pump can filled with water, one shovel and one pulaski. Operations with multiple blocks must have this complement of tools and water within one hundred feet of each block.

(14) It shall be the operator's responsibility to identify points of line rub on cable logging operations during the closed season. If line rub occurs, the operator shall do what is necessary to stop, alleviate or control the line rub in order to prevent fires at these points. Satisfactory means include, but are not limited to:

- (a) Removal of the object which the line is rubbing on;
- (b) Changing the logging system;
- (c) Moving the cable location.

(15) The department may designate certain areas which are known to have rapid fluctuations of extreme fire weather and/or concentrations of additional hazards.

Operators in such areas may be required to monitor the humidity and/or wind speed and maintain a daily log of such readings. Relative humidity readings and wind speed must be determined and recorded by instruments and methods approved by the department.

The department may further require the operator in such areas to restrict operations when, in the opinion of the department, the recorded readings or current conditions are such that if a fire starts in that area it would probably spread to conflagration proportions regardless of personnel and equipment available for initial fire suppression.

NEW SECTION

WAC 332-24-411 SUBSTITUTION, REDUCTION, OR INCREASE OF REQUIREMENTS. (1) The department may accept serviceable equivalents to any of the requirements in WAC 332-24-405. Such substitutions must be made in writing by the department.

(2) The department may, by written permission, reduce the requirements set forth in WAC 332-24-405 whenever, in the opinion of the department, the operation is of such type or location and/or weather is such that all the requirements are not needed for the protection of life and property.

(3) The department may, in writing, require additional equipment, above the requirements of WAC 332-24-405 for fire protection in those areas known to have had rapid fluctuations of extreme fire weather and/or concentrations of additional hazards.

ASSESSMENTS, OBLIGATIONS, FUNDS

NEW SECTION

WAC 332-24-600 FOREST FIRE PROTECTION AND SPECIAL FOREST FIRE SUPPRESSION ACCOUNT MINIMUM ASSESSMENT REFUND PROCEDURE. This section implements the provisions of RCW 76.04.610 and 76.04.630, which provides that an owner of forest land owning two or more parcels, each containing less than thirty acres in a county, may obtain a refund of the assessments paid on all such parcels over one.

(1) The forest landowner must:

(a) Obtain a forest protection assessment refund form from any department office;

(b) Complete refund form per instructions on form;

(c) Pay taxes and assessments to county treasurer and obtain treasurer's signature on refund form to verify assessments have been paid in full;

(d) Mail refund form before December 31 of the year the assessments are due to: Department of Natural Resources, Fire Control Division, Olympia, WA 98504.

(2) The department's fire control division will complete the refund due the landowner, prepare a refund voucher and process for payment through the department's financial services' division. The financial services' division will prepare the refund check and send the check and a copy of the refund voucher to the landowner.

HAZARD ABATEMENT

NEW SECTION

WAC 332-24-650 EXTREME FIRE HAZARD REQUIRING ABATEMENT. A forest landowner shall be absolutely liable for fire suppression costs for any fire that occurs and abatement is required under the following conditions:

(1) Any additional fire hazard within a distance of one hundred feet from the closest edge of the running surface of any state or federal highway, county road or railroad;

(2) Any additional fire hazard within a distance of one hundred feet from the closest edge of the running surface of any other road, as hereinafter defined, that is generally open to and frequently used by the public during periods of fire danger. For the purpose of these rules and regulations, the term "other road" shall be defined as those roads owned or controlled by private individuals, partnerships or corporations, or by public agencies, including, without limitation, the department or the United States Forest Service, and which provide the principal access during periods of fire danger where normal use is seventy-five vehicles or more per week to geographic features of significant public interest and use such as lakes, streams, established viewpoints, lava tubes, ice caves, features of unique geological interest, recreational parks and developments or other facilities intended for frequent public use;

(3) Any additional fire hazard within a distance of two hundred feet, if required in writing by the department, and up to a maximum of five hundred feet, adjacent to public campgrounds, school grounds, other areas of frequent concentrated public use, buildings in use as residences (furnished and being occupied or available for immediate occupancy) and other buildings or structures valued at one thousand dollars or more, which are not owned by the owner of the land upon which such additional fire hazard exists;

(4) The department may identify other specific areas of additional fire hazard, with comparable high risk of ignition and/or a threat to life and property and, upon written notification, require abatement.

NEW SECTION

WAC 332-24-652 EXTREME FIRE HAZARD—EIGHT HUNDRED CONTIGUOUS ACRES. (1) A forest landowner shall be absolutely liable for fire suppression costs for any fire that occurs within an extreme fire hazard created by eight hundred or more contiguous acres of additional fire hazard when:

(a) The additional fire hazard's origin is less than five years, except when:

(i) The material is fifty percent or more Douglas fir by volume, the time of origin shall be less than eight years; or

(ii) The material is fifty percent or more cedar by volume, the time of origin shall be less than twenty years.

(b) Its isolated compartments comprise eight hundred acres or more regardless of ownership or logging pattern;

(c) Its composition comprises an average tonnage greater than nine tons per acre of material, three inches or less in diameter.

(2) The department may identify additional acres comprising eight hundred acres or more of additional fire hazard extending beyond these limitations of time, with comparable high hazard and/or a threat to life or property and, upon written notification, place absolute liability for fires with the forest landowner(s).

(3) Areas of additional fire hazard will be considered as one contiguous area, unless one of the following conditions are satisfied:

(a) The areas are separated by natural barriers of at least three hundred feet in width at their narrowest point. Natural barriers can include streams, ridge tops and/or areas not comprising an additional fire hazard;

(b) The areas are separated by a constructed barrier as provided in the definition of isolation;

(c) A combination of (a) and (b) of this subsection.

NEW SECTION

WAC 332-24-654 EXTREME FIRE HAZARD—LIABILITY—RESPONSIBILITY. (1) Liability for the existence of an extreme hazard arises upon creation of the extreme hazard. No written notification by the department of its existence is required. Liability shall include any department suppression costs incurred during the act(s) of isolating, reducing or abating the extreme hazard.

(2) The owner(s) and/or person(s) responsible for the existence of an extreme fire hazard requiring abatement, as defined in WAC 332-24-650, shall abate the extreme fire hazard. The obligation to abate shall extend equally to all acreages of the extreme fire hazard, regardless of the number of owner(s) and/or person(s) responsible for its existence. The liability for the existence of the extreme fire hazard continues until the extreme fire hazard is abated.

(3) The owner(s) and/or person(s) responsible for the existence of an extreme fire hazard, as defined in WAC 332-24-652, may isolate and/or reduce the extreme fire hazard to remove the absolute liability associated with its existence. The liability assumed for the existence of the extreme fire hazard shall extend equally to all acreages involved, regardless of owner(s) and/or person(s) responsible for its existence. Isolation, when used, must be maintained for a period of eight years from creation of the extreme fire hazard, unless the extreme fire hazard is otherwise eliminated prior to that time. Isolation and/or reduction may be performed in any manner consistent with existing statutes, these regulations or as approved in writing by the department.

NEW SECTION

WAC 332-24-656 PREEXISTING HAZARDS. For the purpose of this chapter, the term "additional fire hazard" shall be limited to such hazards created subsequent to January 1, 1969; however preexisting hazards

resulting from operations in stands which contained by gross volume fifty percent or more of cedar shall have a twenty year limitation as to time. With respect to any such preexisting hazards, the owner(s) and/or person(s) responsible may request and the department may approve of alternatives to abating such hazard in lieu of the requirements set forth in WAC 332-24-650.

NEW SECTION

WAC 332-24-658 RECOVERY OF COSTS. The department may, following ten days' notice to the owner(s) and/or person(s) responsible for an extreme fire hazard that must be abated, summarily cause it to be abated, except that broadcast burning shall not be used by the department as an abatement procedure without prior written consent of all the owner(s) and/or person(s) responsible. This summary action may be taken ten days after notice as required by RCW 76.04-.660. Obligations for recovery of costs incurred by the department shall be in accordance with RCW 76.04.660 and shall be prorated by the department to the owner(s) and/or person(s) responsible for the extreme fire hazard on the ratio of their acres of involvement to the total acres involved.

NEW SECTION

WAC 332-24-660 APPROVED ISOLATION, REDUCTION, OR ABATEMENT—RELIEF OF LIABILITY. The owner(s) and/or person(s) responsible for an extreme fire hazard may identify, in writing, the procedures, or the natural or other processes which were taken to abate, isolate or reduce the extreme fire hazard and request the department to declare, in writing, whether the area does or does not constitute an extreme hazard. Absence of such a request on the part of the owner(s) and/or person(s) responsible for an extreme fire hazard will not prejudice their defense in the event of a fire.

As an alternative, the owner(s) and/or person(s) responsible may implement a plan of increased protection, which has received prior written approval of the department, for the specific location.

NEW SECTION

WAC 332-24-900 CAPTIONS—CHAPTER 332-24 WAC. As used in this chapter, subchapter and section captions constitute no part of the law.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 332-24-001 INVALIDITY OF PART OF CHAPTER NOT TO AFFECT REMAINDER.

WAC 332-24-020 PROMULGATION.

WAC 332-24-025 DEFINITION.

WAC 332-24-027 FELLING OF SNAGS.

WAC 332-24-055 DEFINITIONS.

WAC 332-24-056 PURPOSE OF RULES.

WAC 332-24-057 SPARK EMITTING EQUIPMENT REGULATED.

WAC 332-24-058 SUBSTITUTIONS AND REDUCTION OF REQUIREMENTS.

WAC 332-24-059 PENALTIES FOR VIOLATION—WORK STOPPAGE NOTICE.

WAC 332-24-060 DEFINITIONS.

WAC 332-24-063 WRITTEN BURNING PERMIT REQUIREMENTS AND EXCEPTIONS.

WAC 332-24-070 GENERAL RULES—OUTDOOR FIRE FOR RECREATIONAL OR DEBRIS DISPOSAL PURPOSES NOT REQUIRING A WRITTEN BURNING PERMIT.

WAC 332-24-090 REQUIREMENTS—OUTDOOR FIRE FOR RECREATIONAL OR DEBRIS DISPOSAL PURPOSES NOT REQUIRING A WRITTEN BURNING PERMIT.

WAC 332-24-095 RECREATION AND DEBRIS DISPOSAL FIRE REQUIREMENTS—PENALTY.

WAC 332-24-100 BURNING PERMITS—PORTIONS OF CLARK AND SKAMANIA COUNTIES.

WAC 332-24-105 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF CLARK AND WAHIAKUM COUNTIES.

WAC 332-24-10501 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF WAHIAKUM COUNTY.

WAC 332-24-10502 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF OKANOGAN COUNTY.

WAC 332-24-150 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS.

WAC 332-24-160 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF ASOTIN COUNTY.

WAC 332-24-170 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF GARFIELD COUNTY.

WAC 332-24-180 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF COLUMBIA COUNTY.

WAC 332-24-185 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF COWLITZ COUNTY.

WAC 332-24-185001 EXHIBIT A—MAP.

WAC 332-24-190 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF WALLA WALLA COUNTY.

WAC 332-24-192 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF SNOHOMISH COUNTY.

WAC 332-24-194 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF SNOHOMISH AND SKAGIT COUNTIES.

WAC 332-24-196 EXEMPTIONS FROM BURNING PERMIT REQUIREMENTS—PARTS OF PACIFIC AND GRAYS HARBOR COUNTIES.

WAC 332-24-197 BURNING PERMITS—EXTENSION OF BURNING PERMIT SEASON.

WAC 332-24-200 SATISFACTORY CLEARANCE OF SLASH.

WAC 332-24-210 SLASH ABATEMENT WEST OF THE SUMMIT OF THE CASCADE MOUNTAINS.

WAC 332-24-220 SLASH CLEARANCE EAST OF THE SUMMIT OF THE CASCADE MOUNTAINS.

WAC 332-24-230 PAYMENT TO CERTIFICATE OF CLEARANCE FUND.

WAC 332-24-310 RULES REQUIRING USE OF APPROVED SPARK ARRESTERS ON RAILROAD LOCOMOTIVES.

WAC 332-24-320 DEFINITIONS.

WAC 332-24-330 GENERAL RULES.

WAC 332-24-340 PENALTIES.

WAC 332-24-350 EXTENSION OF TIME FOR REMOVAL OF DISTRESSED TIMBER.

WAC 332-24-360 PROMULGATION.

WAC 332-24-370 DEFINITIONS.

WAC 332-24-380 EXTREME FIRE HAZARD REQUIRING ABATEMENT.

WAC 332-24-385 EXTREME FIRE HAZARD REQUIRING ISOLATION OR REDUCTION.

WAC 332-24-387 RESPONSIBILITY.

WAC 332-24-390 PREEXISTING HAZARDS.

WAC 332-24-395 COMPLIANCE.

WAC 332-24-410 RECOVERY OF COSTS.

WAC 332-24-412 APPROVED ISOLATION, REDUCTION OR ABATEMENT.

WAC 332-24-415 DUMPING MILL WASTE, FOREST DEBRIS.

WAC 332-24-418 DEFINITIONS.

WAC 332-24-420 CREATION OF FIRE HAZARD—DUMPING.

WAC 332-24-430 FIRE HAZARD DUMPING PERMITS.

WAC 332-24-440 ILLEGAL DUMPING—ENFORCEMENT PENALTIES.

WAC 332-24-500 FOREST FIRE PROTECTION AND SPECIAL FOREST FIRE SUPPRESSION ACCOUNT MINIMUM ASSESSMENT REFUND PROCEDURE.

WSR 87-11-006

EMERGENCY RULES

DEPARTMENT OF FISHERIES

[Order 87-40—Filed May 8, 1987]

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 harvestable numbers of chinook salmon have been taken.

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 8, 1987.

By Joseph R. Blum
Director

NEW SECTION

WAC 220-24-02000T LAWFUL ACTS—TROLL FISHERY. *Notwithstanding the provisions of WAC 220-24-010, 220-24-020, and WAC 220-24-030, effective immediately it is unlawful to take, fish for or possess any salmon for commercial purposes taken with troll gear in the waters west of the Bonilla-Tatoosh line, the Pacific Ocean, or west of a line drawn true north-south through Buoy 10 at the mouth of the Columbia River except as follows:*

(1) *Effective 12:01 a.m. May 1, 1987, it is lawful to take, fish for and possess all salmon species except coho salmon in the above waters except for those waters of a closed conservation zone at the mouth of the Columbia River defined as those waters bounded by a line extending for six nautical miles due west from North Head along 46°18'00" north latitude to 124°13'18" longitude, then southerly along a line of 167 true to 46°11'06N latitude and 124°11'00" longitude (Columbia River Buoy), then east along Red Buoy line to tip of south jetty from which conservation zone no salmon may be taken or possessed.*

(2) *Lawful terminal gear hooks are restricted to barbless hooks.*

(3) *No chinook salmon less than 28 inches in total length may be retained or possessed.*

(4) *The above waters will close for commercial troll fishing for salmon at 12:01 a.m. May 11, 1987.*

(5) *It shall be unlawful to possess or land fish in Washington, harvested by troll gear from waters outside the area from Cape Falcon, Oregon, to the United States-Canada border.*

(6) *It shall be unlawful to land fish taken with the described opened waters, in any Puget Sound port east of the Sekiu River unless notification to the Washington Department of Fisheries-Harvest Management Division is made prior to 12:01 a.m. May 12, 1987.*

(7) *It shall be unlawful to take, fish for or possess salmon taken for commercial purposes with purse seine, drag seine, or gill net gear from Coastal Salmon Management and Catch Reporting Areas 1, 2, 3, and 4.*

(8) *It shall be unlawful to transport through Coastal Salmon Management and Catch Reporting Areas 1, 2, 3, and 4 or land in the State of Washington, any salmon taken for commercial purposes contrary to the provisions of Chapter 220-47 WAC relative to seasons and species and as provided in WAC 220-24-020.*

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 220-24-02000S LAWFUL ACTS—TROLL FISHERY (87-31)

WSR 87-11-007

NOTICE OF PUBLIC MEETINGS SEATTLE COMMUNITY COLLEGE DISTRICT

[Memorandum—May 7, 1987]

The board has scheduled a board retreat for Saturday, May 23, 1987, from 8:00 a.m. to noon, at the Westin Hotel, 1900 5th Avenue, Seattle, WA.

In addition, there is a joint breakfast meeting between the board of trustees and the Greater Seattle Chamber of Commerce scheduled for 7:30 a.m., Wednesday, May 27, 1987, at South Seattle Community College, 6000 16th Avenue S.W., Seattle.

WSR 87-11-008

ATTORNEY GENERAL OPINION

Cite as: AGO 1987 No. 16

[May 7, 1987]

TRANSPORTATION DEPARTMENT—COMPETITIVE BIDDING—UNFAIR COMPETITION—AUTHORITY TO REQUIRE CONCRETE PRODUCTS BE MANUFACTURED IN UNITED STATES

The Department of Transportation does not have the statutory authority to require precast/prestressed concrete products to be manufactured in the United States for the purpose of protecting local industries from unfair competition by foreign manufacturers.

Requested by:

Honorable George W. Walk
Chair, House Transportation Committee
House Office Building
Olympia, Washington 98504

WSR 87-11-009

NOTICE OF PUBLIC MEETINGS WASHINGTON STATE LIBRARY

[Memorandum—May 8, 1987]

On June 10, 1987, the WSLC will meet for a staff briefing at Gasperettis Gourmet Restaurant, 1013 North First Street, Yakima, WA, at 6:30 p.m.

On June 11, 1987, the Washington State Library Commission will hold its business meeting in the Auditorium of the Yakima Valley Regional Library, 102 North Third Street, Yakima, WA, beginning at 10:00 a.m.

WSR 87-11-010
PROPOSED RULES
DEPARTMENT OF CORRECTIONS
 [Filed May 11, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Corrections intends to amend its rules concerning the discharge of its statutory financial responsibility to cities and counties for certain persons detained in city and county jails. The department intends to amend WAC 137-75-030 to fix the time when its financial responsibility for such persons terminates. The department also intends to amend WAC 137-75-050 to clarify the time within which cities and counties must request reimbursement.

The formal decision regarding amendment of the rules will take place on June 30, 1987.

The authority under which these rules are proposed is RCW 70.48.450 and 72.01.09 [72.01.090].

The specific statute these rules are intended to implement is RCW 70.48.410 through 70.48.430 and 70.48.450.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 23, 1987.

Dated: May 3, 1987
 By: Chase Riveland
 Secretary

STATEMENT OF PURPOSE

Title and Number of Rule: Amending WAC 137-75-030 Department financial responsibility; and 137-75-050 Request for reimbursement.

Statutory Authority: RCW 70.48.450 and 72.01.090.

Summary and Purpose of Rule Change: RCW 70.48.410 through 70.48.430 imposes on the Department of Corrections the financial responsibility for persons detained in city or county jails who have been convicted of a felony, or who are on parole hold, or who are work releasees. In its present form WAC 137-75-030 establishes the date upon which the department's financial responsibility begins, but it does not clearly indicate when that financial responsibility terminates. The proposed amendment fixes midnight of the day immediately preceding the day the offender is released from jail as the time the department's financial responsibility terminates. The proposed amendment to WAC 137-75-050 makes it clear that requests for reimbursement of jail and medical costs must be filed within thirty days after those costs have been incurred; except that, with respect to costs incurred in the month of June in odd-numbered years, requests must be filed no later than ten days after the close of the state's fiscal biennium (June 30).

Agency Personnel Responsible for Drafting and Adoption: Robert W. Sampson, Administrator, Office of Contracts and Regulations, Division of Management and

Budget, mailstop FN-61, scan 234-5770; Implementation and Enforcement: Joseph D. Lehman, Director, Division of Prisons, Department of Corrections, mailstop FN-61, scan 234-1502, and Nancy M. Campbell, Director, Division of Community Services, Department of Corrections, mailstop FN-61, scan 234-4616.

No other person or organization other than the Department of Corrections is proposing this rule.

This rule is not necessary to comply with a federal law or a federal or state court decision.

This rule does not have an impact on small business.

AMENDATORY SECTION (Amending Order 84-09, filed 7/17/84, effective 9/2/84)

WAC 137-75-030 DEPARTMENT FINANCIAL RESPONSIBILITY. (1) The financial responsibility of the department under this chapter shall be limited to reimbursing cities and counties for the costs and at the rates set forth in chapter 235, Laws of 1984 or any amendment thereto hereafter enacted.

(2) The financial responsibility of the department for a person convicted of a felony as defined by RCW 9A.04.040 and committed to the care and custody of the department, but detained in a jail after June 30, 1984, shall begin upon the eighth day, excluding Saturdays, Sundays, and holidays, following the sentencing of such person for the felony and notification to the department by the city or county that such person is available for movement to an institution, and shall terminate at midnight of the day immediately preceding the day of release of such person from detention. Provided, however, if such person is detained in the jail beyond such eight-day period pursuant to an order of a superior court, the financial responsibility of the department shall not begin until the expiration of the period ordered by the court, and shall terminate at midnight of the day immediately preceding the day of release of such person from detention. The notification required hereunder is to be given by telephone or teletype to the supervisor of the reception center at the Washington Corrections Center, Shelton, Washington.

(3) The financial responsibility of the department for a person detained in a jail solely by reason of a parole hold after June 30, 1984, shall begin upon the sixteenth day following the commencement of such detention, and shall terminate at midnight of the day immediately preceding the day of release of such person from detention. Provided, however, the department shall have no such financial responsibility if a felony charge is filed against a person so detained.

(4) The financial responsibility of the department for an inmate, as defined in RCW 72.09.020, who resides in a work release facility and who is detained in a jail after June 30, 1984, shall begin when such detention commences, and shall terminate at midnight of the day immediately preceding the day of release of such inmate from detention.

AMENDATORY SECTION (Amending Order 84-09, filed 7/17/84, effective 9/2/84)

WAC 137-75-050 REQUEST FOR REIMBURSEMENT. (1) A city or county requesting reimbursement under this chapter shall complete a form supplied by the department and file it with the Administrator, Office of Contracts and Regulations, Department of Corrections, P.O. Box 9699, Olympia, Washington 98504, who will forward the request to the director. The director will confirm the accuracy of the information submitted with the request and determine whether the amount requested is properly reimbursable under chapter 70.48 RCW and this chapter.

(2) All such requests (~~should~~) must be filed within thirty days after the costs for which reimbursement is requested were incurred (~~(but in no event later than ten days after the close of the state fiscal biennium during which such costs were incurred)~~). Provided, however, with respect to such costs incurred in the month of June in odd-numbered years, such requests must be filed no later than ten days after the close of the state fiscal biennium (June 30).

WSR 87-11-011
PROPOSED RULES
GAMBLING COMMISSION
 [Filed May 12, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Gambling Commission intends to adopt, amend, or repeal rules concerning amendatory sections WAC 230-08-170, 230-20-380, 230-30-050, 230-30-070, 230-30-075, 230-30-103, and 230-30-106; and repealing WAC 230-30-999;

that the agency will at 10:00 a.m., Friday, July 10, 1987, in Nendels, Bellingham, 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 chapter 9.46 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 10, 1987.

Dated: May 12, 1987

By: Frank L. Miller
 Deputy Director

STATEMENT OF PURPOSE

Title: Amendatory sections WAC 230-08-170 Punchboard and pull tab retention; 230-20-380 Persons obtaining a special amusement game license to conduct activities only at limited locations; 230-30-050 Punchboard and pull tab operation; 230-30-070 Control of prizes; 230-30-075 Minimum percentage of prizes for certain gambling activities; 230-30-103 Standards for construction of pull tabs; 230-30-106 Standards for flares, made by manufacturer, distributor, and operators; and repeal of WAC 230-30-999 Test of continuous play/open ended pull tab series.

Description of Purpose: All rules are designed to safeguard punchboard and pull tab operations in order to better protect the playing public. WAC 230-20-380 authorizes crane games at any location.

Statutory Authority: RCW 9.46.020(1) and 9.46.070 (11) and (14).

Summary of Proposed Rules and Reasons Supporting Action: WAC 230-08-170 would require licensed operators to maintain all winning punches or pull tabs. It would create a better audit trail; 230-20-380 would authorize crane type amusement games at any location; 230-30-050 would require operators who do not sell pull tabs from a machine to mix all tabs prior to sale. It will protect the player by increasing randomization of winners; 230-30-070 would require licensed operators to maintain all winning punches on pull tabs. It would create a better audit trail; 230-30-075 would disallow the use of the last sale as part of the required 60% prize payout. It would ensure that the player is always playing for at least 60% in prizes; 230-30-103 exempts spindle-type pull tabs from the game protection requirements of WAC 230-30-206(a) as they are inapplicable to this type of game; 230-30-106 requires numbers on substitute flares for merchandise punchboards to be the same

as numbers on the manufacturer flare. This would ensure all winners are available at the commencement of a game; and 230-30-999 will repeal an outdated test rule.

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

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

Agency Comments: The agency believes the proposed amendment and new rule are self-explanatory and need no further comment.

This amendment and new rule were not made necessary as a result of federal law or federal or state court action.

Small Business Economic Impact Statement: This agency has determined there may be an economic impact upon a certain number of licensees administered by this agency by the adoption of this amendment or new rule.

AMENDATORY SECTION (Amending Order 140, filed 6/15/84)

WAC 230-08-170 PUNCHBOARD AND PULL TAB RETENTION. (1) Each punchboard which is removed from operation for any reason, except for surrender to the commission, shall be retained by the operator for at least six months following the last day of operation of said board and the board so removed with the prize flare attached thereto, together with the winning punches (~~of \$5 and above~~) from said board, shall remain available for inspection by the commission or its agents and local law enforcement agencies and taxing agencies.

(2) Each pull tab series which is removed from operation for any reason, except for surrender to the commission, the prize display flare for that pull tab series containing the gambling commission identification stamp, together with the unused pull tabs and all winning pull tabs (~~of \$5 and above~~) in that series, shall be retained by the operator for at least six months following the last day of operation of said pull tab series and remain available for inspection by the commission or its agents and local law enforcement and taxing agencies.

(3) Licensees shall account for each punchboard and pull tab series purchased. Punchboards or pull tab series not placed out for public play or returned to the distributor or manufacturer must be retained. A punchboard or pull tab series deemed by the licensee to be defective or unplayable, for any reason, shall not be returned to the distributor or manufacturer without the written approval of the gambling commission. When a punchboard or pull tab series is found to be defective after it has been put into play, the licensee will record the defective punchboard or pull tab series on the monthly report required by WAC 230-08-010 and retain for six months unless released by the gambling commission. All punchboards and pull tab series returned to distributors and manufacturers shall be listed by commission stamp number on an invoice used in connection with the transaction.

AMENDATORY SECTION (Amending Order 165, filed 3/16/87)

WAC 230-20-380 PERSONS OBTAINING A SPECIAL AMUSEMENT GAME LICENSE TO CONDUCT ACTIVITIES ONLY AT LIMITED LOCATIONS. (1) Persons other than bona fide charitable or bona fide nonprofit organizations shall conduct amusement games only after obtaining a "special amusement game license" from the commission.

(2) Amusement games may be conducted under such a license only as a part of, and upon the site of:

(a) Any agricultural fair as authorized under chapter 15.76 or 36.37 RCW; or

(b) A civic center of a county, city or town; or

(c) A world's fair or similar exposition which is approved by the Bureau of International Expositions at Paris, France; or

(d) A community-wide civic festival held not more than once annually and sponsored or approved by the city, town, or county in which it is held; or

(e) A commercial exposition organized and sponsored by an organization or association representing the retail sales and service operators conducting business in a shopping center or other commercial area developed and operating for retail sales and service, but only upon a parking lot or similar area located in said shopping center or commercial area for a period of no more than 17 consecutive days by any licensee during any calendar year; or

(f) An Amusement Park. An Amusement Park is a group of activities, at a permanent location, to which people go to be entertained through a combination of various mechanical or aquatic rides, theatrical productions, motion picture and/or slide show presentation with food and drink service. The amusement park must include at least five different mechanical or aquatic rides, three additional activities and the gross receipts must be primarily from these amusement activities(-); or

(g) A person may obtain a special amusement game license which is restricted to crane type coin operated amusement games which have been approved by the Commission and which shall be affixed with an appropriate certification stamp provided by the Commission. Games operating under such license will not be restricted as to location and duration of operation as established for other special amusement game licensees through this section and shall be exempt from the prohibition on revenue sharing set forth in WAC 230-12-220; Provided, prizes awarded in games operated under this special license shall not exceed in operators cost a value of twenty (20) times the cost per play of the game. Provided further; such machines shall be equipped with a counting device to record the number of plays per machine; Provided further, that all owners of the games must obtain a license and if the machine is to be operated at a location not owned or controlled by the owner of the machine, the location operator shall also obtain a license. The fees for such licenses shall be based upon currently existing fees for other coin operated amusement games operated pursuant to this special amusement game license section; however, no machines operated under this section shall be subject to a double tax if it is so operated by a licensee at a location other than that owned or controlled by the owner of the machine. It shall be the obligation of the owner of a machine being operated under this section to inform the Commission and appropriate local jurisdictions of the location of the machines as required by WAC 230-20-600. Revenue reports shall be made pursuant to Chapter 230-08 WAC by the licensee actually operating the machine at the location for the time period the machine is operating at that location.

(3) No amusement games shall be conducted in any location except in conformance with local zoning, fire, health and similar regulations. In no event shall the licensee conduct any amusement games at any of the locations set out in (2) above without first having obtained the written permission to do so from the person or organization owning the premises or an authorized agent thereof, and from the persons sponsoring the fair, exhibition, commercial exhibition, or festival, or from the city or town operating the civic center, in connection with which the games are to be operated.

(4) In no event shall the licensee operate amusement games at any location not set forth on his application for licensure, or of which he has not given the commission at least ten day prior written notice, except that the director may shorten this time period if, in his sole discretion, good cause is shown.

(5) The holder of a Class A special amusement game license shall conduct the games only at the location, and during the event, for which the license is issued.

AMENDATORY SECTION (Amending Order 155, filed 3/14/86)

WAC 230-30-050 PUNCHBOARD AND PULL TAB OPERATION. (1) No person under the age of eighteen years and no person visibly intoxicated or visibly under the influence of any narcotic, shall be allowed to play or sell any punchboard or pull tab device. It shall be the responsibility of the licensee and the responsibility of the person physically operating the punchboard or pull tab device to determine that no unauthorized person is allowed to play or sell.

(2) No operator shall permit the display or operation of any punchboard or pull tab which may have in any manner been marked, defaced, tampered with or otherwise placed in a condition, or operated in a manner, which may deceive the public or which affects the chances of winning or losing upon the taking of any chance vending.

(3) If pull tabs are not sold out of a coin-operated vending machine, the entire series must be dumped into a clear container and mixed prior to being offered for sale from that container.

(4) All records, reports and receipts relating to a punchboard or pull tab series in play must be retained on the licensed premises so long as the series or punchboard is in play and be made available on demand to law enforcement officers and representatives of the commission.

((4)) 5) When operators purchase merchandise to be used as prizes on punchboards or pull tab series from other than a licensed distributor, the following information must be on the invoice provided by the seller:

- (a) The date of purchase;
- (b) The company's name and adequate business address;
- (c) A full description of each item purchased;
- (d) The quantity of items purchased;
- (e) The cost per individual items purchased; and
- (f) The sales invoice or receipt must be maintained by the operator for at least three years.

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 164, filed 1/13/87)

WAC 230-30-070 CONTROL OF PRIZES. (1) All prizes from the operation of punchboards and pull tabs shall be awarded in cash or in merchandise. Prizes may not involve the opportunity of taking an additional chance or chances on another punchboard or of obtaining another pull tab or pull tabs. Where the prize involves the opportunity to punch again on the same punchboard, a prize must be awarded for each such punch which is not less than the highest amount of money, or worth not less than the most valuable merchandise prize, which might otherwise have been won by the punch for which the opportunity to take the second punch was awarded. Each such board must clearly indicate on its face the terms and conditions under which the opportunity to obtain the second, or step-up punch, may be obtained and the prizes which may be won by the step-up punch.

(2)(a) All prizes shall be displayed in the immediate vicinity of the punchboard or pull tab device and such prizes shall be in full view of any person prior to that person purchasing the opportunity to play.

(b) When the prize is cash it shall be displayed as follows:
(i) If the punchboard or pull tab series contains the opportunity to win both cash and merchandise prizes, the money itself shall not be displayed, but a coupon designating the cash available to be won shall be substituted; and

(ii) If the only prizes which may be won are cash prizes, they shall be clearly and fully described or represented by a coupon displayed upon the prize flare attached to the face or displayed in the immediate vicinity of the pull tab dispensing device.

(c) The licensee shall display prizes so arranged that a customer can easily determine which prizes are available from any particular punchboard or pull tab series or device operated or located upon the premises.

(3) Upon a determination of a winner of a merchandise prize, the licensee shall immediately remove that prize from any display and present it to the winner.

Immediately upon determining the winner of any cash prize of five dollars or more, or of any merchandise prize with a retail value of five dollars or more, but prior to award of the prize, the licensee shall conspicuously delete all references to that prize being available to players from any flare, punchboard or pull tab dispensing device upon which such reference may appear, and from any other list, sign, or notice which may be posted, in such a manner that all future customers will know the prize is no longer available. The prize shall then be paid or delivered to the winner forthwith. The licensee must pay or award to the customer or player playing the punchboard or pull tab series all such prizes that have not been deleted from the flare of the punchboard or pull tab series when the punchboard or pull tab series is completely played out.

(4) No licensee shall offer to pay cash in lieu of merchandise prizes which may be won.

(5) When any person wins a cash prize of over twenty dollars or wins a merchandise prize with a retail value of more than twenty dollars from the play of any punchboard or pull tab series, the licensee or licensee's representative shall make a record of the win. The record of the win shall be made in a standard format prescribed by the commission and shall disclose at minimum the following information:

- (a) The Washington state identification stamp number of the punchboard or pull tab series from which the prize was won;

- (b) The series number of the pull tab series or punchboard from which the prize was won;
- (c) The name of the punchboard or pull tab series;
- (d) The date the pull tab series or punchboard was placed out for play;
- (e) The date the pull tab series or punchboard was removed from play;
- (f) The month, day and year of the win;
- (g) If the prize is cash, the amount of the prize won;
- (h) If the prize is merchandise, a description of the prize won and its retail value;

(i) The printed full name of the winner;

(j) The current address of the winner which will include the street address, the city and the state. It shall be the responsibility of the licensee to determine the identity of the winner and the licensee shall require such proof of identification as is necessary to properly establish the winner's identity. The licensee shall require the winner to sign his name in ink on the winning pull tab being presented for payment. The licensee shall not pay out any prize unless and until the winner has fully and accurately furnished to the licensee all information required by this rule to be maintained in the licensee record of the win.

(6) Every licensee shall keep the record of all prizes awarded in excess of twenty dollars, containing all of the information required in subsection (5) above, and all winning pull tabs or punchboard punches ((of five dollars or more)) for a period of six months and shall display the same to any representative of the commission or law enforcement officials upon demand. The licensee shall, within twenty-four hours after a winning pull tab or punch of five dollars or more has been presented for payment, mark or perforate the winning pull tab or punch in such a manner that the pull tab or punch cannot be presented again for payment.

(7) For the purposes of this rule, the retail value of a merchandise prize shall be the amount actually paid therefore by the licensed operator plus ((75)) 50 percent of that actual cost.

(8) Spindle-type pull tab series which award only merchandise prizes valued at no more than five dollars, are hereby permitted to employ schemes whereby certain predesignated pull tabs are free or the player is otherwise reimbursed the actual cost of said pull tabs. Flares for spindle-type pull tabs operated in this manner shall designate the total number of pull tabs in the series and the total number of pull tabs designated as free or reimbursable. Free or reimbursable pull tabs in these types of pull tab series shall not constitute a prize or prizes nor shall monies collected and later reimbursed constitute revenue for the purposes of determining gross receipts.

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 154, filed 10/14/85)

WAC 230-30-075 MINIMUM PERCENTAGE OF PRIZES FOR CERTAIN GAMBLING ACTIVITIES. No operator shall put out for play and no distributor or manufacturer of punchboards and pull tabs shall sell or otherwise provide to any person in this state or for use in this state any punchboard or pull tab series that does not contain the following minimum percentage in prizes:

- (1) Punchboards - a minimum of 60 percent respecting each punchboard placed out for public play.
- (2) Pull tabs - a minimum of 60 percent respecting each series of pull tabs placed out for public play.
- (3) For the purposes of determining the percentage of prizes offered on any punchboard, or in any pull tab series under this section((;)):
 - (a) ((t)) Total merchandise prizes shall be computed at the amount actually paid therefore by the licensed operator plus 50 percent of that actual cost.
 - (b) No last sale prize may be computed into the 60 percent payout.
- (4) Single cash prizes on punchboards/pull tabs shall not exceed:
 - (a) Two hundred in cash; or
 - (b) A merchandise prize, or combination merchandise prize, for which the operator has not expended more than three hundred dollars.
- (5) Multiple winners on an individual pull tab or punch shall not exceed the single cash or merchandise prize limit in (4) above.

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 154, filed 10/14/85)

WAC 230-30-103 STANDARDS FOR CONSTRUCTION OF PULL TABS. (1) Pull tabs shall be constructed so that it is impossible to determine the covered or concealed number, symbol, set of symbols, or game protection on the pull tab until it has been dispensed to and opened by the player, by any method or device, including but not limited to, the use of a marking, variance in size, variance in paper fiber, or light.

(2) All pull tabs, except banded and latex covered pull tabs, will be constructed using a two or three ply paper stock construction.

(3) The manufacturer shall conspicuously print on the face or cover sheet the series number and the name of the manufacturer or label or trademark identifying the manufacturer. On banded pull tabs, the series number and the name of the manufacturer or label or trademark identifying the manufacturer shall be printed so both are readily visible prior to opening the pull tab.

(4) The cover sheet shall be color coded when individual series numbers are repeated and may show the consumer how to open the pull tab to determine the symbols or numbers. The cover sheet will contain perforated and/or clean-cut openings centered over the symbols or numbers on the back of the face sheet in such a manner as to allow easy opening by the consumer after purchase of the pull tabs, while at the same time, not permitting pull tabs to be opened prematurely in normal handling. Perforation should exist on both horizontal lines of the opening with either perforated or clean-cut on the vertical or elliptical line where the tab must be grasped for opening after bending the edge of ticket down. On latex covered pull tabs, either the face or back of the pull tab shall be color coded when individual series numbers are repeated and may show the consumer how to remove the latex to determine the symbols or numbers. On banded pull tabs, the paper stock shall be color coded when individual series numbers are repeated.

(5) Pull tabs will be glued or sealed so that it is impossible to determine the covered or concealed numbers, symbol or set of symbols on the pull tab until it has been dispensed to and opened by the player.

(6) Thickness.

(a) Vendable pull tabs. Defined as pull tabs that are sold out of mechanical pull tab dispensing devices approved for such use in this state by the Washington state gambling commission.

(i) Single opening and double sided tabs. The overall bulk thickness of the pull tab shall be .045 inches plus or minus .003 inches.

(ii) Multiple opening tabs. The overall bulk thickness of the pull tab shall be .026 inches plus or minus .002 inches.

(b) Nonvendable pull tabs. Defined as pull tabs that cannot be sold out of mechanical pull tab dispensing devices approved for use in this state by the Washington state gambling commission. Nonvendable pull tabs may be dispensed from fishbowls, receptacles, packing boxes or spindles. Manufacturers may use any thickness, provided they comply with all other rules of the commission.

(c) All pull tabs within a single pull tab series shall be of the same thickness.

(7) Length and width.

(a) Vendable pull tabs

(i) Single opening and double sided tabs shall be 1 7/8 inches x 1 inch plus or minus 1/8 inch.

(ii) Multiple opening tabs shall be 3 1/2 inches by 1 7/8 inches plus or minus 1 inch.

(b) Nonvendable pull tabs - manufacturers may construct nonvendable pull tabs in any size provided the pull tab complies with all other rules of the commission.

(c) All pull tabs within a single pull tab series shall be uniform in length or width and not vary by more than 3/64 inch, provided that in no case shall winning pull tabs be identifiable by visible variation in dimension.

(8) All pull tabs will be constructed to insure that, when offered for sale to the public, the pull tab is virtually opaque and free of security defects wherein winning pull tabs cannot be determined prior to being opened through the use of high intensity lights or any other method.

(9) Each manufacturer shall establish his own game protection for each pull tab game or series of games. The game protection shall be a method of identifying winning pull tabs, after they have been purchased and opened, from nonwinning, altered or forged pull tabs. The manufacturer may use special numbers, colors, designs, ink or any combination to establish the game protection. Manufacturers will submit to the gambling commission a letter explaining the game protection and will keep the commission informed on any changes. Spindle-

type pull tab series when played in the manner set out in WAC 230-30-070(8) are exempt from this requirement.

AMENDATORY SECTION (Amending Order 91, filed 8/14/79)

WAC 230-30-106 STANDARDS FOR FLARES, MADE BY MANUFACTURERS; DISTRIBUTORS; OPERATORS. (1) The flare advertising prizes available from the operation of any punchboard, or any series of pull tabs shall be made by the manufacturer of that punchboard or tab series only, and shall:

((1)) a Be placed only upon the upper face, or on the top, of any such punchboard or any device used to dispense the pull tabs; and

((2)) b Clearly set out each of the prizes available and the number or symbol which wins prizes; and

((3)) c Set out the winning numbers or symbols for prizes of five dollars or more in cash, or merchandise worth five dollars or more at retail, in such a manner that each may be easily and clearly deleted or marked off as each prize is won and awarded. For the purposes of this subsection the retail value of a merchandise prize shall be the amount actually paid therefor by the licensed operator plus 50 percent of that actual cost.

(2) Distributors and operators that make their own merchandise packages may make and use a substitute flare as set forth in WAC 230-30-015 as long as all winning numbers or symbols, on the substitute flare are selected from the winning numbers or symbols on the flare made by the manufacturer, the requirements of 1(a), (b), (c) above are met, and the substitute flare is stapled to the manufacturer's flare.

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.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 230-30-999 TEST OF CONTINUOUS PLAY/OPEN ENDED PULL TAB SERIES.

WSR 87-11-012

PROPOSED RULES

WESTERN WASHINGTON UNIVERSITY

[Filed May 12, 1987]

Notice is hereby given in accordance with the provisions of RCW 28B.19.030, that the Western Washington University intends to adopt, amend, or repeal rules concerning amendments concern increased parking fines as a deterrent to illegal parking and allowing a vehicle to be impounded upon display of a forged permit, chapter 516-12 WAC.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on June 4, 1987.

The authority under which these rules are proposed is RCW 28B.35.120(1) and 28B.10.560.

The specific statute these rules are intended to implement is RCW 28B.10.560.

This notice is connected to and continues the matter in Notice No. WSR 87-08-011 filed with the code reviser's office on March 24, 1987.

Dated: May 7, 1987

By: Donald H. Cole

Vice President for Business Affairs

WSR 87-11-013

NOTICE OF PUBLIC MEETINGS

DEPARTMENT OF NATURAL RESOURCES

[Memorandum—May 11, 1987]

The regular meeting of the Board of Natural Resources, Department of Natural Resources, scheduled for Tuesday, July 7, 1987, will be rescheduled to be held on Tuesday, July 14, 1987, Washington State University, Pullman, Washington, at 9 a.m.

WSR 87-11-014

ADOPTED RULES

COUNTY ROAD ADMINISTRATION BOARD

[Order 65—Filed May 12, 1987]

Be it resolved by the County Road Administration Board, acting at Yakima, Washington, that it does adopt the annexed rules relating to chapter 136-160 WAC, allocation of RATA funds to approved RAP projects: WAC 136-160-050 project approval and RATA fund allocation; and chapter 136-04 WAC, regarding annual certification: WAC 136-04-030 response by the county.

This action is taken pursuant to Notice No. WSR 87-08-022 filed with the code reviser on March 25, 1987. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

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

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

APPROVED AND ADOPTED May 5, 1987.

By Ernest Geissler
Director

AMENDATORY SECTION [(Amending Order 24, filed 10/31/74)]

WAC 136-04-030 RESPONSE BY THE COUNTY. The county engineer shall complete the questionnaire, certify as to its accuracy, have it approved by the chairman of the board of county commissioners, and shall return it to the Board no later than ((March 15.)) April 10.

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.

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

AMENDATORY SECTION (Amending Order 56, filed 7/30/84)

WAC 136-160-050 PROJECT APPROVAL AND RATA FUND ALLOCATION. The CRABoard will

meet as soon as feasible after the passage of each biennial budget by the Legislature to approve RAP projects and allocate RATA funds. RAP projects shall be approved by region in order of their regional priority and RATA funds shall be allocated up to a cumulative dollar amount no greater than 90% of the RATA construction appropriation included in the biennial budget; provided, however, that no county shall receive a total RATA fund allocation greater than the following amounts in the respective regions: NWR, ((\$375,000)) \$500,000; NER, 15% of the regional apportionment; SER, \$500,000; and SWR, \$400,000. The remaining construction appropriation may be allocated to approved projects later in the biennium at a time deemed appropriate by the CRABOARD.

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.

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 87-11-015
PROPOSED RULES
BOARD FOR VOLUNTEER FIREMEN
[Filed May 12, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Board for Volunteer Firemen intends to adopt, amend, or repeal rules concerning the disclosure of public records, the maintaining of an index of those records, and the correcting of errors made when originally adopted in 1977;

that the agency will at 9:00 a.m., Friday, July 17, 1987, in the 2nd Floor Conference Room #207, 605 11th Avenue S.E., Olympia, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 41.24.290(2).

The specific statute these rules are intended to implement is RCW 42.17.260(3).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 17, 1987.

Dated: May 11, 1987
By: Joseph H. Faubion
Secretary

STATEMENT OF PURPOSE

Title: Correcting rules regarding the public disclosure of records and the maintaining of an index.

Description of Purpose: Corrects erroneous agency references and index requirements adopted in 1977.

Statutory Authority: RCW 41.24.290(2), 42.17.260 and 42.17.290.

Specific Statute Rule is Intended to Implement: RCW 42.17.260(3).

Summary of Rule: Replaces references to "library" with "Board for Volunteer Firemen" and eliminates requirements for keeping an index of records.

Reasons Supporting Rule: Corrects obvious errors in current rules and brings rule requirements more in line with agency's ability to comply.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Joe Faubion, Secretary.

Person or Organization Suggesting Rule: Attorney General's Office.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-010 PUBLIC RECORDS AVAILABLE. All public records of the board for volunteer firemen, as defined in WAC 491-20-020 are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by ~~((section 34, chapter 1, Laws of 1973 {RCW 42.17.310}))~~ RCW 42.17.310, and WAC 491-20-100.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-020 DEFINITIONS. (1) **PUBLIC RECORDS.** "Public record" includes any writing containing information relating to the conduct of governmental or the performance of any governmental or proprietary function prepared, owned, used, or retained by ~~((any state or local agency))~~ the board for volunteer firemen regardless of physical form or characteristics.

(2) **WRITING.** "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, magnetic or punched cards, discs, drums and other documents."

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-030 PUBLIC RECORDS OFFICER. The board for volunteer firemen's public records shall be in the charge of the board's public records officer ~~((designated by the agency. The persons so designated shall be located in the administrative office of the agency)).~~ The public records officer shall be the secretary of the board for volunteer firemen. The public records officer shall be responsible for the following: The implementation of the board for volunteer firemen's rules and regulations regarding release of public records, coordinating the staff of the system in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of ~~((chapter 1, Laws of 1973 {chapter 42.17 RCW}))~~ chapter 42.17 RCW.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-040 REQUESTS FOR PUBLIC RECORDS. In accordance with requirements of ~~((chapter 1, Laws of 1973 {chapter 42.17 RCW}))~~ chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, protect excessive interference with essential functions of the agency, public records may be inspected 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 board for volunteer firemen which shall be available at its administrative office. The form shall be presented to the public records officer; or to any member of the board's staff, if the public records officer is not available, at the administrative office of the board during customary office hours. The request shall include the following information:

- (a) The name of the person requesting the records;
- (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, 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 board's))~~ a current index of the board, 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.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-060 EXEMPTIONS. (1) The ~~((library))~~ board for volunteer firemen reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 491-20-040 is exempt under the provisions of ~~((section 31, chapter 1, Laws of 1973 [RCW 42.17.310]))~~ RCW 42.17.310.

(2) In addition, pursuant to ~~((section 26, chapter 1, Laws of 1973 [RCW 42.17.260]))~~ RCW 42.17.260, the ~~((library))~~ board for volunteer firemen 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 1, Laws of 1973 [chapter 42.17 RCW]))~~ 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.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-070 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 board. The board shall ~~((immediately consider the matter and either affirm or reverse such denial or))~~ call a special meeting of the board as soon as legally possible 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 board has returned the petition with a decision or until the close of the second business day following denial of inspection, whichever occurs first.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-080 RECORDS INDEX. (1) ~~((INDEX. The board 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 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 board 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 board for volunteer firemen finds that it would be unduly burdensome and would interfere with agency operations to maintain an index of records because of the large number of cases, the resulting volume of correspondence, reports, surveys, and other materials, and the limited number of staff available to compile and maintain such an index.

(2) The board for volunteer firemen will make available for public disclosure all indices which may at a future time be developed for agency use.

AMENDATORY SECTION (Amending Order II, filed 7/5/77)

WAC 491-20-090 REQUEST FOR RECORDS BY MAIL—ADDRESS. All communications with the board including but not limited to the submission of materials pertaining to its operations and/or the administration or enforcement of ~~((chapter 1, Laws of 1973 [chapter 42.17 RCW]))~~ chapter 42.17 RCW and these rules; requests for copies of the board's decisions and other matters, shall be addressed as follows: Board for Volunteer Firemen, ~~((Temple of Justice))~~ P.O. Box 114, Olympia, Washington ~~((98504))~~ 98507.

WSR 87-11-016
PROPOSED RULES
GAMBLING COMMISSION
[Filed May 12, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Gambling Commission intends to adopt, amend, or repeal rules concerning amendatory section WAC 230-04-145;

that the agency will at 10:00 a.m., Friday, July 10, 1987, in Nendels, Bellingham, 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 chapter 9.46 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 10, 1987.

Dated: May 12, 1987
By: Frank L. Miller
Deputy Director

STATEMENT OF PURPOSE

Title: Amendatory section WAC 230-04-145 Licensing of manager of bingo games.

Description of Purpose: To aid the licensee in meeting the requirements of Administrative Code and also help them to implement a mandatory training program.

Statutory Authority: RCW 9.46.070(14).

Summary of Proposed Rules and Reasons Supporting Action: WAC 230-04-145 would require the applicant to complete a training session prior to licensing.

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

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

Agency Comments: The agency believes the proposed amendment and new rule are self-explanatory and need no further comment.

This amendment and new rule were not made necessary as a result of federal law or federal or state court action.

Small Business Economic Impact Statement: This agency has determined there may be an economic impact upon a certain number of licensees administered by this agency by the adoption of this amendment or new rule.

AMENDATORY SECTION (Amending Order 167, filed 4/14/87)

WAC 230-04-145 LICENSING OF MANAGERS OF BINGO GAMES. (~~((1))~~) No person shall [perform the duties of a bingo game manager as defined by WAC 230-02-418 for a Class D and above bingo licensee unless they have:

(a) Received a license to do so from the commission; or
(b) Submitted a completed application to the commission on or before the first day the applicant begins working. Provided, That section (1)(b) above shall not apply if one or more of the following reasons exist:

(i) The applicant's present or past license has been previously denied, suspended, or revoked by the commission; or

(ii) The applicant is presently involved with pending commission charges or criminal prosecution; or

(iii) The applicant has been convicted of, or forfeited bond upon a charge of, or pleaded guilty to certain offenses set forth in RCW 9.46-158; or

(iv) The applicant has violated, failed, or refused to comply with provisions, requirements, conditions, limitations or duties imposed by chapter 9.46 RCW or any rules of the commission.

(2) Each application shall be submitted as specified in WAC 230-04-020, and signed by both the applicant and the highest ranking executive officer of the employing bingo licensee. The duration of the license shall be:

(a) One year from the date of application, if the applicant began working the same day or prior to licensure as authorized by section (1)(b) above; or

(b) One year from the date of issuance, if the applicant waited for licensure as required by section (1)(b)(i-iv) above; or

(c) Upon termination of employment with the organization listed on the license application, for any reason, the license shall expire and the licensee must reapply for licensure.

(3) The fee for this license shall be as required by WAC 230-04-201. Provided, That if an applicant is changing employment from one bingo licensee to another prior to the expiration date as specified in (2)(a) and (b) above, the fee shall be as required for license renewal.]

[act as a bingo game manager on or after February 1, 1982, unless he or she has either received a license to do so from the commission or, if the commission has not previously denied an application by that person for a license, or the commission has not previously revoked a license issued to that person, he or she has properly applied for such license. If there has been a previous denial of an application and/or revocation of a license, or if the applicant has been convicted of, or forfeited bond upon a charge of, or pleaded guilty to certain offenses set forth in RCW 9.46-158 that person shall not act as a bingo game manager unless he or she has been issued a license to do so by the commission. See WAC 230-02-418 for the definition of a "bingo game manager."

On or before the first day he or she actually performs work as a bingo game manager, a person shall submit an application for a license to the commission. Such application shall not be deemed complete and properly submitted for the purposes of this rule unless and until all questions on the commission's application form and attachments are fully and truthfully answered and the form, with all attachments, together with the required fee, has been delivered to the commission office during regular business hours (or actually deposited in the United States mail properly addressed to the commission).] In addition, the applicant must complete a training course as provided by the commission within 30 days after the first day worked.

[Except as provided in this section, an operator of a bingo game shall not allow any unlicensed person to perform duties for which a license is required in or in connection with a bingo game and shall take all measures necessary to prevent an unlicensed person from doing so.

The president of the bingo licensee (or equivalent officer) operating the bingo game in connection with which the applicant will work shall sign the original application for license of each bingo game manager acknowledging that the applicant will be working for that bingo licensee with the bingo licensee's knowledge and consent.]) (1) No person shall perform the duties of a bingo game manager as defined by

WAC 230-02-418 for a Class D and above bingo licensee unless they have:

(a) Received a license to do so from the commission; or
(b) Submitted a completed application to the commission on or before the first day the applicant begins working. Provided, That section (1)(b) above shall not apply if one or more of the following reasons exist:

(i) The applicant's present or past license has been previously denied, suspended, or revoked by the commission; or

(ii) The applicant is presently involved with pending commission charges or criminal prosecution; or

(iii) The applicant has been convicted of, or forfeited bond upon a charge of, or pleaded guilty to certain offenses set forth in RCW 9.46-158; or

(iv) The applicant has violated, failed, or refused to comply with provisions, requirements, conditions, limitations or duties imposed by chapter 9.46 RCW or any rules of the commission.

(c) Completed a training course as provided by the commission within 30 days after the first day worked.

(2) Each application shall be submitted as specified in WAC 230-40-020, and signed by both the applicant and the highest ranking executive officer of the employing bingo licensee. The duration of the license shall be:

(a) One year from the date of application, if the applicant began working the same day or prior to licensure as authorized by section (1)(b) above; or

(b) One year from the date of issuance, if the applicant waited for licensure as required by section (1)(b)(i-iv) above; or

(c) Upon termination of employment with the organization listed on the license application, for any reason, the license shall expire and the licensee must reapply for licensure.

(3) The fee for this license shall be as required by WAC 230-04-201. Provided, That if an applicant is changing employment from one bingo licensee to another prior to the expiration date as specified in (2)(a) and (b) above, the fee shall be as required for license renewal.

WSR 87-11-017

PROPOSED RULES

GAMBLING COMMISSION

[Filed May 13, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Gambling Commission intends to adopt, amend, or repeal rules concerning amendatory section WAC 230-30-106;

that the agency will at 10:00 a.m., Friday, July 10, 1987, in Nendels, Bellingham, 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 chapter 9.46 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 10, 1987.

Dated: May 13, 1987

By: Ronald O. Bailey

Director

STATEMENT OF PURPOSE

Title: Amendatory section WAC 230-30-106 Standards for flares, made by manufacturer; distributor; and operators.

Description of Purpose: To safeguard punchboard operations to better protect the playing public.

Statutory Authority: RCW 9.46.070 (11) and (14).

Summary of Proposed Rules and Reasons Supporting Action: WAC 230-30-106 requires numbers on substitute flares for merchandise punchboards be the same as numbers on the manufacturers flare.

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

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

Agency Comments: The agency believes the proposed amendment and new rule are self-explanatory and need no further comment.

This amendment and new rule were not made necessary as a result of federal law or federal or state court action.

Small Business Economic Impact Statement: This agency has determined there may be an economic impact upon a certain number of licensees administered by this agency by the adoption of this amendment or new rule.

AMENDATORY SECTION (Amending Order 91, filed 8/14/79)

WAC 230-30-106 STANDARDS FOR FLARES, MADE BY MANUFACTURERS; DISTRIBUTORS; OPERATORS. (1) Except as set forth in paragraph (2) below, ((F))the flare advertising prizes available from the operation of any punchboard, or any series of pull tabs shall be made by the manufacturer only, shall not be altered by any operator or distributor, and shall:

((1)) a Be placed only upon the upper face, or on the top, of any such punchboard or any device used to dispense the pull tabs; and

((2)) b Clearly set out each of the prizes available and the number or symbol which wins prizes; and

((3)) c Set out the winning numbers or symbols for prizes of five dollars or more in cash, or merchandise worth five dollars or more at retail, in such a manner that each may be easily and clearly deleted or marked off as each prize is won and awarded. For the purposes of this subsection the retail value of a merchandise prize shall be the amount actually paid therefore by the licensed operator plus 50 percent of that actual cost.

(2) Distributors and operators that make merchandise packages and merchandise-cash combination packages may make and use substitute flares in accordance with WAC 230-30-015 as long as the winning numbers or symbols on the substitute flare are the same as the winning numbers or symbols on the flare made by the manufacturer; and the requirements of 1(b), (c) above are met, and the substitute flare is stapled to the manufacturer's flare.

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

WSR 87-11-018
EMERGENCY RULES
DEPARTMENT OF AGRICULTURE
[Order 1929—Filed May 13, 1987]

I, C. Alan Pettibone, director of the Washington State Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to chemical restriction on alfalfa and clover in Kittitas County, chapter 16-230 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 a severe outbreak of insects in Kittitas County threatens to cause the timothy and alfalfa clover hay growers with severe economic losses. A review of the department's bee damage cases for 1986 indicates that methidathion (Supracide) which will alleviate the insect damage to the hay can be used in this area in accordance with label directions without significant hazard to bees.

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 13, 1987.

By Michael V. Schwisow
Deputy Director

AMENDATORY SECTION (Amending Order 1818, filed 4/10/84)

WAC 16-230-030 ALFALFA AND CLOVER—CHEMICAL RESTRICTIONS. (1) *The use or application of any formulation (except where the formulation is specified) of the following listed pesticides shall be prohibited on blossoming alfalfa and clover crops within seven days to blossoming: PROVIDED, That Methidathion (Supracide) when used on timothy and alfalfa and/or clover mixed hay may be applied as per label directions in Kittitas County, and not be limited to use seven days prior to blossoming. See WAC 16-230-076 and 16-230-078 for additional restrictions in certain areas of Walla Walla County.*

(a) Azinphos-methyl (Guthion)

(b) Carbaryl (Sevin)

(c) Carbofuran (Furadan)

(d) Dimethoate (Cygon or Rebelate)

(e) Methidathion (Supracide)

(2) *The use or application of liquid formulations of chlorpyrifos (Lorsban), mevinphos (Phosdrin), wettable powder formulations of naled (Dibrom), and liquid or wettable powder formulations of malathion and phorate (Thimet) applied as sprays on blossoming alfalfa or clover crops is restricted to applications only within the period beginning at two hours prior to sunset and ending at midnight of the same day.*

(3) *The use or application of any formulation (except where the formulation is specified) of the following pesticides shall be prohibited on blossoming alfalfa and clover crops:*

(a) Carbaryl (Sevin) see number (1) above

(b) Diazinon

(c) Fenthion (Baytex)

(d) Malathion dust and ULV

(e) Methyl parathion

- (f) Mevinphos (Phosdrin) dust
- (g) Naled (Dibrom) dust
- (h) Parathion
- (i) Phosmet (Imidan)

(4) The use or application of the following listed pesticides or any formulation thereof (except where the formulation is specified) on blossoming alfalfa and clover crops is restricted to applications only within the period beginning at two hours prior to sunset and ending at two and one-half hours after sunrise the following morning: PROVIDED, That methomyl (Lannate or Nudrin) shall only be applied to blossoming clover crops pursuant to this rule, and its application to blossoming alfalfa is further restricted to applications only within the period beginning at two hours prior to sunset and ending at midnight the same day: PROVIDED FURTHER, That the application of the following restricted use pesticides on blossoming alfalfa in Walla Walla County is further restricted to applications only within the period beginning at sunset and ending at two hours after midnight the following morning:

- (a) Carbophenothion (Thrithion)
- (b) Formetanate hydrochloride (Carzol)
- (c) Demethon (Systox)
- (d) Naled (Dibrom) emulsifiable concentrate
- (e) Disulfoton (Di-Syston)
- (f) Endosulfan (Thiodan)
- (g) Oxydemeton-methyl (Metasystox-R)
- (h) Methomyl (Lannate or Nudrin)
- (i) Methoxychlor (Marlate)
- (j) Phorate (Thimet) granular
- (k) (~~Trichlorfon~~) Trichlorfon (Dylox)
- (l) Oxamyl (Vydate)

WSR 87-11-019
PROPOSED RULES
LIQUOR CONTROL BOARD
 [Filed May 13, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Liquor Control Board intends to adopt, amend, or repeal rules concerning Definitions—"Pasteurized beer," "gallon," WAC 314-12-150;

that the agency will at 9:30 a.m., Tuesday, June 23, 1987, in the Offices of the Liquor Control Board, 1025 East Union, Capital Plaza Building, Fifth Floor Conference Room, Olympia, WA 98504, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 66.08.030.

The specific statute these rules are intended to implement is RCW 66.24.360.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 23, 1987.

Dated: May 13, 1987
 By: L. H. Pedersen
 Chairman

STATEMENT OF PURPOSE

Title: WAC 314-12-150 Definitions—"Pasteurized beer," "gallon."

Description of Purpose: To update the definition of "pasteurized beer" as defined and changed by Substitute Senate Bill 5581, chapter 46, Laws of 1987, which becomes effective July 26, 1987.

Statutory Authority: RCW 66.08.030.

Statutes Implemented by the Rule: RCW 66.24.360.

Summary of Rule: To update the rule language with current changes initiated by the 1987 legislature.

Reasons Supporting Proposed Action: The board believes it is in the public interest to keep its rules as up-to-date and simple to understand as possible, therefore the board desires to keep its rules current with the statutes it administers.

Agency Personnel Involved: In addition to the board, the following agency personnel have responsibility for drafting, implementing and enforcing this rule: Jan Britt, Supervisor, Manufacturers/Importers/Wholesalers Division, Capital Plaza Building, Olympia, WA 98504, phone (206) 753-6273.

Person or Organization Proposing Rule: Washington State Liquor Control Board.

Agency Comments: None.

Necessity of Rule: This amendment is made necessary as a result of state law, chapter 46, Laws of 1987 (as explained above).

Small Business Economic Impact Statement: There will be no negative cost impact for this rule.

AMENDATORY SECTION (Amending Resolution No. 4, filed 5/5/85, effective 6/7/85)

WAC 314-12-150 DEFINITIONS—"PASTEURIZED BEER," "GALLON." (1) "Pasteurized beer" shall mean beer which has been subjected to such process or processes in manufacture and packaging that in all cases all yeast cells or other microorganisms are killed, inactivated, or removed, thereby preventing any further fermentation or microbiological decomposition of the packaged beer which might otherwise take place.

(2) In addition to the usual and customary meaning above, "pasteurized beer" shall include bottle conditioned beer which has been fermented partially or completely in the container and which may contain residual active yeast.

(3) A "gallon," when used in computing any tax, shall mean the United States standard gallon of 231 cubic inches.

WSR 87-11-020
NOTICE OF PUBLIC MEETINGS
PUBLIC DISCLOSURE COMMISSION
 [Memorandum—May 12, 1987]

The location for the commission's regular June meeting has been changed. The commissioners will meet on June 23, 1987, in the Sea-Tac Office Center 1, 18000 Pacific Highway South, Seattle.

WSR 87-11-021
EMERGENCY RULES
DEPARTMENT OF FISHERIES
 [Order 87-38—Filed May 14, 1987]

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 these rules are adopted at the recommendation of the Pacific Fisheries Management Council, and are intended to allow harvest of available surplus while providing protection for Skagit River coho stocks.

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

This rule is promulgated pursuant to RCW 75.08.070 and 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 14, 1987.

By Judith Merchant
for Joseph R. Blum
Director

NEW SECTION

WAC 220-56-19000G SALTWATER SEASONS AND BAG LIMITS. Notwithstanding the provisions of WAC 220-56-190:

(1) *Effective May 23, 1987 until further notice it is unlawful to fish for salmon in Punchcard Area 4, Pacific Ocean waters, and Washington waters west of the Buoy 10 line except as provided for in this subsection:*

(a) *In those waters north of a line projected due west from the mouth of the Queets River and west of the mouth of the Sekiu River:*

(i) *Open to salmon angling June 28, 1987 until further notice or until either 2,500 chinook salmon or 26,100 coho salmon are taken, whichever comes first.*

(ii) *Bag Limit F, except that only one chinook salmon may be retained per day.*

(iii) *Barbless hooks*

(b) *In those waters south of a line projected due west from the mouth of the Queets River, north of a line projected due west from Leadbetter Point, and west of the territorial sea boundary referenced on Chart Number 18500, 21st ed., Department of Commerce, NOAA, National Ocean Survey (outside three miles):*

(i) *Open to salmon angling June 28, 1987 until further notice or until either 28,000 chinook or 74,300 coho salmon are taken, whichever comes first.*

(ii) *Bag Limit F*

(iii) *Barbless hooks*

(c) *In those waters south of a line projected due west of Leadbetter Point, north of a line projected due west from Klipsan Beach (46 degrees 28 minutes 12 seconds North Latitude), and west of the territorial sea boundary referenced on Chart Number 18500, 21st ed., Department of Commerce, NOAA, National Ocean Survey (outside three miles):*

(i) *Open to salmon angling June 28, 1987 until further notice or until either 14,100 chinook or 100,500 coho salmon are taken, whichever comes first, from these waters and those waters south of the red buoy line at the mouth of the Columbia River and north of Cape Falcon, Oregon.*

(ii) *Bag Limit F.*

(iii) *Barbless hooks*

(d) *In all open areas provided for in this subsection it is unlawful to fish for salmon from 12:01 a.m. Friday to 11:59 p.m. Saturday of each week.*

(2) *Effective June 28, 1987 until further notice:*

(a) *In Punch Card Areas 5 and 6, special bag limit of two salmon per day, but chinook salmon must be not less than 22 inches in length, and it is unlawful to fish for salmon from 12:01 a.m. to 11:59 p.m. Friday of each week.*

(b) *In Punch Card Areas 8 and 9, special bag limit of two salmon per day, but chinook salmon must be not less than 22 inches in length.*

WSR 87-11-022
EMERGENCY RULES
DEPARTMENT OF FISHERIES
 [Order 87-41—Filed May 14, 1987]

I, Joseph R. Blum, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to commercial and 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 test results indicate inadequate numbers of shrimp are available for harvest.

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 13, 1987.

By Joseph R. Blum
Director

NEW SECTION

WAC 220-52-05300S SHRIMP FISHERY—CLOSED AREA. Notwithstanding the provisions of WAC 220-52-053, effective immediately until further notice it is unlawful to fish for or possess shrimp taken for commercial purposes from those waters of Sequim Bay southerly of a line projected true west from Travis Spit.

NEW SECTION

WAC 220-56-32500H SHRIMP—CLOSED AREA. Notwithstanding the provisions of WAC 220-56-325, effective immediately until further notice it is unlawful to fish for or possess shrimp taken for personal use from those waters of Sequim Bay southerly of a line projected true west from Travis Spit.

WSR 87-11-023
EMERGENCY RULES
DEPARTMENT OF FISHERIES
[Order 87-42—Filed May 14, 1987]

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 sufficient numbers of troll fishery chinook salmon quota remain to allow for two day fishery.

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 13, 1987.

By Judith Merchant
for Joseph R. Blum
Director

NEW SECTION

WAC 220-24-02000U LAWFUL ACTS—TROLL FISHERY. Notwithstanding the provisions of WAC 220-24-010, 220-24-020, and WAC 220-24-030, effective immediately it is unlawful to take, fish for or possess any salmon for commercial purposes taken with troll gear in the waters west of the Bonilla-Tatoosh line,

the Pacific Ocean, or west of a line drawn true north-south through Buoy 10 at the mouth of the Columbia River except as follows:

(1) Effective 12:01 a.m. May 14, 1987, it is lawful to take, fish for and possess all salmon species except coho salmon in the above waters except for those waters of a closed conservation zone at the mouth of the Columbia River defined as those waters bounded by a line extending for six nautical miles due west from North Head along 46 18'00" north latitude to 124 13'18" longitude, then southerly along a line of 167 true to 46 11'06N latitude and 124 11'00" longitude (Columbia River Buoy), then east along Red Buoy line to tip of south jetty from which conservation zone no salmon may be taken or possessed.

(2) Lawful terminal gear hooks are restricted to barbless hooks.

(3) No chinook salmon less than 28 inches in total length may be retained or possessed.

(4) The above waters will close for commercial troll fishing for salmon at 11:59 p.m. May 15, 1987.

(5) It shall be unlawful to possess or land fish in Washington, harvested by troll gear from waters outside the area from Cape Falcon, Oregon, to the United States-Canada border.

(6) It shall be unlawful to land fish taken with the described opened waters, in any Puget Sound port east of the Sekiu River unless notification to the U.S. Coast Guard or the Washington Department of Fisheries Harvest Management Division is made prior to 12:01 a.m. May 17, 1987.

(7) It shall be unlawful to take, fish for or possess salmon taken for commercial purposes with purse seine, drag seine, or gill net gear from Coastal Salmon Management and Catch Reporting Areas 1, 2, 3, and 4.

(8) It shall be unlawful to transport through Coastal Salmon Management and Catch Reporting Areas 1, 2, 3, and 4 or land in the State of Washington, any salmon taken for commercial purposes contrary to the provisions of Chapter 220-47 WAC relative to seasons and species and as provided in WAC 220-24-020.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 220-24-02000T LAWFUL ACTS—TROLL FISHERY (87-40)

WSR 87-11-024
NOTICE OF PUBLIC MEETINGS
CONVENTION AND TRADE CENTER
[Memorandum—May 12, 1987]

The regular board of directors meeting scheduled for May 14, 1987, has been rescheduled to May 27, 1987. The time and location of the meeting remain the same.

WSR 87-11-025
NOTICE OF PUBLIC MEETINGS
SKAGIT VALLEY COLLEGE
[Memorandum—May 12, 1987]

Skagit Valley College
2405 College Way
Mount Vernon, WA 98273

Friday Harbor Center
555 Guard Street
Friday Harbor, WA 98250

There will be a special meeting of the board of trustees on Monday, May 18, 1987, 4:00 – 7:00 p.m., for the specific purpose of visiting the SVC center at Friday Harbor. This is an open meeting – reception with board members and local residents of the San Juan Islands. No action will be taken at this meeting.

WSR 87-11-026
NOTICE OF PUBLIC MEETINGS
DEPARTMENT OF LICENSING
(Dental Disciplinary Board)
[Filed May 14, 1987]

The proposed amendment to WAC 308-37-190, specialty representation, filed on April 22, 1987, WSR 87-09-096, is hereby withdrawn.

Kent Nakamura
Assistant Attorney General

WSR 87-11-027
RULES OF COURT
STATE SUPREME COURT
[May 12, 1987]

IN THE MATTER OF THE ADOPTION OF JCrR 10.05 NO. 25700-A-394 ORDER

The Washington State Bar Association having proposed JCrR 10.05 and having determined that the Rule will aid in the prompt and orderly administration of justice and having further determined that an emergency exists which necessitates an early adoption; Now, therefore, it is hereby

ORDERED:

(a) That the Rule as attached hereto is adopted. The Purpose statement is being published solely for the information of the Bench and Bar.

(b) That pursuant to the emergency provisions of GR 9(i), the Rule will be published expeditiously in the Washington Reports and will become effective upon publication.

DATED at Olympia, Washington this 12th day of May, 1987.

Vernon R. Pearson

Robert F. Utter	James A. Andersen
Robert F. Brachtenbach	Keith M. Callow
James M. Dolliver	Wm. C. Goodloe
Fred H. Dore	Durham, J.

Rule 10.05
CHANGE OF VENUE

(a) When Ordered – Improper District. The court shall order a change of venue upon motion and showing that the action has not been prosecuted in the proper district.

(b) When Ordered – On Motion. The court may order a change of venue to another district in the same county, if any, or otherwise to an adjacent district in another county if the defendant consents:

(1) Upon written agreement of the prosecuting authority and the defendant; or

(2) Upon motion of the defendant, supported by affidavit, that the defendant believes he or she cannot receive a fair trial in the district where the action is pending; or

(3) Upon motion of either party that the convenience of witnesses or the ends of justice would be served by such change; or

(4) Upon motion of either party or the court, to a district where a custodial facility is located, if the defendant is incarcerated therein and transporting the defendant is not practical.

(5) Upon the court's own motion, if all of the judges of a district are disqualified from hearing the case. The court may also order a change of venue to the district in which the county seat is located, if the defendant consents.

(c) Procedure on Transfer. When the court orders a change of venue it shall direct that all the papers and proceedings be certified to the court of the proper district. The defendant and subpoenaed witnesses shall have a continuing obligation to appear and attend as required.

Rule 10.05
Purpose

This rule is based on CrR 5.2. There is no comparable rule in the current set. This rule does not apply to cases alleging violations of municipal ordinances, because "venue" in such cases is actually a matter of jurisdiction.

Section (a). This section is patterned after CrR 5.2(a). The word "county" has been changed to "district". There is no reference to municipal courts because, as stated above, the issue in those courts is one of jurisdiction, not venue.

Section (b). The reference in the introductory clause to "an adjacent district in another county" is taken from the change of venue statute, RCW 3.66.090. The task force added the words "if the defendant consents" because the state constitution guarantees the defendant a

right to a jury trial in the county where the offense was allegedly committed. Const. art. I, 22(amend. 10).

Subsections (b)(1) and (b)(2) are based on CrR 5.2(b)(1) and (2), with the change from "county" to "district". Subsection (b)(3) parallels the change of venue statute, RCW 3.66.090(2). Subsection (b)(4) is similar to subsection (b)(2)(iii) of the Commencement of Actions rule and is included for the same reasons. Subsection (b)(5) was added to allow a change of venue when all of the judges in a district must disqualify themselves.

WSR 87-11-028
PROPOSED RULES
DEPARTMENT OF ECOLOGY
 [Filed May 15, 1987]

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 site use permits for use of the Washington commercial low-level radioactive waste disposal site;

that the agency will at 2:00 p.m., Tuesday, June 23, 1987, in Room 273, Abbott Raphael Hall, St. Martins Campus, Lacey, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 1, 1987.

The authority under which these rules are proposed is RCW 43.200.080.

The specific statute these rules are intended to implement is RCW 43.200.070.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 23, 1987.

Dated: May 15, 1987
 By: Marc A. Horton
 for Phil Johnson
 Deputy Director

STATEMENT OF PURPOSE

Title: Site use permits for low-level radioactive waste disposal.

Description of Purpose: To institute a site use permit system and issue site use permits as authorized by the legislature.

Statutory Authority: RCW 43.200.070.

Summary of Rule: Requires possession of a site use permit prior to disposal of low-level radioactive waste.

Reasons Supporting Proposed Action: To implement RCW 43.200.080.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Elaine Carlin, 5826 Pacific Avenue, 459-6244.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Department of Ecology, state government.

Agency Comments or 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: Chapter 43.200 RCW, the Radioactive Waste Act.

Small Business Economic Impact Statement: N/A.

SUMMARY STATEMENT

The purpose of the rules is to implement RCW 43.200.080.

The rules require that (1) each generator and broker must possess a valid site use permit prior to: (a) The shipment of low-level radioactive waste to the disposal site, (b) the disposal of low-level radioactive waste in the state of Washington, (2) applicants must submit permit fee when filing the application, (3) permit fee for a one-time use permit is \$50.00 and for multiple use permit is \$150.00 per year, (4) permittees must provide additional information when requested by the Department of Ecology as necessary for the safe management of low-level radioactive waste in the state of Washington.

If you have any questions about these rules please contact Stephanie Ko, Low-Level Nuclear Waste Management Program, at (206) 459-6862.

NEW SECTION

WAC 173-326-010 PURPOSE. The purpose of this chapter is to implement RCW 43.200.080. Each generator and each broker of low-level radioactive waste (LLRW) shall have a valid and unencumbered site use permit prior to shipment of such waste to, or disposal of such waste at, any commercial LLRW disposal site located in the state of Washington.

NEW SECTION

WAC 173-326-020 DEFINITIONS. (1) "Low-Level Radioactive Waste" is defined in Public Law 99-240.

(2) "Broker" means a person who performs one or more of the following functions for a low-level radioactive waste generator:

- (a) Arranges for transportation of the low-level radioactive waste;
- (b) Collects and/or consolidates shipments of such low-level radioactive waste;

(c) Processes such low-level radioactive waste in some manner; provided it shall not mean a carrier whose sole function is to transport such low-level radioactive waste.

(3) "Department" means the Department of Ecology.

(4) "Generator" means the last person who puts radioactive material to practical use, who then declares it to be no longer of use or value.

(5) "P.L. 99-240" means the federal low-level radioactive waste policy amendments act of 1985, 99 stat. 1842, 42 U.S.C. section 2021b, et. seq.

(6) "Shipment" means the total low-level radioactive waste material transported in one motor vehicle.

NEW SECTION

WAC 173-326-030 REQUIREMENTS FOR USERS OF THE WASHINGTON COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE DISPOSAL SITE. (1) Filing application for site use permit.

(a) Application for site use permit shall be filed on department form ECY 010-75.

(b) Each application shall be signed by the applicant.

(2) A site use permit must be obtained prior to:

- (a) The shipment of LLRW to any LLRW disposal site.
- (b) The disposal of LLRW at any LLRW disposal site.

NEW SECTION

WAC 173-326-040 SITE USE PERMIT FEE. (1) Permit fee must be submitted at the time of filing an application. Permit fee is not refundable. The fees for a site use permit are:

- (a) One-time shipment - \$ 50.00 or
- (b) Site Use Permit - \$150.00 per year continuous service

(2) One-time shipment: A generator having radioactive waste for disposal for one time only can obtain a site use permit for such a shipment. This permit terminates upon receipt of the shipment for disposal and cannot be reissued to a generator. A generator who holds a multiple use permit cannot change their permit status to a one-time use permit.

(3) A broker who takes possession of waste from a generator and assumes responsibility for that waste must also assume responsibility for assuring the generator has a current, unencumbered site use permit and that the waste will arrive at the disposal site prior to the expiration date of the generator's permit.

(4) Permittees must provide additional information when requested by the Department of Ecology as necessary for the safe management of low-level radioactive waste in the state of Washington.

WSR 87-11-029
EMERGENCY RULES
DEPARTMENT OF ECOLOGY
 [Order 87-10—Filed May 15, 1987]

I, Phillip C. Johnson, deputy director of the Department of Ecology, do promulgate and adopt at Olympia, Washington, the annexed rules relating to site use permits for use of the Washington commercial low-level radioactive waste disposal site.

The purpose of the rules is to implement RCW 43.200.080.

The rules require that (1) each generator and broker must possess a valid site use permit prior to: (a) The shipment of low-level radioactive waste to the disposal site, (b) the disposal of low-level radioactive waste in the state of Washington, (2) applicants must submit permit fee when filing the application, (3) permit fee for a one-time use permit is \$50.00 and for multiple use permit is \$150.00 per year, (4) permittees must provide additional information when requested by the Department of Ecology as necessary for the safe management of low-level radioactive waste in the state of Washington.

If you have any questions about these rules please contact Stephanie Ko, Low-Level Nuclear Waste Management Program, at (206) 459-6862.

I, Phillip C. Johnson, 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 low-level waste is currently being shipped to, and disposed of, in the state of Washington. State legislation has been passed which changes the rule for disposal of low-level waste. Immediate clarification of Washington's requirements to implement the state laws is necessary to avoid uncertainty which may lead to improper storage or disposal of low-level waste creating a public hazard.

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

This rule is promulgated pursuant to RCW 43.200-.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 15, 1987.

By Marc A. Horton
for Phil Johnson
Deputy Director

NEW SECTION

WAC 173-326-010 PURPOSE. The purpose of this chapter is to implement RCW 43.200.080. Each generator and each broker of low-level radioactive waste (LLRW) shall have a valid and unencumbered site use permit prior to shipment of such waste to, or disposal of such waste at, any commercial LLRW disposal site located in the state of Washington.

NEW SECTION

WAC 173-326-020 DEFINITIONS. (1) "Low-Level Radioactive Waste" is defined in Public LAW 99-240.

(2) "Broker" means a person who performs one or more of the following functions for a low-level radioactive waste generator:

(a) Arranges for transportation of the low-level radioactive waste;

(b) Collects and/or consolidates shipments of such low-level radioactive waste;

(c) Processes such low-level radioactive waste in some manner; provided it shall not mean a carrier whose sole function is to transport such low-level radioactive waste.

(3) "Department" means the Department of Ecology.

(4) "Generator" means the last person who puts radioactive material to practical use, who then declares it to be no longer of use or value.

(5) "P.L. 99-240" means the federal low-level radioactive waste policy amendments act of 1985, 99 stat. 1842.

(6) "shipment" means the total low-level radioactive waste material transported in one motor vehicle.

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.

NEW SECTION

WAC 173-326-030 REQUIREMENTS FOR USERS OF THE WASHINGTON COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE DISPOSAL SITE. (1) Filing application for site use permit.

(a) Application for site use permit shall be filed on department form ECY 010-75 (12/86).

(b) Each application shall be signed by the applicant or a person duly authorized to act for or on the applicant's behalf.

- (2) A site use permit must be obtained prior to:
 - (a) The shipment of LLRW to any LLRW disposal site.
 - (b) The disposal of LLRW at any LLRW disposal site.

NEW SECTION

WAC 173-326-040 SITE USE PERMIT FEE. (1) Permit fee must be submitted at the time of filing an application. The fees for a site use permit are:

- (a) One-time shipment - \$ 50.00 or
- (b) Site Use Permit - \$150.00 per year continuous service

(2) One-time shipment: A generator having radioactive waste for disposal for one time only can obtain a site use permit for such a shipment. This permit terminates upon receipt of the shipment for disposal and cannot be reissued to a generator.

(3) A broker who takes possession of waste from a generator and assumes responsibility for that waste must also assume responsibility for assuring the generator has a current, unencumbered site use permit.

(4) Permittees must provide additional information when requested by the Department of Ecology as necessary for the safe management of low-level radioactive waste in the state of Washington.

WSR 87-11-030

**NOTICE OF PUBLIC MEETINGS
EDMONDS COMMUNITY COLLEGE**

[Memorandum—May 15, 1987]

May 19, 1987
Tuesday, 5:00 p.m.
Board of Trustees Meeting
Lynnwood Hall, Room 424

The facilities for this meeting are free of mobility barriers and interpreters for deaf individuals and brailled or taped information for blind individuals will be provided upon request when adequate notice is given.

WSR 87-11-031

**EMERGENCY RULES
DEPARTMENT OF FISHERIES**

[Order 87-43—Filed May 15, 1987]

I, Joseph R. Blum, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use and commercial fishing 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 test results indicate harvestable numbers of shrimp are available.

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

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

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

APPROVED AND ADOPTED May 14, 1987.

By Judith Merchant
for Joseph R. Blum
Director

NEW SECTION

WAC 220-52-05300T COMMERCIAL SHRIMP SEASON—HOOD CANAL. Notwithstanding the provisions of WAC 220-52-050 and WAC 220-52-053, effective immediately until further notice it is unlawful to fish for or possess shrimp taken for commercial purposes from Puget Sound Marine Fish-Shellfish Management and Catch Reporting Areas 27A, 27B, and 27C except as provided for in this section:

Open 9:00 a.m. June 6 to 6:00 p.m. June 23, 1987, to shellfish pot gear, and no fisherman may use more than 50 pots.

NEW SECTION

WAC 220-56-32500J PERSONAL USE SHRIMP—HOOD CANAL. Notwithstanding the provisions of WAC 220-56-325, effective immediately until further notice it is unlawful to fish for or possess shrimp taken for personal use from those waters of Hood Canal south of the Hood Canal Floating Bridge except as provided for in this section:

Open 9:00 a.m. May 16 to 6:00 p.m. May 31 and 9:00 a.m. June 6 to 6:00 p.m. June 23, 1987. The daily bag limit is 10 pounds in the shell. Additional shrimp may be possessed in a frozen or processed form.

WSR 87-11-032

**NOTICE OF PUBLIC MEETINGS
COMMUNITY COLLEGE DISTRICT TWELVE**

[Memorandum—May 15, 1987]

The 1987-88 regular meeting schedule of the Community College District Twelve board of trustees is as follows:

<u>DATE</u>	<u>LOCATION AND TIME</u>
July 2, 1987	South Puget Sound 4:30 p.m.
August 6, 1987	Centralia College 4:30 p.m.
September 3, 1987	South Puget Sound 4:30 p.m.

October 1, 1987 Morton
4:30 p.m.
November 5, 1987 South Puget Sound
4:30 p.m.
December 3, 1987 Centralia College
4:30 p.m.
January 7, 1988 South Puget Sound
4:30 p.m.
February 4, 1988 Centralia College
4:30 p.m.
March 3, 1988 South Puget Sound
4:30 p.m.
April 7, 1988 Centralia College
4:30 p.m.
May 5, 1988 South Puget Sound
4:30 p.m.
June 2, 1988 Centralia College
4:30 p.m.

Columbia River under conditions of a permit issued by the Director:

<i>Frank Buck</i>	<i>Lester Umtuch</i>
<i>Stanley Buck</i>	<i>Robert S. Tomanawah, Sr.</i>
<i>Harry Buck</i>	<i>Grant Wyena</i>
<i>Ken Buck</i>	<i>Douglas Wyena</i>
<i>Rex Buck, Jr.</i>	<i>Patrick Wyena</i>
<i>Phillip Buck</i>	<i>Jimmy Wyena</i>
<i>Richard Buck</i>	<i>Jerry Wyena</i>

WSR 87-11-034
PROPOSED RULES
DEPARTMENT OF PERSONNEL
(Personnel Board)
[Filed May 18, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning:

- Amd WAC 356-42-020 Determination of bargaining unit.
- Amd WAC 356-42-082 Filing unfair labor practice charge.
- Amd WAC 356-42-084 Answer to complaint—Unfair labor practice;

that the agency will at 10:00 a.m., Thursday, June 11, 1987, in the Board Hearings Room, Department of Personnel, 600 South Franklin, 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 41.06.040.

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

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 9, 1987.

This notice is connected to and continues the matter in Notice No. WSR 87-07-035 filed with the code reviser's office on March 13, 1987.

Dated: May 15, 1987
By: Leonard Nord
Secretary

WSR 87-11-035
PROPOSED RULES
DEPARTMENT OF PERSONNEL
(Personnel Board)
[Filed May 18, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning:

- Amd WAC 356-18-100 Accrued vacation leave disposition—Computation—How made.
- Amd WAC 356-30-130 Seasonal career employment;

WSR 87-11-033
EMERGENCY RULES
DEPARTMENT OF FISHERIES
[Order 87-44—Filed May 15, 1987]

I, Joseph R. Blum, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to subsistence fishing 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 harvestable numbers of chinook salmon are available.

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

This rule is promulgated pursuant to RCW 75.08.080 and 75.08.265 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 15, 1987.

By Judith Merchant
for Joseph R. Blum
Director

NEW SECTION

WAC 220-32-05500T OFF RESERVATION INDIAN SUBSISTENCE FISHERY Effective May 18, 1987 through May 22, 1987 it is lawful for the following Wanapum Indians to fish for and possess salmon taken for subsistence purposes from the mainstem of the

that the agency will at 10:00 a.m., Thursday, June 11, 1987, in the Board Hearings Room, Department of Personnel, 600 South Franklin, 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 41.06.040.

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

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 9, 1987.

This notice is connected to and continues the matter in Notice No. WSR 87-09-036 filed with the code reviser's office on April 13, 1987.

Dated: May 15, 1987
By: Leonard Nord
Secretary

WSR 87-11-036
ADOPTED RULES
DEPARTMENT OF PERSONNEL
(Personnel Board)

[Order 275—Filed May 18, 1987—Eff. July 1, 1987]

Be it resolved by the State Personnel Board, acting at the Department of Personnel, 600 South Franklin, Olympia, WA 98502, that it does adopt the annexed rules relating to overtime compensation method, amending WAC 356-14-240.

This action is taken pursuant to Notice No. WSR 87-08-013 filed with the code reviser on March 24, 1987. These rules shall take effect at a later date, such date being July 1, 1987.

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

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

APPROVED AND ADOPTED May 14, 1987.

By Leonard Nord
Secretary

AMENDATORY SECTION (Amending Order 248, filed 5/28/86, effective 7/1/86)

WAC 356-14-240 OVERTIME COMPENSATION METHOD. Overtime for state employees shall be compensated in accord((~~ance~~)) with WAC 356-15-030.

(1) Scheduled, nonscheduled, and law enforcement employees shall be compensated in cash or compensatory time off, both at the rate of time-and-one-half. Cash payment shall be at the overtime rate, while compensatory time shall be credited as 1.5 hours of compensatory time for each hour of overtime worked. (See WAC 356-14-265 for computing cash value compensatory time.)

Compensatory time off may be used in lieu of cash only when an agency and the employee agree, except as provided for law enforcement positions in WAC 356-15-030 ((~~5~~)) (4)(a). When compensatory time off is utilized, it shall be liquidated in accord((~~ance~~)) with WAC 356-14-260.

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 87-11-037
ADOPTED RULES
PARKS AND RECREATION COMMISSION
[Order 101—Filed May 18, 1987]

Be it resolved by the Washington State Parks and Recreation Commission, acting at Longview, Washington, that it does adopt the annexed rules relating to financing historic preservation projects, chapter 352-42 WAC; and Advisory Council on Historic Preservation, chapter 352-44A WAC.

This action is taken pursuant to Notice No. WSR 87-08-042 filed with the code reviser on March 31, 1987. 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 Parks and Recreation Commission as authorized in RCW 43.51-040 and 43.51.060.

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 15, 1987.

By Edward T. Luders
Chairman

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 352-44A-010 PURPOSE.
WAC 352-44A-020 DEFINITIONS.
WAC 352-44A-030 DESCRIPTION OF PURPOSE AND STAFF.
WAC 352-44A-040 PROCEDURES.
WAC 352-44A-050 PUBLIC RECORDS AVAILABLE.

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 352-42-010 SCOPE OF CHAPTER.
WAC 352-42-020 ENTITIES ELIGIBLE FOR FUNDING ASSISTANCE.

WAC 352-42-030 PROJECTS ELIGIBLE FOR FUNDING.
 WAC 352-42-040 MATCHING REQUIREMENTS.
 WAC 352-42-050 PROCEDURAL DETAIL.
 WAC 352-42-060 ADMINISTRATIVE COSTS.
 WAC 352-42-070 JOINT RULES.

WSR 87-11-038**WITHDRAWAL OF PROPOSED RULES
DEPARTMENT OF ECOLOGY**

[Filed May 18, 1987]

Please withdraw from public consideration Notice No. WSR 87-08-060 filed April 1, 1987.

The subject of that notice will be now associated with a new file on or before May 20, 1987.

Phillip C. Johnson

WSR 87-11-039**PROPOSED RULES
DEPARTMENT OF ECOLOGY**

[Filed May 18, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington Department of Ecology intends to adopt, amend, or repeal rules concerning the minimum functional standards for waste handling, amending chapter 173-304 WAC to include a requirement for an analysis of waste reduction and recycling.

The Department of Ecology is in the process of amending the state's solid waste regulations (chapter 173-304 WAC) to include a requirement for an analysis of waste reduction and recycling efforts in constructing or operating solid waste facilities;

that the agency will on June 23, 1987, 7-9:30 p.m., in the Spokane County Health District, Auditorium, West 1101 College, Spokane, and on June 25, 1987, 7-9:30 p.m., at the Port of Seattle, Commissioners' Chambers, 2201 Alaskan Way South, Pier 66, Seattle, conduct public hearings on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 13, 1987, at 2:00 p.m.

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

The specific statute these rules are intended to implement is chapter 70.95 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 2, 1987.

A draft of this proposed amendment is available by contacting Leighton Pratt, Solid Waste and Recycling Section Head, Department of Ecology, Mailstop PV-11, Olympia, Washington 98504-8711.

The public comment period is scheduled to end on July 2, 1987. The adoption is scheduled for July 13,

1987, at 2:00 p.m. in Room 154 at the Department of Ecology's Headquarters Office. The amendment will become effective 30 days after adoption.

Dated: May 14, 1987

By: Phillip C. Johnson
Deputy Director, Programs**STATEMENT OF PURPOSE**

Title: Minimum functional standards for solid waste handling, chapter 173-304 WAC.

Description of Purpose: To properly dispose of solid waste in an environmentally sound manner. To address the planning, management, storage, collection, transportation, treatment, utilization, processing, and final disposal of solid wastes, including the recovery and recycling of materials from solid wastes.

Statutory Authority: Chapter 43.21A RCW, establishing the Department of Ecology; chapter 34.04 RCW, the Administrative Procedure Act; and chapter 70.95 RCW, solid waste management.

Summary of Rule: Amend the minimum functional standards for solid waste handling, chapter 173-304 WAC, to include a requirement for an analysis of waste reduction and recycling.

Agency Personnel Responsible for Drafting: R. Leighton Pratt; Implementation: Thomas Eaton; and Enforcement: Jurisdictional health department.

Person or Organization Proposing the Rule: State Representative Dick Nelson and Washington Citizens for Recycling.

Agency Comments or Recommendations Regarding Statutory Language, Implementation and Enforcement: This rule will impact local governments planning, constructing and operation of solid waste incineration or energy recovery facilities.

Whether Rule is Necessary as a Result of Federal Law or Federal or State Court Action: No.

Small Business Economic Impact Statement: No adverse economic impact.

The Regulatory Fairness Act, chapter 19.85 RCW, requires that rules which have an economic impact on more than 20% of all industries or more than 10% of the businesses in any one industry be reviewed and altered to minimize their impact upon small businesses. The regulatory proposal has been reviewed in light of that requirement. The conclusions of this review are summarized below.

This regulatory proposal sets forth a planning and program development requirement for local governments considering incineration/energy recovery as a means of handling solid waste loads. In that the proposal stresses waste reduction and recycling, it is unlikely to have an adverse impact upon any businesses—either large or small. In fact, it would not be unreasonable to expect a beneficial impact upon the recycling industry resulting from a possible increase in the volume of materials available to it.

NEW SECTION

WAC 173-304-012 PLANNING REQUIREMENTS FOR ENERGY RECOVERY OR INCINERATION FACILITIES. In order to implement the priorities and provide a basis for permit requirements established in chapter 70.95 RCW, each comprehensive solid waste

management plan shall contain an analysis for waste reduction and recycling. The analysis will include a determination of levels of waste reduction and recycling which could occur for solid wastes that are proposed to be landfilled or incinerated. The analysis shall include: A description of markets for recycled material, a review of waste generation trends, a description of waste composition, a cost analysis of the impact of recycling or reduction programs on collection and disposal rates and a discussion and description of any additional programs needed to assist existing public and private sector recycling programs.

WSR 87-11-040
ADOPTED RULES
BOARD OF HEALTH
[Order 303—Filed May 18, 1987]

Be it resolved by the Washington State Board of Health, acting at Yakima, Washington, that it does adopt the annexed rules relating to:

New ch. 248-103 WAC Newborn metabolic screening.
Rep ch. 248-102 WAC Phenylketonuria.

This action is taken pursuant to Notice No. WSR 87-07-040 filed with the code reviser on March 16, 1987. 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 70.83.050 which directs that the Washington State Board of Health has authority to implement the provisions of chapter 70.83 RCW.

This rule is promulgated under the general rule-making authority of the Washington State Board of Health as authorized in RCW 43.20.050.

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 13, 1987.

By John A. Beare, MD, MPH
Secretary

Chapter 248-103 WAC
NEWBORN METABOLIC SCREENING

NEW SECTION

WAC 248-103-001 **PURPOSE.** The purpose of this chapter is to establish board rules to detect, in newborns, congenital disorders leading to developmental impairment or physical disabilities as required by RCW 70.83.050.

NEW SECTION

WAC 248-103-010 **DEFINITIONS.** For the purposes of this chapter:

(1) "Board" means the Washington state board of health.

(2) "Congenital adrenal hyperplasia" means a severe disorder of adrenal steroid metabolism which may result in death of an infant during the neonatal period if undetected and untreated.

(3) "Congenital hypothyroidism" means a disorder of thyroid function during the neonatal period causing impaired mental functioning if undetected and untreated.

(4) "Department" means the Washington state department of social and health services.

(5) "Newborn" means an infant born in a hospital in the state of Washington prior to discharge from the hospital of birth or transfer.

(6) "Phenylketonuria" (PKU) means a metabolic disorder characterized by abnormal phenylalanine metabolism causing impaired mental functioning if undetected and untreated.

(7) "Significant screening test result" means a laboratory test result indicating a suspicion of abnormality and requiring further diagnostic evaluation of the involved infant for the specific disorder.

NEW SECTION

WAC 248-103-020 **PERFORMANCE OF SCREENING TESTS.** (1) Hospitals providing birth and delivery services or neonatal care to infants shall:

(a) Inform parents or responsible parties, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders,

(ii) Disorders of concern as listed in WAC 248-103-020(2),

(iii) The requirement for newborn screening, and

(iv) The legal right of parents or responsible parties to refuse testing because of religious tenets or practices as specified in RCW 70.83.020.

(b) Obtain a blood specimen for laboratory testing as specified by the department from each newborn prior to discharge from the hospital or, if not yet discharged, no later than five days of age.

(c) Use department-approved forms and directions for obtaining specimens.

(d) Enter all identifying and related information required on the form attached to the specimen following directions of the department.

(e) In the event a parent or responsible party refuses to allow newborn metabolic screening, obtain signatures from parents or responsible parties on the department form.

(f) Forward the specimen or signed refusal with the attached identifying forms to the Washington state public health laboratory no later than the day after collection or refusal signature.

(2) Upon receipt of specimens, the department shall:

(a) Perform appropriate screening tests for phenylketonuria, congenital hypothyroidism, and congenital adrenal hyperplasia;

(b) Report significant screening test results to the infant's attending physician or family if an attending physician cannot be identified; and

(c) Offer diagnostic and treatment resources of the department to physicians attending infants with presumptive positive screening tests within limits determined by the department.

NEW SECTION

WAC 248-103-030 FEES. The department has authority under chapter 43.20A RCW to require a reasonable fee from parents or responsible parties for the costs of newborn metabolic screening to be collected through the hospital where the specimen was obtained.

WSR 87-11-041
NOTICE OF PUBLIC MEETINGS
WASHINGTON STATE LIBRARY
(Library Commission)
 [Memorandum—May 15, 1987]

The Washington State Library Commission will meet with representatives from the Western Library Network Services Council Long Range Planning Committee on June 10, 1987, in the Cascade Room of the Holiday Inn Motel, Nine North Ninth Street, Yakima, Washington, beginning at 2:00 p.m.

WSR 87-11-042
WITHDRAWAL OF PROPOSED RULES
DEPARTMENT OF ECOLOGY
 [Filed May 18, 1987]

Notice is hereby given that the Department of Ecology will not take further action under WSR 87-06-025 to amend WAC 173-19-320, Okanogan County.

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.

Phillip C. Johnson
 Deputy Director, Programs

WSR 87-11-043
EMERGENCY RULES
LIQUOR CONTROL BOARD
 [Order 217, Resolution No. 226—Filed May 18, 1987]

Be it resolved by the Washington State Liquor Control Board, acting at the Capital Plaza Building, 5th Floor, 1025 East Union Avenue, Olympia, WA, that it does adopt the annexed rules relating to Credit on nonliquor food items—Conditions—Recordkeeping, new section WAC 314-12-145.

We, the Washington State Liquor Control 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 the legislature, in enacting House Bill 1158, determined that an emergency exists and that the act was necessary for the immediate preservation of the public peace, health, and safety and the support of the state government and its

existing public institutions and therefore should take effect immediately. In order to fully implement this legislative intent, this rule must take effect immediately.

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

This rule is promulgated pursuant to section 2, chapter 386, Laws of 1987, which directs that the Washington State Liquor Control Board has authority to implement the provisions of chapter 66.24 RCW, regarding sale of liquor.

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 13, 1987.

By L. H. Pedersen
 Chairman

NEW SECTION

WAC 314-12-145 CREDIT ON NONLIQUOR FOOD ITEMS—CONDITIONS—RECORD KEEPING. (1) Notwithstanding the provisions of WAC 314-12-140, persons licensed under RCW 66.24.200 as wine wholesalers and persons licensed under RCW 66.24.250 as beer wholesalers may sell at wholesale nonliquor food products as defined in RCW 82.08.0293 on thirty days credit terms to persons licensed as retailers under this title. Complete and separate accounting records shall be maintained on all sales of nonliquor food products to ensure that such persons are in compliance with RCW 66.28.010.

(2) For the purpose of this rule, the period of credit is calculated as the time elapsing between the date of delivery of the product and the date of full legal discharge of the retailer, through the payment of cash or its equivalent, from all indebtedness arising from the transaction.

(3) If the board finds in any instance that any licensee has violated this section by extending or receiving credit in excess of the thirty days as provided for by this section, then all licensees involved shall be held equally responsible for such violation.

WSR 87-11-044
PROPOSED RULES
LIQUOR CONTROL BOARD
 [Filed May 18, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Liquor Control Board intends to adopt, amend, or repeal rules concerning Credit on nonliquor food items—Conditions—Recordkeeping, WAC 314-12-145;

that the agency will at 9:30 a.m., Tuesday, June 23, 1987, in the Offices of the Liquor Control Board, 5th Floor, Capital Plaza Building, 1025 East Union Avenue, Olympia, WA 98504, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is section 2, chapter 386, Laws of 1987 (SHB 1158).

The specific statute these rules are intended to implement is section 2, chapter 386, Laws of 1987 (SHB 1158).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 23, 1987.

Dated: May 13, 1987

By: L. H. Pedersen
Chairman

STATEMENT OF PURPOSE

Title: WAC 314-12-145 Credit on nonliquor food items—Conditions—Recordkeeping.

Description of Purpose: To implement SHB 1158 delegating authority to the board to make rules which allow for the extension of credit on nonliquor products. This bill was enacted as chapter 386, Laws of 1987, by the legislature with an emergency clause and became effective May 15, 1987.

Statutory Authority: Section 2, chapter 386, Laws of 1987 (SHB 1158).

Statutes Implemented by the Rule: Section 2, chapter 386, Laws of 1987 (SHB 1158).

Summary of Rule: The current rule prohibits wholesalers from extending credit on nonliquor items.

Reasons Supporting Proposed Action: It is the board's understanding that legislative intent in enacting paragraph (6) of SHB 1158 was to allow beer and wine wholesalers to extend up to 30 days credit (in accordance with normal commercial practice) on nonliquor items as defined in RCW 82.08.0293. This rule implements that section of House Bill 1158 cited above.

BATF regulations allow for the extension of up to 30 days credit on nonliquor items.

Agency Personnel Involved: In addition to the board, the following agency personnel have responsibility for drafting, implementing and enforcing this rule: Jan Britt, Supervisor, Manufacturers/Importers/Wholesalers Division, Capital Plaza Building, Olympia, WA 98504, phone (206) 753-6273.

Person or Organization Proposing Rule: Washington State Liquor Control Board.

Agency Comments: None.

Necessity of Rule: This rule was made necessary as a result of state law, chapter 386, Laws of 1987, as explained above.

Small Business Economic Impact Statement: Beer and/or wine wholesalers who choose to extend credit on nonliquor food items will be required to maintain records separate from their liquor products and will incur [incur] the expense commensurate with the second set of recordkeeping. There are no additional reporting requirements imposed by this rule.

NEW SECTION

WAC 314-12-145 CREDIT ON NONLIQUOR FOOD ITEMS—CONDITIONS—RECORD KEEPING. (1) Notwithstanding the provisions of WAC 314-12-140, persons licensed under RCW

66.24.200 as wine wholesalers and persons licensed under RCW 66.24.250 as beer wholesalers may sell at wholesale nonliquor food products as defined in RCW 82.08.0293 on thirty days credit terms to persons licensed as retailers under this title. Complete and separate accounting records shall be maintained on all sales of nonliquor food products to ensure that such persons are in compliance with RCW 66.28.010.

(2) For the purpose of this rule, the period of credit is calculated as the time elapsing between the date of delivery of the product and the date of full legal discharge of the retailer, through the payment of cash or its equivalent, from all indebtedness arising from the transaction.

(3) If the board finds in any instance that any licensee has violated this section by extending or receiving credit in excess of the thirty days as provided for by this section, then all licensees involved shall be held equally responsible for such violation.

WSR 87-11-045

ADOPTED RULES

UTILITIES AND TRANSPORTATION COMMISSION

[Order R-273, Cause No. U-86-141—Filed May 19, 1987]

In the matter of adopting WAC 480-100-251 relating to electric utility least cost planning.

This action is taken pursuant to Notice No. WSR 87-06-031 filed with the code reviser on February 27, 1987. 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 87-06-031 the above matter was scheduled for consideration at 9:00 a.m., Wednesday, April 8, 1987, in the Commission's Hearing Room, Second Floor, Chandler Plaza Building, 1300 Evergreen Park Drive South, Olympia, Washington, before Chairman Sharon L. Nelson and Commissioners Robert W. Bratton and Richard D. Casad.

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 April 3, 1987. Under the terms of said notice, interested persons were afforded the opportunity to submit data, views, or arguments orally at 9:00 a.m., Wednesday, April 8, 1987, in the Commission's Hearing Room, Second Floor, Chandler Plaza Building, 1300 Evergreen Park Drive South, Olympia, Washington.

At the April 8, 1987, meeting the commission considered the rule change proposal. Written comments were received from Arnold Livingston, President, Washington Senior Citizens' Lobby; Senator Al Williams; David W. Sloan, Pacific Power and Light Company; Representative Dick Nelson; W. Les Bryan, The Washington Water Power Company; Randall H. Barcus, The Washington Water Power Company; and Gary Swofford, Puget Sound Power and Light Company. Oral comments were

received from Randall H. Barcus, of The Washington Water Power Company.

The rule change affects no economic values.

In reviewing the entire record herein, it has been determined that WAC 480-100-251 should be adopted to read as set forth in Appendix A shown below and by this reference made a part hereof. WAC 480-100-251 will require electric utilities regulated by the commission to develop and present "least cost plans" for the purpose of obtaining additional sources of energy supply or reduction in energy demand for the least total cost to utilities and to ratepayers, specifying the general nature of the planning process, and the general format of the plans.

ORDER

WHEREFORE, IT IS ORDERED That WAC 480-100-251 as set forth in Appendix A, be adopted as a rule 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 18th day of May, 1987.

Washington Utilities and Transportation Commission
Sharon L. Nelson, Chairman
Robert W. Bratton, Commissioner
Richard D. Casad, Commissioner

APPENDIX "A"

NEW SECTION

WAC 480-100-251 LEAST COST PLANNING.

(1) Purpose and process. Each electric utility regulated by the commission has the responsibility to meet its load with a least cost mix of generating resources and improvements in the efficient use of electricity. Therefore, a "least cost plan" shall be developed by each electric utility in consultation with commission staff. Provision for involvement in the preparation of the plan by the public shall be required. Each planning cycle will begin with a letter to the company from the commission secretary. The content and timing of, and reporting for the least cost plan and the public involvement strategy shall be outlined in a work plan developed by the company after consulting with commission staff.

(2) Definitions. "Least cost plan" or "plan" means a plan describing the mix of generating resources and improvements in the efficient use of electricity that will meet current and future needs at the lowest cost to the utility and its ratepayers.

(3) Each electric utility shall submit to the commission on a biennial basis a least cost plan that shall include:

(a) A range of forecasts of future demand using methods that examine the impact of economic forces on

the consumption of electricity and that address changes in the number, type, and efficiency of electrical end-uses.

(b) An assessment of technically feasible improvements in the efficient use of electricity, including load management, as well as currently employed and new policies and programs needed to obtain the efficiency improvements.

(c) An assessment of technically feasible generating technologies including renewable resources, cogeneration, power purchases from other utilities, and thermal resources (including the use of combustion turbines to utilize better the existing hydro system.)

(d) A comparative evaluation of generating resources and improvements in the efficient use of electricity based on a consistent method, developed in consultation with commission staff, for calculating cost-effectiveness.

(e) The integration of the demand forecasts and resource evaluations into a long-range (e.g., twenty-year) least cost plan describing the mix of resources that will meet current and future needs at the lowest cost to the utility and its ratepayers.

(f) A short-term (e.g., two-year) plan outlining the specific actions to be taken by the utility in implementing the long-range least cost plan.

(4) All plans subsequent to the initial least cost plan shall include a progress report that relates the new plan to the previously filed plan.

(5) The least cost plan, considered with other available information, will be used to evaluate the performance of the utility in rate proceedings, including the review of avoided cost determinations, before the commission.

WSR 87-11-046

EMERGENCY RULES

OIL AND GAS

CONSERVATION COMMITTEE

[Order 9—Filed May 19, 1987]

Be it resolved by the Oil and Gas Conservation Committee, acting at Olympia, Washington, that it does adopt the annexed rules relating to bond to be furnished, WAC 344-12-060, amended to permit the filing of a bank letter of credit acceptance to the supervisor, in lieu of the bond required by WAC 344-12-060(1).

We, the Oil and Gas Conservation Committee, 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 considerable revenue and economic activity will be needlessly lost to the state if the rules are not immediately amended to permit the utilization of bank letters of credit as acceptable security.

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

This rule is promulgated pursuant to RCW 78.52.155 (2)(e) and is intended to administratively implement that statute.

This rule is promulgated pursuant to RCW 78.52.040 and 78.52.050 which directs that the Oil and Gas Conservation Committee has authority to implement the provisions of chapter 78.52 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 19, 1987.

By John L. Chambers
Secretary

AMENDATORY SECTION (Amending Order 6, Resolution No. 10, filed 1/8/85)

WAC 344-12-060 BOND TO BE FURNISHED.
(1) *The supervisor, except as hereinafter provided, shall require from the owner before a permit for drilling, re-drilling, or deepening will be issued a good and sufficient bond in the sum of not less than \$50,000.00 for each well payable to the state of Washington, conditioned on compliance with chapter 78.52 RCW, permit conditions, the rules and regulations and orders of the committee. Said bond shall remain in force and effect until the plugging of said well is approved by the supervisor and all laws, permit conditions, rules and regulations and orders have been complied with. It is provided, however, that any owner in lieu of such bond may file with the supervisor a good and sufficient blanket bond in the principal sum of not less than \$250,000.00 covering all wells drilling or to be drilled.*

(2) *Bond or bonds herein required shall be executed by the owner as principal and by a surety company acceptable to the DNR and authorized to do business in the state of Washington as surety. Should the surety on such bond fail or refuse to require compliance with the conditions of the bond to the satisfaction of the supervisor, such surety shall be liable to the state of Washington in such a sum, within the limits of the sum stated on the face of the bond, as will indemnify the state of Washington for the cost of requiring compliance with the conditions of the bond.*

(3) *In lieu of the bond required by this section the owner may file with the committee a cash deposit, or an assignment of a savings account or of a certificate of deposit in a Washington bank on an assignment form prescribed by the committee, or a bank letter of credit acceptable to the supervisor. In the event a certificate of deposit is provided in lieu of a bond the owner shall guarantee payment of principal in the event penalties are assessed for early redemption of the certificate.*

(4) *The amount of the bond to be furnished for permits required under WAC 344-12-050(3) shall be \$20,000.00.*

WSR 87-11-047

ADOPTED RULES

BOARD OF HEALTH

[Order 302—Filed May 19, 1987]

Be it resolved by the Washington State Board of Health, acting at Yakima, Washington, that it does adopt the annexed rules relating to communicable and certain other diseases, amending chapter 248-100 WAC, and repealing certain sections in chapter 248-100 WAC.

This action is taken pursuant to Notice No. WSR 87-07-039 filed with the code reviser on March 16, 1987. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Washington State Board of Health as authorized in RCW 43.20.050.

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 13, 1987.

By John A. Beare, MD, MPH
Secretary

Chapter 248-100 WAC
COMMUNICABLE AND CERTAIN OTHER DISEASES

NEW SECTION

WAC 248-100-006 PURPOSE. The following rules and regulations are adopted under the authority of chapter 43.20 RCW to protect the health and well-being of the public by controlling communicable and certain other diseases.

NEW SECTION

WAC 248-100-011 DEFINITIONS. The following definitions shall apply in the interpretation and enforcement of chapter 248-100 WAC:

(1) "Board" means the Washington state board of health.

(2) "Carrier" means a person harboring a specific infectious agent and serving as a potential source of infection to others, but who does not have symptoms of the disease.

(3) "Case" means a person, alive or dead, having been diagnosed to have a particular disease or condition by a health care provider with diagnosis based on clinical or laboratory criteria or both.

(4) "Category A disease or condition" means a reportable disease or condition of urgent public health importance, a case or suspected case of which must be reported to the local or state health officer immediately at the time of diagnosis or suspected diagnosis.

(5) "Category B disease or condition" means a reportable disease or condition of public health importance, a case of which must be reported to the local

health officer no later than the next working day following date of diagnosis.

(6) "Category C disease or condition" means a reportable disease or condition of public health importance, a case of which must be reported to the local health officer within seven days of diagnosis.

(7) "Communicable disease" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air.

(8) "Contact" means a person exposed to an infected person, animal, or contaminated environment which might provide an opportunity to acquire the infection.

(9) "Child day care facility" or "day care center" means an agency regularly providing care for a group of children for less than twenty-four hours a day and subject to licensing under chapter 74.15 RCW.

(10) "Department" means the Washington state department of social and health services.

(11) "Food handler" means any person preparing, processing, handling, or serving food or beverages for people other than members of his or her household.

(12) "Food service establishment" means any establishment where food or beverages are prepared for sale or service on the premises or elsewhere, and any other establishment or operation where food is served or provided for the public with or without charge.

(13) "Health care facility" means any facility or institution licensed under chapter 18.20 RCW, boarding home, chapter 18.46 RCW, maternity homes, chapter 18.51 RCW, nursing homes, chapter 70.41 RCW, hospitals, or chapter 71.12 RCW, private establishments, clinics, or other settings where one or more health care providers practice.

(14) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care including persons licensed in this state under Title 18 RCW to practice medicine, podiatry, chiropractic, optometry, osteopathy, nursing, midwifery, dentistry, physician assistants, and military personnel providing health care within the state regardless of licensure.

(15) "Infection control measures" means the management of infected persons, persons suspected to be infected, and others in such a manner as to prevent transmission of the infectious agent.

(16) "Isolation" means the separation or restriction of activities of infected persons, or of persons suspected to be infected, from other persons to prevent transmission of the infectious agent.

(17) "Laboratory director" means the director or manager, by whatever title known, having the administrative responsibility in any medical laboratory.

(18) "Local health department" means the city, town, county, or district agency providing public health services to persons within the area, as provided in chapter 70.05 RCW and chapter 70.08 RCW.

(19) "Local health officer" means the individual having been appointed under chapter 70.05 RCW as the health officer for the local health department, or having

been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department.

(20) "Medical laboratory" means any facility analyzing specimens of original material from the human body for purposes of patient care.

(21) "Nosocomial infection" means an infection acquired in a hospital or other health care facility.

(22) "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

(23) "Principal health care provider" means the attending physician or other health care provider recognized as primarily responsible for diagnosis and treatment of a patient or, in the absence of such, the health care provider initiating diagnostic testing or therapy for a patient.

(24) "Quarantine" means the separation or restriction on activities of a person having been exposed to or infected with an infectious agent, to prevent disease transmission.

(25) "Reportable disease or condition" means a disease or condition of public health importance, a case of which, and for certain diseases, a suspected case of which, must be brought to the attention of the local health officer.

(26) "Restrictable infection" means any disease, condition, illness, infection, or infestation having the likelihood of being transmitted from one person to another within certain specified occupations or settings making it necessary to restrict persons with such an infection from that occupation or setting during the communicable period in order to prevent serious and predictable consequences resulting from transmission of infection.

(27) "School" means a facility for programs of education as defined in RCW 28A-31-102 (preschool and kindergarten through grade twelve).

(28) "State health officer" means the person designated by the secretary of the department to serve as statewide health officer, or, in the absence of such designation, the person having primary responsibility for public health matters in the state.

(29) "Suspected case" means a person whose diagnosis is thought likely to be a particular disease or condition with suspected diagnosis based on signs and symptoms, laboratory evidence, or both.

(30) "Unusual communicable disease" means a communicable disease which is not commonly seen in the state of Washington but which is of general public health concern including, but not limited to, Lassa fever, smallpox, typhus, and yellow fever.

(31) "Veterinarian" means an individual licensed under provisions of chapter 18.92 RCW, veterinary medicine, surgery, and dentistry.

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.

NEW SECTION

WAC 248-100-016 CONFIDENTIALITY. Identifying information about any individual with a reportable disease or condition pursuant to chapter 248-100 WAC

shall be protected by persons with knowledge of such identity.

(1) Health providers, employees of a health care facility or medical laboratory, and other individuals with knowledge of a person with a reportable disease or condition shall release identifying information only to other individuals responsible for protecting the health and well being of the public through control of communicable and certain other diseases.

(2) Local and state health department personnel shall maintain individual case reports as confidential records consistent with WAC 248-100-091.

(3) The Washington state public health laboratory, other laboratories approved as public health referral laboratories, and any persons, institutions, or facilities submitting specimens or records containing patient identifying information shall maintain the identifying information accompanying submitted laboratory specimens as confidential records.

(4) Statistical summaries and epidemiologic studies based on individual case reports may be public information provided no individual is identified.

NEW SECTION

WAC 248-100-021 RESPONSIBILITIES AND DUTIES—HEALTH CARE PROVIDERS. Every health care provider, as defined in chapter 248-100 WAC, shall:

(1) Provide adequate, understandable instruction in control measures designed to prevent the spread of disease to:

(a) Each patient with a communicable disease under his or her care,

(b) Family of a patient with a communicable disease,

(c) Contacts and others as appropriate to prevent spread of disease.

(2) Ensure notification of the local health officer or local health department regarding:

(a) Cases of reportable diseases and conditions. See WAC 248-100-071, 248-100-076, and 248-100-081;

(b) Outbreaks or suspected outbreaks of disease. See WAC 248-100-071, 248-100-076, and 248-100-081;

(c) Known barriers which might impede or prevent compliance with orders for infection control or quarantine; and

(d) Name, address, and other pertinent information for any case or carrier refusing to comply with prescribed infection control measures.

(3) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a reportable disease or condition or other communicable disease, and

(b) An outbreak or suspected outbreak of illness.

(4) Comply with requirements in WAC 248-100-206 and 248-100-211.

AMENDATORY SECTION (Amending Regulation .100.025, effective 3/11/60)

WAC 248-100-025 GENERAL—INVESTIGATIVE DUTY OF HEALTH OFFICERS. ~~((It shall be~~

~~and is hereby made the duty of all))~~ Local health officers ~~((within the state to))~~ shall thoroughly investigate the possible sources of infection and modes of transmission and submit appropriate epidemiologic reports of such diseases or infections occurring within their jurisdictions as ~~((may be))~~ required by these rules and regulations. The ~~((state))~~ department ~~((of health))~~ shall provide assistance to local health officers in carrying out necessary investigations, whenever such assistance is needed.

NEW SECTION

WAC 248-100-031 RESPONSIBILITIES AND DUTIES—LABORATORY DIRECTORS. The director of each medical laboratory in the state shall:

(1) Register the laboratory with the department as described in WAC 248-100-221.

(2) Submit microbiologic cultures or subcultures or appropriate clinical material to the Washington state public health laboratory or other laboratory designated by the state health officer, as described in WAC 248-100-231.

(3) Report to the local health officer or state health officer certain positive test results, as described in WAC 248-100-236.

(4) Cooperate with local and state health department personnel in the investigation of an outbreak, suspected outbreak, case, suspected case, carrier, or contact of a communicable disease or reportable disease or condition, as described in WAC 248-100-241.

NEW SECTION

WAC 248-100-041 RESPONSIBILITIES AND DUTIES—STATE HEALTH OFFICER. (1) The state health officer shall have authority to:

(a) Require reporting of cases and suspected cases of disease and conditions in addition to those required in WAC 248-100-076 for a period of time less than thirty-six months when:

(i) The disease or condition is newly recognized or recently acknowledged as a public health concern, and

(ii) Epidemiologic investigation based on reports of cases may contribute to understanding of the disease or condition, and

(iii) Written notification is provided to all local health officers regarding:

(A) Additional reporting requirements, and

(B) Rationale or justification for specifying the disease or condition as reportable.

(b) Require laboratories to submit specimens indicative of infections in addition to those required in WAC 248-100-231 for a period of time less than thirty-six months, provided:

(i) The infection is of public health concern, and

(ii) Written notification is provided to all local health officers and all directors of medical laboratories registered as described in WAC 248-100-221 explaining:

(A) Actions required, and

(B) Reason for the addition.

(2) The state health officer's authorization to require reporting of cases or submission of laboratory specimens, other than those specified in WAC 248-100-076 and

248-100-231, shall expire thirty-six months from the date of written notification of local health officers and laboratory directors unless amended rules are adopted by the state board of health.

(3) The state health officer shall distribute periodic epidemiologic summary reports and an annual review of public health issues to local health officers and local health departments.

NEW SECTION

WAC 248-100-046 RESPONSIBILITIES AND DUTIES—CASES, SUSPECTED CASES, CARRIERS, CONTACTS, AND OTHERS. (1) Persons shall cooperate with public health personnel during:

(a) Investigation of the circumstances of a case, suspected case, outbreak, or suspected outbreak of a communicable or other disease or condition; and

(b) Implementation of infection control measures, including isolation and quarantine measures.

(2) Individuals having knowledge of a person with a reportable disease or condition may notify the local health officer as described in WAC 248-100-071.

AMENDATORY SECTION (Amending Regulation .100.050, filed [effective] 3/11/60)

WAC 248-100-050 REPORTS OF DISEASES BY ~~((ATTENDING PHYSICIANS))~~ HEALTH CARE PROVIDERS AND OTHERS—HEALTH OFFICERS ((AND MEDICAL DEPUTIES)). The health officer or ~~((his medical deputy))~~ designee may accept, or may, at his or her discretion, carry out such additional steps as ~~((may be))~~ deemed ~~((by him to be))~~ necessary to verify diagnosis reported by a ~~((physician))~~ health care provider or others.

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

NEW SECTION

WAC 248-100-071 RESPONSIBILITY FOR REPORTING TO AND COOPERATING WITH THE LOCAL HEALTH DEPARTMENT. (1) A principal health care provider in attendance on a case of any reportable disease or condition shall report the case to the local health department as required in this chapter.

(2) Other health care providers in attendance on a case of a reportable disease or condition shall report the case to the local health department unless the case has already been reported.

(3) Health care facilities where more than one health care provider may be in attendance on a case of a reportable disease or condition may establish administrative procedures to assure forwarding of reports to the local health department without duplication. Neither the submission of a specimen to a public health laboratory as required in WAC 248-100-231 nor the laboratory reporting a positive test result as required in WAC 248-100-236 relieves the principal health care provider or health care facility from responsibility for reporting to the local health department.

(4) Individuals knowing about a person suspected to have any reportable disease or condition may report the

name, other identifying information, and other known information described in WAC 248-100-081 to the local health department.

(5) School principals, school nurses, and day care center operators knowing of a case or suspected case of a reportable disease or condition in the school or center shall notify the local health department.

(6) Each school teacher and day care worker knowing of a case or suspected case of a reportable disease or condition shall report the name and other identifying information to the principal, school nurse, or day care center operator.

(7) Medical laboratories shall report laboratory evidence of certain reportable diseases to the local or state health department as described in WAC 248-100-236.

(8) Health care providers, health care facilities, laboratory directors, and individuals shall cooperate with the local health officer in the investigation of a case or suspected case of a reportable disease or condition, and shall, when requested by the local health officer, provide in a timely manner any information related to the clinical, laboratory, and epidemiologic circumstances of the case or suspected case.

NEW SECTION

WAC 248-100-076 REPORTABLE DISEASES AND CONDITIONS. (1) The following diseases and conditions shall be reported as individual case reports to the local health department in accordance with requirements and procedures described throughout chapter 248-100 WAC:

(a) Category A diseases require an immediate report at the time a case is suspected or diagnosed and include:

- (i) Anthrax,
- (ii) Botulism (including food-borne, infant, and wound),
- (iii) Cholera,
- (iv) Diphtheria, noncutaneous,
- (v) Measles (rubeola),
- (vi) Paralytic shellfish poisoning,
- (vii) Plague,
- (viii) Poliomyelitis, and
- (ix) Rabies.

(b) Category B diseases or conditions require a case report within one day of diagnosis and include:

- (i) Brucellosis,
- (ii) Gastroenteritis of suspected food-borne or water-borne origin,
- (iii) Hemophilus influenzae invasive disease (excluding otitis media) in children age five years and under,
- (iv) Hepatitis A and B, acute,
- (v) Leptospirosis,
- (vi) Listeriosis,
- (vii) Meningococcal disease,
- (viii) Paratyphoid fever (see salmonellosis),
- (ix) Pertussis,
- (x) Rubella, including congenital,
- (xi) Salmonellosis, including paratyphoid fever and typhoid fever,
- (xii) Shigellosis,
- (xiii) Syphilis—primary, secondary, or congenital (for other, see category C),

(xiv) Typhoid fever, including carrier (see salmonellosis),

(xv) Unusual communicable disease (see definition WAC 248-100-011).

(c) Category C diseases or conditions require a case report within seven days of diagnosis and include:

(i) Acquired immunodeficiency syndrome (AIDS) and class IV human immunodeficiency virus (HTLV III or LAV diseases classified by centers for disease control, United States public health service, MMWR, 5/23/86),

(ii) Amebiasis,

(iii) Campylobacteriosis,

(iv) Chancroid,

(v) Chlamydia trachomatis infection,

(vi) Ecoli 0157:H7 infection,

(vii) Encephalitis, viral,

(viii) Giardiasis,

(ix) Gonorrhea,

(x) Granuloma inguinale,

(xi) Herpes simplex, initial genital infection,

(xii) Herpes simplex, neonatal,

(xiii) Hepatitis non-A, non-B, and unspecified,

(xiv) Kawasaki syndrome,

(xv) Legionellosis,

(xvi) Leprosy (Hansen's disease),

(xvii) Lyme disease,

(xviii) Lymphogranuloma venereum,

(xix) Malaria,

(xx) Mycobacteriosis, including tuberculosis,

(xxi) Mumps,

(xxii) Nongonococcal urethritis,

(xxiii) Pelvic inflammatory disease, acute,

(xxiv) Pseudomonas folliculitis of suspected water-borne origin,

(xxv) Psittacosis,

(xxvi) Q fever,

(xxvii) Relapsing fever (borreliosis),

(xxviii) Reye Syndrome,

(xxix) Rheumatic fever,

(xxx) Rocky mountain spotted fever,

(xxxi) Syphilis—other (see also category B),

(xxxii) Tetanus,

(xxxiii) Tick paralysis,

(xxxiv) Toxic shock syndrome,

(xxxv) Trichinosis,

(xxxvi) Tuberculosis,

(xxxvii) Tularemia,

(xxxviii) Vibriosis,

(xxxix) Yersiniosis, and

(xxxx) Severe adverse reaction to immunization.

(2) Any cluster or pattern of cases, suspected cases, deaths, or increased incidence of any disease or condition beyond that expected in a given period which may indicate an outbreak, epidemic, or related public health hazard shall be reported immediately by telephone to the local health officer. Such patterns include, but are not limited to, suspected or confirmed outbreaks of food borne or waterborne disease, chickenpox, influenza, viral meningitis, nosocomial infection suspected due to contaminated products or devices, or environmentally related disease.

(3) Local health officers may require reporting of additional diseases and conditions.

NEW SECTION

WAC 248-100-081 REPORTS—CONTENT—TIME—HOSPITAL MONTHLY REPORT PERMITTED FOR CERTAIN DISEASES. (1) Health care providers, health care facilities, and others as required in chapter 248-100 WAC shall report each case of a reportable disease or condition (category A, B, and C), to the local health officer including the following information:

(a) Name,

(b) Address,

(c) Age,

(d) Sex,

(e) Diagnosis or suspected diagnosis of disease or condition,

(f) Identity of the principal health care provider (minimally first and last name), and

(g) Name and address or telephone number of the person providing the report.

(2) Local health officers may require other information of epidemiologic or public health value including but not limited to:

(a) Immunization status,

(b) History and circumstances of possible exposure or source,

(c) Identity of contacts at risk for disease, if known,

(d) Occupation, school, or day care of case,

(e) Date of onset of disease or condition, and

(f) Race.

(3) Health care providers, health care facilities, and others required in chapter 248-100 WAC to report cases of disease or conditions shall:

(a) Immediately telephone the report of each case or suspected case of category A disease or condition, WAC 248-100-076, to the local health department,

(b) Telephone a report of category B disease or condition, WAC 248-100-076, to the local health department no later than one working day following diagnosis,

(c) Submit a written report of each category C disease or condition, WAC 248-100-076, to the local health department within seven days of diagnosis including:

(i) Completion of an individual case report form provided or approved by the local health department, or

(ii) A telephone report if:

(A) Telephone reports are approved by the local health officer, and

(B) The local health officer assumes responsibility for completion of the written case report form.

(4) Hospitals may:

(a) Elect a monthly reporting system only for certain category C diseases or conditions including:

(i) Chlamydia trachomatis infection;

(ii) Kawasaki syndrome;

(iii) Leprosy (Hansen's disease);

(iv) Mumps;

(v) Mycobacteriosis, excluding tuberculosis;

(vi) Pelvic inflammatory disease, acute including those diseases classified as pelvic inflammatory disease in international classification of diseases, 9th revision, clinical modification, volume I and II, 1980;

(vii) Reye syndrome; and

(viii) Toxic shock syndrome.

(b) Be waived from requirements to report:

(i) Initial genital herpes simplex infection,

(ii) Nongonococcal urethritis, and

(iii) Pseudomonas folliculitis of suspected waterborne origin.

(5) Hospitals shall:

(a) Report immediately by telephone any outbreak or suspected outbreak (see WAC 248-100-076).

(b) Include in monthly reports permitted only for certain diseases specified in subsection (4) of this section, at least:

(i) Name of case,

(ii) Date of admission or outpatient visit, and

(iii) Name of principal health care provider.

(6) Principal health care providers shall report each case of disease or condition, including those listed in subsection (4) of this section within seven days of diagnosis and as specified in subsection (3) of this section.

NEW SECTION

WAC 248-100-086 REPORTING DISEASES AND CONDITIONS DIRECTLY TO DEPARTMENT. (1) Health care providers and health care facilities shall telephone reports directly to the department when:

(a) A local health department is closed at the time a case or suspected case of a category A reportable disease occurs, and

(b) A local health department is closed at the time an outbreak or suspected outbreak occurs (see WAC 248-100-076).

(2) The twenty-four hour department telephone number for reporting diseases or conditions is (206) 361-2914 or SCAN 245-2914.

NEW SECTION

WAC 248-100-091 HANDLING OF REPORTS BY LOCAL HEALTH DEPARTMENT—HANDLING OF REPORTS BY DEPARTMENT. (1) The local health officer or local health department shall:

(a) Notify the department immediately by telephone of any report of a case or suspected case of a category A disease or condition,

(b) Submit a department-approved individual case report form for each case of any reportable disease or condition to the department within seven days of completing the investigation and report. (The state health officer may waive the requirement to submit an individual case report if pertinent information was provided by phone.)

(c) Submit a written report on forms approved by the department for a cluster or outbreak of food borne or waterborne disease within seven days of completing the

investigation. (The state health officer may waive the requirements to submit a written report if pertinent information was provided to the department by phone.)

(d) Maintain confidentiality procedures related to disclosure of identity of cases and suspected cases as specified in subsection (2) of this section.

(2) The state health officer and designees shall establish and maintain confidentiality procedures related to employee handling of all reports of cases and suspected cases, prohibiting disclosure of report information identifying an individual case or suspected cases except:

(a) To employees of the local health department, or other official agencies needing to know for the purpose of administering public health laws,

(b) To health care providers, specific designees of health care facilities, laboratory directors, and others for the purpose of collecting additional information about a case or suspected case as required for disease prevention and control.

NEW SECTION

WAC 248-100-206 SPECIAL DISEASES—SEXUALLY TRANSMITTED DISEASES. (1) "Sexually transmitted disease (STD)" means a reportable, communicable disease or condition, usually transmitted through sexual contact and including:

(a) Chancroid,

(b) Chlamydia trachomatis infection,

(c) Gonorrhoea,

(d) Granuloma inguinale,

(e) Herpes simplex—initial genital infection and neonatal,

(f) Lymphogranuloma venereum,

(g) Pelvic inflammatory disease—acute,

(h) Syphilis (including congenital), and

(i) Nongonococcal urethritis.

(2) Health care providers shall:

(a) Report each case of sexually transmitted disease as required in chapter 248-100 WAC, and

(b) Instruct each patient regarding:

(i) Communicability of the disease, and

(ii) Requirements to refrain from acts that may transmit the disease to another.

(c) Ensure completion of a prenatal serologic test for syphilis in each pregnant woman pursuant to RCW 70.24.090 including:

(i) Submission of a blood sample for syphilis to a laboratory approved to perform prenatal serologic tests for syphilis, as required in RCW 70.24.090, at the time of the first prenatal visit, and

(ii) Decide whether or not to omit the serologic test for syphilis if the test was performed elsewhere during the current pregnancy.

(3) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying an individual is free from sexually transmitted disease.

(4) Local health officers, health care providers, and others, in addition to requirements in chapter 248-100 WAC, shall comply with the provisions in chapter 70.24 RCW.

(5) Prevention of ophthalmia neonatorum.

(a) Health care providers diagnosing or caring for a patient with gonococcal or chlamydial ophthalmia neonatorum shall report the case to the local health officer or local health department in accordance with the provisions of this chapter.

(b) The principal health care provider attending or assisting in the birth of any infant or caring for an infant after birth, shall ensure instillation of a department-approved prophylactic ophthalmic agent into the conjunctival sacs of the infant within the time frame established by the department in policy statement of ophthalmia agents approved for the prevention of ophthalmia neonatorum in the newborn, issued June 19, 1981.

NEW SECTION

WAC 248-100-211 SPECIAL DISEASES—TUBERCULOSIS. (1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or nonpulmonary, shall:

(a) Report the case to the local health officer or local health department in accordance with the provisions of this chapter, and

(b) Report patient status to the local health officer every three months or as requested.

(2) The local health officer or local health department shall:

(a) Have primary responsibility for control of tuberculosis within the designated jurisdiction;

(b) Maintain a tuberculosis control program including:

- (i) Prophylaxis,
- (ii) Treatment,
- (iii) Surveillance,
- (iv) Case finding,
- (v) Contact tracing, and
- (vi) Other aspects of epidemiologic investigation;

(c) Maintain a tuberculosis register of all persons with tuberculosis, whether new or recurrent, within the local jurisdiction including information about:

- (i) Identification of patient,
- (ii) Clinical condition,
- (iii) Epidemiology of disease,
- (iv) Frequency of examinations;

(d) Impose isolation of a person with tuberculosis in an infectious stage if that person does not observe precautions to prevent the spread of the infection;

(e) Designate the place of isolation when imposed;

(f) Release the person from isolation when appropriate;

(g) Maintain and provide outpatient tuberculosis diagnostic and treatment services as necessary, including public health nursing services and physician consultation; and

(h) Submit reports of all cases to the department in accordance with the provisions of this chapter.

(3) When a person with tuberculosis requires hospitalization,

(a) Hospital admission shall occur in accordance with procedures arranged by the local health officer and the medical director or administrator of the hospital, and

(b) The principal health care provider shall:

(i) Maintain responsibility for deciding date of discharge, and

(ii) Notify the local health officer of intended discharge in order to assure appropriate outpatient arrangements.

NEW SECTION

WAC 248-100-216 SPECIAL DISEASES—SURVEILLANCE FOR INFLUENZA. Local health departments shall:

(1) Maintain a surveillance system for influenza during the appropriate season which may include:

- (a) Monitoring of excess school absenteeism,
- (b) Sample check with health care providers, clinics, and hospitals regarding influenza like illnesses,
- (c) Monitoring of work place absenteeism and other mechanisms.

(2) Encourage submission of appropriate clinical specimens from a sample of patients with influenza-like illness to the Washington state public health laboratory or other laboratory approved by the state health officer.

NEW SECTION

WAC 248-100-221 DUTIES OF LABORATORIES—ANNUAL REGISTRATION OF LABORATORIES. Every person, firm, or corporation operating or maintaining a medical laboratory shall register annually with the department by completing a form provided by the department and including:

- (1) Name and address of the laboratory,
- (2) Name of the person or persons owning or operating the laboratory, and
- (3) Other information as indicated on the form provided by the department.

NEW SECTION

WAC 248-100-226 DUTIES OF LABORATORIES—APPROVAL OF LABORATORIES TO PERFORM PRENATAL SEROLOGIC TESTS FOR SYPHILIS. (1) Laboratories performing prenatal serologic tests for syphilis shall request approval by the department in accordance with the following:

- (a) Apply by registering intent with the department,
- (b) provide personnel specifically trained in the serological procedures in use,

(c) Establish test methods approved by the department based on current recommendations of the United States public health service (USPHS) and consistent with the United States health care financing administration (HCFA) 42 CFR 82.27,

(d) Perform tests consistent with the manufacturer's recommendations,

(e) Establish quality control procedures consistent with the manufacturer's recommendations, and

(f) Maintain records of quality control results and patient's test results for at least two years.

(2) Approved laboratories shall:

(a) Subscribe to a proficiency testing program approved by the department based on recommendations by USPHS and acceptable to United States HCFA,

(b) Request the testing service to send a report of results to the department,

(c) Demonstrate satisfactory performance by maintaining a score of seventy percent on each shipment of test samples.

(3) Written department certification of approval depends upon:

(a) Satisfactory performance in a proficiency testing program for syphilis serology demonstrated for two consecutive sets of samples, and

(b) Continuous satisfactory performance in a proficiency testing program for syphilis serology.

(4) The department may:

(a) Perform on-site reviews of laboratories to determine compliance with WAC 248-100-226, and

(b) Decertify laboratories when conditions described in WAC 248-100-226 are not met.

(5) The department shall:

(a) Provide a list of department-approved laboratories to certified laboratories, local health departments, and others upon request, and

(b) Decertify any laboratory failing to perform satisfactorily on proficiency testing as described in subsection (2)(c) of this section.

NEW SECTION

WAC 248-100-231 DUTIES OF LABORATORIES—SUBMISSION OF SPECIMENS BY LABORATORIES. (1) The director of every medical laboratory shall:

(a) Submit microbiologic cultures, subcultures, or appropriate clinical material as specified in subsection (2) of this section to the Washington state public health laboratory or other laboratory designated by the state health officer for diagnosis, confirmation, or further testing;

(b) Identify each specimen on a form provided or approved by the department including:

(i) The patient's name, and, if available,

(ii) Age, sex, date of onset of illness, first and last name of principal health care provider.

(2) When test results indicate possible infection with any of the following, laboratory action shall include:

(a) Brucellosis (*Brucella* species): Submit suspicious subcultures for confirmation and final identification;

(b) Cholera (*Vibrio cholera*): Submit subcultures for confirmation and final identification;

(c) Diphtheria (*Corynebacterium diphtheriae*): Submit subcultures for identification and for toxin study when indicated;

(d) Malaria (*Plasmodium* species): Laboratories are encouraged to submit thick and thin stained smears for conformation, final identification, and forwarding for international epidemiologic surveillance;

(e) Meningococcal infection of blood or spinal fluid (*Neisseria meningitidis*): Submit subcultures for confirmation and final identification;

(f) Plague (*Yersinia pestis*): Submit subcultures or appropriate clinical material for confirmation;

(g) Salmonellosis, including typhoid fever (*Salmonella* species): Submit subcultures for confirmation and serotyping;

(h) Shigellosis (*Shigella* species): Submit subcultures for confirmation and serotyping;

(i) Syphilis (*Treponema pallidum*): Submit reactive or weakly reactive serologic specimens for confirmation and further definitive testing;

(j) Mycobacteriosis, including tuberculosis (*Mycobacterium* species): Submit subcultures of initial isolates for:

(i) *Mycobacterium tuberculosis*,

(ii) *Mycobacterium bovis*,

(iii) Other mycobacterial species when isolate is suspected of causing disease; and

(k) Tularemia (*Francisella tularensis*): Submit subcultures or appropriate clinical material for confirmation.

(3) When clinical impression and epidemiologic circumstances indicate a possible case of botulism, laboratory action shall include the following:

(a) Infant botulism: Submit stool for *Clostridium botulinum* identification and toxin typing,

(b) Food borne botulism:

(i) Submit serum and stool for *C. botulinum* identification and toxin typing; and

(ii) If available, submit suspect foods (ideally in original containers).

(c) Wound botulism: Submit subculture or serum, debrided tissue, or swab sample from wound for *C. botulinum* identification.

(4) The state health officer may require submission of specimens for other infections of public health concern as described in WAC 248-100-041.

NEW SECTION

WAC 248-100-236 DUTIES OF LABORATORIES—REPORTING OF LABORATORY RESULTS INDICATIVE OF CERTAIN REPORTABLE DISEASES. (1) By December 31, 1987, medical laboratories shall:

(a) Report each positive culture or other suggestive test results to the local health officer by phone, written report, or submission of specimen within two working days, unless specified otherwise, for:

(i) Anthrax (*Bacillus anthracis*),

(ii) Botulism (*Clostridium botulinum*),

(iii) Cholera (*Vibrio cholera*),

(iv) Diphtheria (*Corynebacterium diphtheriae*) – toxigenic strains,

(v) Gonorrhea (*Neisseria gonorrhoeae*) (report within seven days),

(vi) Measles (rubeola) (measles virus),

(vii) Plague (*Yersinia pestis*),

(viii) Rabies (rabies virus),

(ix) Brucellosis (*Brucella* species),

(x) Leptospirosis (*Leptospira interrogans*),

(xi) Listeria infection of blood or spinal fluid (*Listeria monocytogenes*),

(xii) Meningococcal infection of blood or spinal fluid (*N. meningitidis*),

(xiii) Pertussis (*Bordetella pertussis*),

(xiv) Salmonellosis (*Salmonella* species),

(xv) Shigellosis (*Shigella* species), and

(xvi) Hepatitis A (positive anti-HAV IgM).

(b) Send a copy of the state form accompanying specimen submitted as required in WAC 248-100-231 or identifying information including:

- (i) Type of specimen tested (e.g., serum or sputum),
- (ii) Test result,
- (iii) Name of reporting laboratory,
- (iv) Date of report,
- (v) Name of requesting health care provider or health care facility, and
- (vi) Name of patient.

(2) By December 31, 1987, medical laboratories shall report positive cultures or other suggestive test results for chlamydial infection (*chlamydia trachomatis*) to local health departments monthly including either:

- (a) Identifying information specified in subsection (1)(b)(i-vi) of this section, or
- (b) Aggregate numbers of positive tests including age, sex, and site of infection when known.

(3) Medical laboratories shall label or stamp reports appropriately with information indicating "reportable disease" and the telephone number of the local health department, if such labels or stamps are provided by the local health department.

(4) State and local health officers and health departments receiving reports from medical laboratories shall:

- (a) Allow time for the laboratory to notify the principal health care provider prior to contact if:
 - (i) Delay is unlikely to jeopardize public health, and
 - (ii) The laboratory requests a delay.
- (b) Try to contact the principal health care provider and discuss circumstances prior to contact of a patient when possible.

NEW SECTION

WAC 248-100-241 DUTIES OF LABORATORIES—DUTY TO COOPERATE WITH LOCAL HEALTH DEPARTMENTS AND THE DEPARTMENT. (1) Medical laboratories shall:

(a) Cooperate with local health departments and the department in the investigation of an outbreak, suspected outbreak, case, suspected case, carrier, or contact of a communicable disease or reportable disease or condition, and

(b) Provide, in a timely manner, any information related to the laboratory features of the investigation when requested by the local or state health officer.

(2) A laboratory director may designate responsibility for working and cooperating with public health personnel to certain laboratory employees as long as designated employees are:

- (a) Readily available, and
- (b) Able to provide requested information in a timely manner.

REPEALER

The following sections of the Washington Administrative Code are repealed:

- WAC 248-100-001 DEFINITIONS—GENERAL.
- WAC 248-100-002 DEFINITIONS OF "HEALTH OFFICER."

WAC 248-100-003 HEALTH OFFICERS IN CITIES BELOW THE FIRST CLASS.

WAC 248-100-010 GENERAL—LABORATORY TESTS—DUTY OF PERSON ATTENDING PATIENT.

WAC 248-100-015 GENERAL—DIAGNOSES AND RELEASES.

WAC 248-100-020 GENERAL—ANNUAL REGISTRATION OF LABORATORIES.

WAC 248-100-030 GENERAL—EPIDEMIOLOGIC REPORT.

WAC 248-100-035 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—REPORTS BY THOSE IN ATTENDANCE.

WAC 248-100-040 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—DUTY OF OTHERS WITH KNOWLEDGE.

WAC 248-100-045 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—DUTY OF INTERROGATED PERSONS.

WAC 248-100-055 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—CHANGES IN DIAGNOSIS.

WAC 248-100-060 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—FORMS FOR AND LISTS OF REPORTABLE DISEASES.

WAC 248-100-065 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—REPORTS OF SPECIAL DISEASES.

WAC 248-100-070 REPORTS OF DISEASES BY ATTENDING PHYSICIANS AND OTHERS—WITHOLDING IDENTITY.

WAC 248-100-075 REPORTABLE DISEASES—LIST OF.

WAC 248-100-080 UNUSUAL OR SERIOUS DISEASES—SUDDEN OR EXTRAORDINARY OUTBREAKS OF.

WAC 248-100-085 DISEASES REQUIRING CONFIRMATION BY LABORATORY EXAMINATION WHENEVER POSSIBLE.

WAC 248-100-090 DISEASES IN WHICH RELEASE SPECIMENS SHALL BE SUBMITTED.

WAC 248-100-095 DISEASES WHERE SPECIMENS MUST BE SUBMITTED.

WAC 248-100-100 REPORTS OF LOCAL HEALTH OFFICERS—TELEGRAPH OR TELEPHONE REPORTS IN CERTAIN CASES.

WAC 248-100-105 REPORTS OF LOCAL HEALTH OFFICERS—DISEASES REPORTABLE BY NUMBER OF CASES.

WAC 248-100-110 REPORTS OF LOCAL HEALTH OFFICERS—DISEASES REPORTABLE BY INDIVIDUAL REPORT CARDS.

WAC 248-100-115 REPORTS OF LOCAL HEALTH OFFICERS—REPORTS OF CIRCUMSTANCES.

WAC 248-100-120 ISOLATION AND QUARANTINE PROCEDURES—DUTY OF PHYSICIANS TO ADVISE.

- WAC 248-100-125 ISOLATION AND QUARANTINE PROCEDURES—MANDATORY PRECAUTIONS.
- WAC 248-100-130 ISOLATION AND QUARANTINE PROCEDURES—QUARANTINE OF CONTACTS.
- WAC 248-100-135 ISOLATION AND QUARANTINE PROCEDURES—TERMINATION PROCEDURE.
- WAC 248-100-140 MILK AND DAIRY WORKERS—SALES FORBIDDEN FROM PLACES WHERE CERTAIN DISEASES EXIST.
- WAC 248-100-145 TRAVEL—FORBIDDEN WITHOUT PERMISSION.
- WAC 248-100-150 TRAVEL—COMMON CARRIERS, UNITED STATES PUBLIC HEALTH SERVICE REGULATIONS ADOPTED.
- WAC 248-100-155 TRAVEL—BY PUBLIC CONVEYANCE.
- WAC 248-100-160 SCHOOLS AND PUBLIC GATHERINGS—DUTIES OF TEACHERS AND PRINCIPALS.
- WAC 248-100-170 SCHOOL EMPLOYEES—COMMUNICABLE DISEASES.
- WAC 248-100-180 TUBERCULOSIS TESTING—RESTRICTING FURTHER CHARGES WHERE X-RAY TECHNICALLY UNSATISFACTORY.
- WAC 248-100-195 FILING CERTIFICATES.
- WAC 248-100-200 CASUAL SUBSTITUTE TEACHERS AND STUDENT EMPLOYEES.
- WAC 248-100-205 PREVENTIVE OR CURATIVE TREATMENT FOR TUBERCULOSIS.
- WAC 248-100-210 BARBERS AND COSMETICIANS—FREEDOM FROM DISEASE—EXAMINATIONS.
- WAC 248-100-215 BARBERS AND COSMETICIANS—PROCEDURE IN SERVING INFECTED PERSONS.
- WAC 248-100-220 VENEREAL DISEASES—SUBMISSION OF SPECIMENS.
- WAC 248-100-225 VENEREAL DISEASES—ADVISING PATIENTS.
- WAC 248-100-230 VENEREAL DISEASES—DUTIES OF LOCAL HEALTH OFFICERS AND AFFLICTED PERSONS.
- WAC 248-100-235 VENEREAL DISEASES—NONISSUE OF "FREEDOM FROM" REPORTS.
- WAC 248-100-240 VENEREAL DISEASES—CURATIVE ADVERTISING.
- WAC 248-100-246 INFECTIOUS DISEASE—SUBMISSION OF SPECIMENS.
- WAC 248-100-249 REFERENCE TO AMERICAN PUBLIC HEALTH ASSOCIATION MANUAL.
- WAC 248-100-250 AMOEBIASIS AND AMOEBIC DYSENTERY.
- WAC 248-100-255 ANTHRAX.
- WAC 248-100-260 BOTULISM.
- WAC 248-100-265 BRUCELLOSIS (UNDULANT FEVER).
- WAC 248-100-270 CHANCROID.
- WAC 248-100-275 CHICKEN POX.
- WAC 248-100-280 CHOLERA.
- WAC 248-100-285 COCCIDIOIDOMYCOSIS (COCCIDIOIDAL GRANULOMA, VALLEY FEVER.)
- WAC 248-100-290 CONJUNCTIVITIS (SEE ALSO "NEWCASTLE DISEASE").
- WAC 248-100-295 OPHTHALMIA NEONATORUM (INFECTIOUS CONJUNCTIVITIS OF THE NEWBORN).
- WAC 248-100-300 COXSACKIE DISEASES, EPIDEMIC (PLEURODYNIA, EPIDEMIC MYALGIA).
- WAC 248-100-305 DENGUE FEVER.
- WAC 248-100-310 DIARRHEA, EPIDEMIC.
- WAC 248-100-315 DIPHTHERIA AND CARRIER STATE.
- WAC 248-100-320 DYSENTERY.
- WAC 248-100-325 ENCEPHALITIS, PRIMARY, VIRAL.
- WAC 248-100-330 FOOD POISONING—STAPHYLOCOCCAL, STREPTOCOCCAL, CHEMICAL, SHELLFISH, AND PLANT (SEE ALSO BOTULISM, SHIGELLOSIS AND SALMONELLOSIS).
- WAC 248-100-335 RUBELLA.
- WAC 248-100-340 GONORRHEA.
- WAC 248-100-345 GRANULOMA INGUINALE.
- WAC 248-100-350 HEPATITIS, INFECTIOUS (VIRAL).
- WAC 248-100-355 HISTOPLASMOSIS.
- WAC 248-100-360 IMPETIGO.
- WAC 248-100-365 INFLUENZA AND EPIDEMIC RESPIRATORY DISEASE (UNDIFFERENTIATED).
- WAC 248-100-370 INTESTINAL WORMS.
- WAC 248-100-375 LEPROSY.
- WAC 248-100-380 LEPTOSPIROSIS.
- WAC 248-100-385 LYMPHOGRANULOMA VENEREUM.
- WAC 248-100-390 MALARIA.
- WAC 248-100-395 MEASLES.
- WAC 248-100-400 MENINGOCOCCAL INFECTION (MENINGITIS OR MENINGOCOCCEMIA).
- WAC 248-100-405 MONONUCLEOSIS, INFECTIOUS.
- WAC 248-100-410 MUMPS.
- WAC 248-100-415 NEWCASTLE DISEASE.
- WAC 248-100-420 PERTUSSIS (WHOOPIING COUGH).
- WAC 248-100-425 PLAGUE (IN HUMANS).
- WAC 248-100-430 PNEUMONIA, PRIMARY.
- WAC 248-100-435 POLIOMYELITIS.
- WAC 248-100-445 "Q" FEVER.
- WAC 248-100-451 TREATMENT OF INDIVIDUALS.
- WAC 248-100-455 RAT-BITE FEVER (INCLUDING HAVERHILL FEVER).
- WAC 248-100-460 RELAPSING FEVER.
- WAC 248-100-465 RHEUMATIC FEVER.
- WAC 248-100-470 RINGWORM.

- WAC 248-100-475 ROCKY MOUNTAIN SPOTTED FEVER.
 WAC 248-100-480 SALMONELLOSIS.
 WAC 248-100-485 SCABIES.
 WAC 248-100-490 SCHISTOSOME (CERCARIA) DERMATITIS (SWIMMER'S ITCH).
 WAC 248-100-495 SMALLPOX.
 WAC 248-100-500 STREPTOCOCCAL INFECTIONS—HEMOLYTIC.
 WAC 248-100-505 SYPHILIS.
 WAC 248-100-510 TETANUS.
 WAC 248-100-515 TICK PARALYSIS.
 WAC 248-100-520 TRACHOMA.
 WAC 248-100-525 TRICHINOSIS.
 WAC 248-100-530 TUBERCULOSIS.
 WAC 248-100-532 CONTROL OF TUBERCULOSIS.
 WAC 248-100-535 TULAREMIA.
 WAC 248-100-540 TYPHOID FEVER, PARATYPHOID FEVER, AND THE CARRIER STATE OF EACH.
 WAC 248-100-545 TYPHUS FEVER.
 WAC 248-100-550 VINCENT'S DISEASE.
 WAC 248-100-555 YELLOW FEVER.
 WAC 248-100-560 APPROVAL OF LABORATORIES TO PERFORM PRENATAL SEROLOGIC TESTS FOR SYPHILIS—LABORATORY ADVISORY COMMITTEE.
 WAC 248-100-565 APPROVAL OF LABORATORIES TO PERFORM PRENATAL SEROLOGIC TESTS FOR SYPHILIS—REQUIREMENTS FOR APPROVAL OF LABORATORIES TO PERFORM PRENATAL SEROLOGIC TESTS FOR SYPHILIS.

WSR 87-11-048
PROPOSED RULES
OIL AND GAS
CONSERVATION COMMITTEE

[Filed May 19, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Oil and Gas Conservation Committee intends to adopt, amend, or repeal rules concerning bond to be furnished, WAC 344-12-060, amended to permit the filing of a bank letter of credit acceptable to the supervisor, in lieu of the bond required by WAC 344-12-060(1);

that the agency will at 9:00 a.m., August 6, 1987, in the EFSEC Conference Room, Rowsix, Building 1, 4224 6th Avenue S.E., Lacey, WA 98503, 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 78.52.040 and 78.52.050.

The specific statute these rules are intended to implement is RCW 78.52.155 (2)(e).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 24, 1987.

Dated: May 19, 1987

By: John L. Chambers
 Secretary

STATEMENT OF PURPOSE

Purpose and Implementation: To permit the filing of a bank letter of credit acceptable to the state oil and gas supervisor, in lieu of the bond required by WAC 344-12-060(1).

Adopting Agency: Oil and Gas Conservation Committee.

Statutory Authority: RCW 78.52.040 and 78.52.050.

Summary of Rules and Reasons Therefore: In lieu of a bond the amendment includes a bank letter of credit as an acceptable alternative upon which to condition compliance with chapter 78.52 RCW, permit conditions, the rules and regulations and orders of the Oil and Gas Conservation Committee before the issuance of a permit for drilling, redrilling or deepening a well in search of oil and gas.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Ray Lasmanis, Oil and Gas Supervisor, Geology and Earth Resources, Department of Natural Resources, Rowsix, Lacey, WA 98503, (206) 459-6372.

Proponents or Opponents: The proposed rules were initiated by the Department of Natural Resources, as designated agent of the committee through Mr. Ray Lasmanis, Oil and Gas Supervisor, at the discretion of the Oil and Gas Committee.

Agency Comments: The amendment provides greater flexibility for providing surety; thus encouraging oil and gas exploration by those finding it financially advantageous to provide a bank letter of credit in lieu of a bond.

Small Business Impact: The amendment may operate to the advantage of small business.

AMENDATORY SECTION (Amending Order 6, Resolution No. 10, filed 1/8/85)

WAC 344-12-060 BOND TO BE FURNISHED. (1) The supervisor, except as hereinafter provided, shall require from the owner before a permit for drilling, redrilling, or deepening will be issued a good and sufficient bond in the sum of not less than \$50,000.00 for each well payable to the state of Washington, conditioned on compliance with chapter 78.52 RCW, permit conditions, the rules and regulations and orders of the committee. Said bond shall remain in force and effect until the plugging of said well is approved by the supervisor and all laws, permit conditions, rules and regulations and orders have been complied with. It is provided, however, that any owner in lieu of such bond may file with the supervisor a good and sufficient blanket bond in the principal sum of not less than \$250,000.00 covering all wells drilling or to be drilled.

(2) Bond or bonds herein required shall be executed by the owner as principal and by a surety company acceptable to the DNR and authorized to do business in the state of Washington as surety. Should the surety on such bond fail or refuse to require compliance with the conditions of the bond to the satisfaction of the supervisor, such surety shall be liable to the state of Washington in such a sum, within the limits of the sum stated on the face of the bond, as will indemnify the state of Washington for the cost of requiring compliance with the conditions of the bond.

(3) In lieu of the bond required by this section the owner may file with the committee a cash deposit, or an assignment of a savings account or of a certificate of deposit in a Washington bank on an assignment form prescribed by the committee, or a bank letter of credit acceptable to the supervisor. In the event a certificate of deposit is provided in lieu of a bond the owner shall guarantee payment of principal in the event penalties are assessed for early redemption of the certificate.

(4) The amount of the bond to be furnished for permits required under WAC 344-12-050(3) shall be \$20,000.00.

WSR 87-11-049
PROPOSED RULES
DEPARTMENT OF CORRECTIONS
 [Filed May 19, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Corrections intends to amend rules concerning the amounts the department will pay to political subdivisions of the state of Washington in reimbursement for the criminal justice costs they incur directly as the result of crimes committed by adult offenders residing in correctional institutions. This amendment extends through June 30, 1989, the rates currently set forth in WAC 137-70-040.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on June 30, 1987.

The authority under which these rules are proposed is RCW 72.72.040.

The specific statute these rules are intended to implement is RCW 72.72.030.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 23, 1987.

Dated: May 19, 1987
 By: Chase Riveland
 Secretary

STATEMENT OF PURPOSE

Title and Number of Rule: Amending WAC 137-70-040, Reimbursable impacts/rates—Criminal justice costs.

Statutory Authority: RCW 72.72.040.

Summary and Purpose of Rule Change: The rates at which political subdivisions of the state of Washington are reimbursed for criminal justice costs they incur directly as the result of crimes committed by adult offenders residing in correctional work institutions are set forth in WAC 137-70-040. These rates are effective through June 30, 1987. This amendment extends the current rates through June 30, 1989.

Agency Personnel Responsible for Drafting, Adoption, Implementation and Enforcement: Robert W. Sampson, Administrator, Office of Contracts and Regulations, Division of Management and Budget, mailstop FN-61, scan 234-5770.

No other person or organization other than the Department of Corrections is proposing this rule.

This rule is not necessary to comply with a federal law or a federal or state court decision.

This rule does not have an impact on small business.

AMENDATORY SECTION (Amending Order 86-07, filed 1/14/87)

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, ~~(1987)~~ 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, ~~(1987)~~ 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, ~~(1987)~~ 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, ~~(1987)~~ 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, ~~(1987)~~ 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, ~~(1987)~~ 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, ~~(1987)~~ 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, 1986 and \$15.00 for the period July 1, 1986, through June 30, ~~(1987)~~ 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 87-11-050
PROPOSED RULES
DEPARTMENT OF LABOR AND INDUSTRIES
 [Filed May 20, 1987]

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 medical aid rules and maximum fee schedule, WAC 296-21-013, 296-23-615 and 296-23-811, dealing with procedures and payment methods for obtaining

physical capacities information from attending doctors and licensed physical and occupational therapists; WAC 296-23A-425 which provides for payment for performance-based physical capacities evaluation; and medical aid rules and maximum fee schedule, chapters 296-20 through 296-23 WAC, and chapter 296-23A WAC dealing with rules for treatment of industrially injured workers;

that the agency will at 10:00 a.m., Tuesday, June 23, 1987, in the First Floor Conference Room, General Administration Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 23, 1987.

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 June 23, 1987.

The agency reserves the right to modify the text of these proposed rules and changes prior to the public hearing thereon or in response to written and/or oral comments thereon received prior to or during the public hearing.

Written and/or oral submissions may also contain data, views, and arguments of the rules on economic values, pursuant to chapter 43.21H RCW.

Correspondence relating to this notice and proposed rules attached should be addressed to:

Roy Plaeger
Medical Services Analyst
Health Services Analysis
Department of Labor and Industries
General Administration Building
Mailstop HC-251
Olympia, Washington 98504

Dated: May 20, 1987

By: Joseph A. Dear
Deputy Director
for Richard A. Davis

STATEMENT OF PURPOSE

The proposal for rule changes, which follow, amend portions of chapters 296-20, 296-21, 296-22, 296-23 and 296-23A of the Washington Administrative Code. These chapters pertain to rules and fees for treatment provided to injured workers.

The purpose of these proposed rules is to make the following substantive changes in Title 296 WAC as previously enacted: Revise fee schedule pertaining to reimbursement of health service providers for service on workers' compensation claims.

Statutory Authority: RCW 51.04.020(4) and 51.04.030.

In Summary, the Following Changes are Accomplished by the Proposed Rules: To conform with 1987 current procedural terminology (CPT-4); to increase anesthesia payment limits; concerning special services and billing procedures relating to payment for doctor's

estimates of physical capacities and to provide for payment of performance-based physical capacities evaluations; and to update billing rules for providers billing electronically.

Agency Personnel Responsible for Drafting: Roy Plaeger and Linda Murphy; Implementation and Enforcement: Joseph 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 or fiscal matters beyond those appearing above.

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 unfavorable economic impact for small business, because there is no fiscal impact resulting from these rules.

The agency reserves the right to modify the text of these proposed rules prior to the public hearing 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 attached should be addressed to Roy Plaeger, Medical Services Analyst, Health Services Analysis, Department of Labor and Industries, General Administration Building, HC-251, Olympia, Washington 98504.

AMENDATORY SECTION (Amending Order 86-36, filed 10/1/86, effective 11/1/86)

WAC 296-20-125 BILLING PROCEDURES. All services rendered must be in accordance with the medical aid rules. The department or self-insurer may reject bills for services rendered in violation of these rules. The injured worker may not be billed for services rendered in violation of these rules.

(1) Bills must be itemized on department or self-insurer forms or other forms which have been approved by the department or self-insurer. Bills may also be transmitted electronically on department provided software, or transmitted electronically using department file format specifications. Providers using any of the electronic transfer options must follow department instructions for electronic billing. Physicians, osteopaths, advanced registered nurse practitioners, chiropractors, naturopaths, podiatrists, psychologists, and registered physical therapists use the national standard HCFA 1500 health insurance claim form with the bar code placed 2/10 of an inch from the top and 1 1/2 inches from the left side of the form. Hospitals use the UB-82 billing form for institution services and the national standard HCFA 1500 health insurance claim form with the bar code placed 2/10 of an inch from the top and 1 1/2 inches from the left side of the form for professional services. Pharmacies use the department's statement for pharmacy services (F-245-100). Dentists, equipment suppliers, transportation services, home health services, vocational services, and massage therapists use the department's statement for miscellaneous services (F-245-72). Providers may obtain billing forms from the department's local service locations (see Appendix C for listing).

(2) Bills must specify the date and type of service, the appropriate procedure code, the condition treated, and the charges for each service.

(3) Bills submitted to the department must be completed to include the following:

(a) Worker's name and address;

- (b) Worker's claim number;
- (c) Date of injury;
- (d) Referring doctor's name and L & I provider account number;
- (e) Area of body treated, including ICD-9-CM code(s), identification of right or left, as appropriate;
- (f) Dates of service;
- (g) Place of service;
- (h) Type of service;
- (i) Appropriate procedure code, hospital revenue code, or national drug code;
- (j) Description of service;
- (k) Charge;
- (l) Units of service;
- (m) Tooth number(s);
- (n) Total bill charge;
- (o) The name and address of the practitioner rendering the services and the provider account number assigned by the department;
- (p) Date of billing;
- (q) Submission of supporting documentation required under subsection (6) of this section.
- (4) Responsibility for the completeness and accuracy of the description of services and charges billed rests with the practitioner rendering the service, regardless of who actually completes the bill form;
- (5) Vendors are urged to bill on a monthly basis. Bills must be received within ninety days of service to be considered for payment.
- (6) The following supporting documentation is required when billing for services:
 - (a) Laboratory and pathology reports;
 - (b) X-ray findings;
 - (c) Operative reports;
 - (d) Office notes;
 - (e) Consultation reports;
 - (f) Special diagnostic study reports;
 - (g) For BR procedures - see WAC 296-20-010 for requirements;
- and
- (h) Special or closing exam reports.
- (7) The claim number must be placed on each bill and on each page of reports and other correspondence in the upper right-hand corner.
- (8) Rebills. If you do not receive payment or notification from the department within ninety days, services may be rebilled. Rebills must be submitted for services denied if a claim is closed or rejected and subsequently reopened or allowed. Rebills should be identical to the original bill: Same charges, codes, and billing date. Please indicate rebill on the bill.

Any inquiries regarding adjustment of charges must be submitted within ninety days from the date of payment to be considered.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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

	Unit Value
(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
(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 Post-operative 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)	
99080 Special reports as insurance forms, sixty-day report, or the review of medical data to clarify a	

	Unit Value
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
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
99150 Detention, prolonged, with patient requiring ((attention)) physician attendance beyond usual service (e.g., critically ill patient, 30 minutes ((or less)) to one hour)	25.0
99151 one hour	50.0

CRITICAL CARE

Critical care includes the care of critically ill patients in a variety of medical emergencies that requires the constant attention of the physician (cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, critically ill neonate). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The descriptors for critical care are intended to include cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, electrical conversion of arrhythmia, etc., are excluded when this descriptor is used on a per hour basis. (The physician may list his services separately if he desires.)

99160 Critical care, initial, including the diagnostic and therapeutic services and direction of care of the 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 Monitoring respiration 20.0	
99166 Monitoring temperature 20.0)	

(99165, 99166 have been deleted. To report, use 99199)

(For monitoring cardiac output, see 78470, 93561, 93962)

(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
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(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 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) Post-operative care in instances where the unit value is for surgical procedure only.

INTERMEDIATE: A level of service such as a complete history and physical examination of one or more organ systems, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis that necessitates the obtaining and evaluation of pertinent history and physical or mental status findings, diagnostic tests and procedures, and the ordering of appropriate therapeutic management or an in depth counseling or discussion of the findings, but not requiring a comprehensive examination of the patient as a whole.

For example:

- (a) Review of interval history; examination of neck veins, lungs, heart, abdomen and extremities, discussion of findings and prescription of treatment in decompensated arteriosclerotic heart disease.
- (b) Review of interval history, examination of musculoskeletal system, discussion of findings, and adjustment of therapeutic program in low back and/or arthritic disorders.
- (c) Review of recent illness: Examination of pharynx, neck, axilla, groin, and abdomen; interpretation of laboratory tests and prescription of treatment in infectious mononucleosis.
- (d) Evaluation of a chest, post trauma, with impaired respiration with development of shock.

EXTENDED: A level of service requiring an unusual amount of 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) Re-examination of neurological findings, detailed review of hospital studies and course, and formal conference with patient and family jointly concerning findings and plans in a diagnostic problem of suspected intracranial disease in a young adult.
- (b) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent physical findings of a patient with a recent coronary infarct with complications requiring constant physician bedside attention.
- (c) Review of results of diagnostic evaluation, performance of a detailed examination and a thorough discussion of physical findings, laboratory studies, x-ray examinations, diagnostic conclusions and recommendations for treatment of complicated chronic pulmonary disease.
- (d) Detailed review of studies and hospital course and thorough re-examination of pertinent physical findings of a patient with a recent coronary infarct and formal conference with patient or family to review findings and prognosis.
- (e) Reevaluation of a psychotic delusional patient who develops severe and acute abdominal pain involving a mental status reassessment

but not a psychiatric diagnostic interview, and a conference with the consulting surgeon and nursing personnel.

(f) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent findings of a patient with a recently diagnosed uterine adenocarcinoma who also has a pulmonary coin lesion under consideration for thoracotomy; this service involves several abbreviated conferences with consultants, and family or patient.

COMPREHENSIVE: A level of service providing an in depth evaluation of the patient with a new or existing problem requiring the development or complete reevaluation of medical data. This procedure includes the recording of a chief complaint(s), and present illness, family history, past medical history, personal history, system review, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-21-015 OFFICE VISITS.

Unit Value

INITIAL VISIT

90000	BRIEF evaluation, history, examination and/or treatment and submission of a report	20.0
90001	Completion of report of accident	12.0
90010	Initial LIMITED history and physical examination, including initiation of diagnostic and treatment program and submission of a report. (Routine visit involving a single region or organ system)	30.0
90015	Initial INTERMEDIATE history and physical examination, including initiation of diagnostic and treatment program and submission of a report. (Serious or complicated case involving one or more regions or organ systems. Complexity or complication must be indicated in report)	50.0
90017	Extended-initial office visit including history and physical exam, and initiation of treatment program with submission of a report in addition to the report of accident	60.0
90020	Initial COMPREHENSIVE history and physical examination, including initiation of diagnostic and treatment program with submission of a report in addition to the report of accident. (A complex case requiring an unusual amount of time, skill or judgment and an evaluation of the patient as a whole and accompanied with a detailed report)	70.0

FOLLOW-UP VISITS

90030	MINIMAL service (e.g., Injection, immunization, minimal dressing) (Independent procedure)	8.0
90040	BRIEF examination, evaluation and/or treatment with office notes	12.0
90050	LIMITED examination, evaluation and/or treatment with office notes	16.0
90060	INTERMEDIATE examination, evaluation and/or treatment. (Serious or complicated case involving one or more regions and/or organ systems, and accompanied with a detailed report)	20.0
90070	EXTENDED reexamination or reevaluation requiring an unusual amount of time, skill or judgment, but not necessitating a complete examination or reexamination of the patient as a whole accompanied by a detailed report	30.0
90080	COMPREHENSIVE reexamination or reevaluation requiring complete reevaluation of the patient as a whole accompanied by a detailed report	50.0
90097	Completion of a reopening application. An initial office visit fee will be paid for this reopening examination when justified by a report. Diagnostic studies and x-ray studies associated with the reopening examination will be allowed in addition to this fee	12.0

(For special narrative reports, at department or self-insurer request, see code 99080.)

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-21-025 HOSPITAL VISITS.

	Unit Value
<u>NEW OR ESTABLISHED PATIENTS</u>	
90200 Initial hospital care, BRIEF or LIMITED history and physical examination, including initiation of diagnostic and treatment program, preparation of hospital records. (Routine visit involving a single region or organ system)	30.0
90215 Initial hospital care, INTERMEDIATE history and physical examination, including initiation of diagnostic and treatment program and preparation of hospital records. (Serious or complicated case involving one or more regions and/or organ systems and indicated in a report)	50.0
90220 Initial hospital care, COMPREHENSIVE history and physical examination, including initiation of diagnostic and treatment program and preparation of hospital records. (A complex case requiring an unusual amount of time, skill or judgment and evaluation of the patient as a whole accompanied by a detailed report in addition to the report of accident)	70.0

FOLLOW-UP VISITS

90240 BRIEF examination, evaluation and/or treatment, same illness. (Follow-up hospital care)	12.0
90250 LIMITED examination, evaluation and/or treatment. Report required. (Routine follow-up hospital care)	20.0
90260 INTERMEDIATE examination, evaluation and/or treatment. Report required. (Serious or complicated case involving one or more regions or organ systems)	30.0
90270 EXTENDED reexamination or reevaluation, requiring an unusual amount of time, skill or judgment, but not necessitating a complete examination or reevaluation of the patient as a whole accompanied by a report	40.0
90280 Comprehensive examination, evaluation or treatment. Report required.	50.0
90292 Hospital discharge day management accompanied by a report	30.0

AMENDATORY SECTION (Amending Order 76-34, filed 11/24/76, effective 1/1/77)

WAC 296-21-026 EXTENDED CARE FACILITY, CONValesCENT HOSPITAL, AND NURSING HOME. Convalescent, rehabilitation or long-term care services.

Convalescent, rehabilitative or long-term care involves active, definitive, professional care of a patient.

	Unit Value
<u>NEW OR ESTABLISHED PATIENT</u>	
90300 Initial care, BRIEF or LIMITED history and physical examination, including initiation of diagnostic and treatment program and preparation of records. (Routine visit involving a single region or organ system)	30.0
90315 Initial care, INTERMEDIATE history and physical examination, including initiation of diagnostic and treatment program and preparation of records. (Serious or complicated case involving one or more regions and/or organ systems)	50.0
90320 Initial care, COMPREHENSIVE history and physical examination, including initiation of diagnostic and treatment program and preparation of records. (A complex case involving an unusual amount of time, skill or judgment and an evaluation of the	

patient as a whole accompanied by a detailed report)	70.0
90340 BRIEF examination, evaluation and/or treatment, same illness	12.0
90350 LIMITED examination, evaluation and/or treatment. (Routine followup care)	20.0
90360 INTERMEDIATE examination, evaluation and/or treatment. (Serious or complicated case involving one or more regions and/or organ systems)	30.0
90370 EXTENDED examination, evaluation and/or treatment requiring an unusual amount of time, skill or judgment but not necessitating a complete evaluation of the patient as a whole	40.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-027 EMERGENCY ROOM SERVICE. The following values apply for services performed in the emergency room when the physician is assigned to emergency room duty or is present in the emergency room because of other activity there, or if the physician elects to use the emergency room as a substitute for his office.

	Unit Value
<u>INITIAL VISIT</u>	
90500 MINIMAL service (i.e. injection, etc.)	10.0
90505 BRIEF evaluation, history, examination and/or treatment. (Not payable when other fees are payable except as indicated by modifiers)	20.0
90510 Initial LIMITED history and physical examination, including initiation of diagnostic and treatment program. (Routine case involving a single region and/or organ system) (Not payable when other fees are payable except as indicated by modifiers)	30.0
90515 Initial INTERMEDIATE history and physical examination, including initiation of diagnostic and treatment program and submission of a detailed report. (Serious or complicated case involving one or more regions and/or organ systems) (Not payable when other fees are payable except as indicated by modifiers)	50.0
90517 Initial EXTENDED history and physical examination, including initiation of diagnostic and treatment program and submission of a detailed report in addition to the report of accident. (Examination or evaluation requiring an unusual amount of time, skill or judgment) (Not payable when other fees are payable except as indicated by modifiers)	70.0)
90520 <u>Initial COMPREHENSIVE history and physical examination, including initiation of diagnostic and treatment program and submission of a report in addition to the report of accident. A complex case requiring an unusual amount of time, skill or judgment and an evaluation of the patient as a whole and accompanied with a report</u>	<u>70.0</u>

FOLLOW-UP VISIT

90530 MINIMAL service (e.g., injection, minimal dressing, suture removal, minor laceration) (Not payable when other fees are applicable except as indicated by modifiers)	8.0
90540 BRIEF examination, evaluation and/or treatment. (Not payable when other fees are applicable except as indicated by modifiers)	12.0
90550 LIMITED examination, evaluation and/or treatment. (Routine follow up care) (Not payable when other fees are applicable except as indicated by modifiers)	16.0
90560 INTERMEDIATE examination, evaluation and/or treatment accompanied by a detailed report. (Case involving one or more regions and/or organ	

	Unit Value
90570	20.0
90580	30.0
90590	50.0
	15.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-030 CONSULTATIONS. A CONSULTATION is considered here to include those services rendered by a physician whose OPINION OR ADVICE is requested by another physician or agency in the evaluation and/or treatment of a patient's illness. When the consultant physician thereupon assumes the CONTINUING CARE of the patient, any subsequent service(s) rendered by him will no longer be considered as a consultation. Five levels of consultation are recognized: Limited, intermediate, extensive, comprehensive, and complex consultation.

(For example)

(a) In a LIMITED consultation (90600) the physician confines his service to the examination or evaluation of a single organ system for a limited condition. This procedure includes documentation of the complaint(s), present illness, pertinent examination, review of medical data and establishment of a plan of management relating to the specific problem. For example, the dermatologist's opinion about a skin lesion.

(b) An INTERMEDIATE consultation (90605) involves examination or evaluation of an organ system, a partial review of the general history, recommendations for establishment of a plan of management relating to the specific problem and preparation of a report. An example would be the evaluation of abdomen for possible surgery that does not proceed to surgery, the neurologist's opinion about a disc problem and the orthopedist's opinion about a knee or low back problem.

(c) An EXTENDED/EXTENSIVE consultation (90610) involves the evaluation of problems that do not require a comprehensive evaluation of the patient as a whole. This procedure includes the documentation of a history of the chief complaint(s), past medical history and pertinent physical examination, review and evaluation of the past medical data, recommendations for establishment of a plan of investigative and/or therapeutic management, and the preparation of an appropriate report. For example: The examination of the cardiac patient who needs clearance before undergoing a surgical operation, consultations involving cardio-pulmonary problems and neurologic and orthopedic examinations of patient whose complaints seem disproportionate to his objective findings requiring detailed psychosocial evaluation.

(d) A COMPREHENSIVE consultation (90620) involves an in depth evaluation of a patient with a problem requiring the development and documentation of medical data (the chief complaints, present illness, family history, past medical history, personal history, system review and physical examination, review of all diagnostic tests and procedures that have previously been done), recommendations for the establishment or verification of a plan for further investigative and/or therapeutic management and the preparation of a report. For example: The young person with fever, arthritis and anemia and examination of patient for diagnosis and in depth evaluation of all organ systems for preexisting and/or unrelated nonindustrial conditions; or a comprehensive psychiatric consultation that may include a detailed present illness history, and past history, a mental status examination, exchange of information with primary physician or nursing personnel or family members and other informants, and preparation of a report with recommendations.

(e) The COMPLEX consultation (90630) is an uncommonly performed service that involves an in depth evaluation of a critical problem that requires unusual knowledge, skill and judgment on the part of the consulting physician, and the preparation of an appropriate report with recommendations. An example would be acute myocardial infarction with major complications. Another example would be a young psychotic adult unresponsive to extensive treatment efforts under consideration for residential care, or the paraplegic patient with iatrogenic drug addiction or dependency (condition resulting from treatment).

A REFERRAL is considered here to be the transfer of the total or specific care of a patient from one physician to another. THIS IS NOT A CONSULTATION. Values for the initial visit and the subsequent services for referrals are listed under the appropriate headings in other portions of this schedule.

The values do not necessarily include consultations involving litigation.

	Unit Value
90600	30.0
90605	40.0
90610	50.0
90620	70.0
90630	((95.0)) 120.0

FOLLOW-UP CONSULTATION

90640	16.0
90641	20.0
90642	30.0
90643	40.0

CONCURRING (CONFIRMATORY OR ADDITIONAL OPINION) CONSULTATION

This section should be used when the consulting physician is aware of the confirmatory nature of the opinion that is sought, e.g., when a second/third opinion on the necessity or appropriateness of a (previously) recommended medical treatment or surgical procedure is requested.

90650	30.0
90651	40.0
90652	50.0
90653	70.0
90654	BR

AMENDATORY SECTION (Amending Order 74-7, filed 1/30/74)

WAC 296-21-035 ((SPECIAL AND COMMISSION)) **INDEPENDENT MEDICAL EXAMINATIONS.** Purpose:

((Special)) Independent medical examinations ((or commissions)) may be requested by the department, the self-insurer, or the attending physician; this is usually for one of the following purposes:

- (1) To establish a diagnosis. Prior diagnoses may be controversial or ill-defined.
- (2) To outline a basis of rational treatment, where treatment or progress is controversial.

(3) To establish medical data to determine if the medical condition is industrially acquired, or unrelated to industrial work activities.

(4) To determine the extent and duration of aggravation of preexisting medical condition, by an industrial injury or exposure.

(5) To establish when the accepted medical condition has reached maximum benefit from treatment.

(6) To establish a percentage rating of any permanent disability, based on the loss of body function when maximum recovery is reached.

(7) To determine the indications for reopening of a claim for further treatment on basis of aggravation of accepted condition, based on objective findings.

((Special)) An independent medical examination must be specific and factual if accurate and consistent judgment is to be maintained and the result give justice and uniformity.

The history should be checked for accuracy, variation or exaggeration. Physical findings should be detailed enough to be compatible with the history, diagnosis and conclusions.

Diagnoses: Must be specific and describe the pathology found and be substantiated by the history and physical findings. (Vague terminology only confuses.)

Conclusions: Must be specific and definitely express an opinion on the purpose for which the examination was requested. This should be rationalized with the history, physical findings and diagnosis. (Evasiveness, generalizations and omissions frequently render the report misleading or worthless for the intended purpose.)

Permanent disability: Ratings must be substantiated by sufficient objective findings and medical data to establish the percentage disability rating; also medical logic to demonstrate a definite causal relationship to the accepted industrial conditions on a more probable than not basis.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-040 ((SPECIAL AND CLOSING)) INDEPENDENT MEDICAL EXAMINATIONS SINGLE EXAMINER.

Unit Value

Codes 90640, 90650 have been deleted. To report ((special and closing)) independent medical examinations by the attending physician or single special examiner (see 90678, 90679).

90678 ((Special or closing)) Independent medical examination(;) by a single physician (including examination by the attending physician) requiring the examination and/or evaluation involving loss of function and permanent impairment of a minor nature to a region and/or organ system and requiring a limited history and physical examination 100.0

90679 ((Special or closing)) Independent medical examination(;) by a single physician (including examination by the attending physician) requiring more extensive examination and/or evaluation involving considerable loss of function and permanent impairment to one or more regions and/or organ systems but not requiring a comprehensive history and physical examination ((+50-0)) 155.0

90694 ((Special)) Independent medical examination by a single physician (including examination by the attending physician) of unusual complexity in excess of scope of examination identified by 90678 and 90679 involving extensive loss of function and permanent impairment necessitating complete history and examination and extensive review of prior medical records, compilation and assessment of data and the preparation of an exceptionally detailed report. ((BR)) 225.0

((90695 Time loss by physician from failure of the worker to appear for a special examination and

Unit Value

~~the physician is unable to see other patients during the time set aside for the special examination, each one-half hour not to exceed two hours~~ 25.0)

90695 No show independent medical exam, one examiner scheduled 77.5

90696 Conference with department field representative relative to an individual case. (Each fifteen minutes) 16.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-045 ((COMMISSION AND PANEL)) INDEPENDENT MEDICAL EXAMINATIONS TWO OR MORE EXAMINERS.

Unit Value

(90660, 90670 have been deleted. To report see 90675, 90676, 90677.)

90671 No show ((commission examination)), two examiners scheduled ((+52-55)) 155.0

90672 No show, extra examiner scheduled; each examiner 77.5

90673 No show ((panel examination)), three examiners scheduled ((230-94)) 232.5

90674 No show, NOP (neurologist, orthopedist, psychiatrist) ((305-09)) 310.0

90675 ((Commission)) Independent medical examination with two examiners, not including a psychiatrist, requiring examination and/or evaluation involving considerable loss of function and permanent impairment requiring an extremely comprehensive history and physical examination ((305-09)) 310.0

90676 ((Panel)) Independent medical examination by three ((members)) examiners, not including a psychiatrist, involving extensive loss of function and permanent impairment necessitating complete history and examination and extensive review of prior medical records, compilation and assessment of data, and the preparation of an exceptionally detailed report ((461-87)) 465.0

90677 ((Panel)) Independent medical examination by three ((members)) examiners including a psychiatrist ((NOP)), involving extensive loss of function and permanent impairment necessitating complete history and physical examination and extensive review of prior medical records, compilation and assessment of data, and the preparation of an exceptionally detailed report ((610-17)) 620.0

(90690 has been deleted. This service is included in 90675-90679.)

90680 In complicated or controversial cases where voluminous hard copies of departmental files must be reviewed in connection with ((a special, commission, or panel)) an independent medical examination within the scope of examinations identified by 90675, 90676, 90677, 90678, and 90679 an additional fee will be allowed at the discretion of the department 40.0

90681 Additional examiner, not a psychiatrist 155.0

90682 Additional examiner; psychiatrist 310.0

90683 Review of microfiche file on request of department in connection with an independent medical examination. File of less than eight pages 40.0

	Unit Value
90684 <u>Review of microfiche file on request of department in connection with an independent medical examination. File of eight pages or more. Each additional page</u>	2.5
90685 <u>Addendum report requested by department or self-insurer for information not requested in original assignment and which necessitates review of records and exam notes</u>	40.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-21-046 IMMUNIZATION INJECTIONS.

- (For allergy testing, see 95000 et seq.)
- (For skin testing of bacterial, viral, fungal extracts, see 86450-86585)
- (For therapeutic injections, see 90782-90799)

Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service may be listed in addition to the injection. Immunization procedures include the supply of materials. Immunizations, except for 90703, require prior authorization.

(Immunization 90720-90723 have been revised as 90701-90742)

	Unit Value
90701 Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	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 <u>Hemophilus influenza B</u>	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 296-21-057 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 declogging, 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
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
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)	
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 mecholyl or similar stimulant	130.0
91012 with acid perfusion studies	72.0
91020 <u>Esophagogastric manometric studies</u>	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

	Unit Value	
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	
(For biopsy by capsule, small intestine, per oral, via tube (one or more specimens), see 44100)		
91090 ((Fluorescein)) 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)		
(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 296-21-066 **CARDIOVASCULAR.** Values for items 92950-93799 include laboratory procedure(s), interpretation and physician's services (except surgical and anesthesia services as listed in the section on surgery), unless otherwise stated.

	Unit Value	Basic Anes@
THERAPEUTIC SERVICES		
92950 Cardiopulmonary resuscitation (e.g., in cardiac arrest)	SV	
(See also critical care services, 99160)		
92960 Cardioversion, elective, electrical conversion of arrhythmia, external	100.0	4.0
92970 Cardioassist-method of circulatory assist; internal	BR	
92971 external	BR	
(For balloon atrial-septostomy, see 33738)		
(For placement of catheters for use in circulatory assist devices such as intra-aortic balloon pumping, see 33970)		
92975 Thrombolysis, coronary; by intracoronary infusion, including selective, coronary angiography	BR	
92977 by intravenous infusion	BR	

	Unit Value	Basic Anes@
92982 Percutaneous transluminal coronary angioplasty; single vessel	BR	
92984 each additional vessel	BR	
CARDIOGRAPHY		
(For echocardiography, see 76601-76628)		
93000 Electrocardiogram, with interpretation and report; routine ECG with at least 12 leads . .	30.0	
93005 tracing only, without interpretation and report	20.0	
93010 interpretation and report only	15.0	
(For ECG monitoring, see 99150, 99151)		
93012 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	10.0	
(For additional mileage, see 99030)		
93201 Phonocardiogram with ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)	50.0	
93202 tracing only, without interpretation and report (when equipment is supplied by the hospital, clinic, etc.)	15.0	
93204 interpretation and report	25.0	
93205 Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report	60.0	
93208 tracing only, without interpretation and report	15.0	
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	
(93240) Ballistocardiogram	BR	
93255 Apexcardiography	BR	
(93270)		
93258 Electrocardiographic monitoring ((utilizing a system such as magnetic tape;)) for up ((through)) to 12 hours (includes) of continuous analog recording, ((scanning analysis)) with physician review, interpretation and report with or without full disclosure printout; with superimposition scanning . . .	BR	
93259 without superimposition scanning	BR	
(93271) recording only	30.0	
93272 scanning analysis with report	BR	
93273 physician review and interpretation, with report	BR	

	Unit Value	Basic Anes@
93552 <u>Combined left heart catheterization, selective coronary angiography, selective left ventricular cineangiography and visualization of bypass grafts; (this code number is to be used when procedure 93550 is combined with procedure 93547)</u>		BR
93553 <u>with aortic root aortography (this code number is to be used when procedure 93548 is combined with procedure 93550)</u>		BR
(For radiographic procedures, see 75741-75748)		
93561 Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	50.0	
93562 subsequent measurement of cardiac output	20.0	
(For unlisted cardiac catheterization procedure, see 93799)		
INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES		
93600 Bundle of His recording	200.0	
93602 Intra-atrial recording		BR
((93604 Intra-ventricular))		
93603 Right ventricular recording		BR
((93606 Combined intracardiac recording		
93605 with mapping		BR
93607 Left ventricular recording		BR
93608 with mapping		BR
93610 Intra-atrial pacing		BR
93612 Intra-ventricular pacing		BR
93614 Bundle of His pacing		BR
93618 Induction of arrhythmia by electrical pacing		BR
(For intracardiac phonocardiogram, see 93210)		
93630 <u>Left ventricular endocardial resection, with or without cryoablation, with intra-operative mapping</u>		BR
(((For radio-isotope methods, see 78470)))		
Other vascular studies		
(For arterial cannulization and recording of direct arterial pressure, see 36620)		
(For radiographic injection procedures, see 36000-36299)		
(For vascular cannulization for hemodialysis, see 36800-36820)		
((76550, 76900-76920 have been deleted: (For ultrasound vascular procedures, including Doppler, see 76925, 93850-93950)))		
(For chemotherapy for malignant disease, see 90790-90796)		
(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 <u>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</u>		BR
93732 with reprogramming	75.0	
93733 telephonic analysis	15.00	
93734 <u>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</u>		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)		
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 <u>Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), with reprogramming</u>		
93792 telephonic analysis	15.0	
93793 <u>Electronic analysis of single-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), with reprogramming</u>	50.0	
93794 telephonic analysis	15.00	
(((93795,)) 93791-93796 have been deleted. To report, see ((93791-93794)) 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, nonimaging (e.g., photoangiography with or without spectrum analysis, flow velocity pattern evaluation, analog velocity wave form

	Unit Value	Basic Anes@		Unit Value
analysis, diastolic flow evaluation, vertebral arteries flow direction measurement)	BR		95005 Percutaneous tests (scratch, puncture, prick) with antibiotics, biologicals, stinging insects; 1-5 tests	10.0
93870 Noninvasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis)	175.4		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
LIMB ARTERIAL STUDIES (INCLUDING DIGITS)			95014 Intracutaneous (intra-dermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 1-5 tests	15.0
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)	114.4		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
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, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals)	80.0		95020 Intracutaneous (interdermal) tests with allergenic extracts, immediate reaction—15 to 20 minutes; up to 10 tests	15.0
			95022 21-30 tests each test	2.0
VENOUS STUDIES			95023 more than 30 tests each test	2.5
93950 Noninvasive studies of ((lower)) extremity veins (e.g., Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phleborheography, impedance plethysmography)	76.3		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)	
			(For preparation of antigens, materials supplied by physician, etc., see 99070)	
			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	
			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
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			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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)

(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)

(For preparation of antigens, materials supplied by physician, etc., see 99070)

95105 Medical conference services (e.g., use of mechanical and electronic devices, climatotherapy, breathing exercises and/or postural drainage)	50.0
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(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

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

	Unit Value
95135 Professional services performed in the supervision and provision of antigens for allergen immunotherapy (specify number of vials); single antigen, single dose vial	20.0
95140 multiple antigens, single dose vials	30.0
95145 single stinging insect venom, single dose vials	20.0
95146 two single stinging insect venoms, single dose vials	BR
95150 Professional services performed in the supervision and provision of antigens for allergen immunotherapy (specify number of treatments or total volume); single antigen, multiple dose vials	25.0
95155 multiple antigens, 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)

95180 Rapid desensitization procedure, each hour (e.g., insulin, penicillin, horse serum)	BR
95199 Unlisted allergy/clinical immunologic service or procedure	BR

(For skin testing of bacterial, viral, fungal extracts, see 95030-95034, 86450-86585)

(For special reports on allergy patients, see 99080)

(For testing procedures such as radioallergosorbent testing (RAST), rat mast cell technique (RMCT), mast cell degranulation test (MDT), lymphocytic transformation test (LTT), leukocyte histamine release (LHR), migration inhibitory factor test (MIF), transfer factor test (TFT), nitroblue tetrazolium dye test (NTD), see Immunology section in Pathology or use 95199)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-021 EXCISION-DEBRIDEMENT.

DEBRIDEMENT

(For dermabrasions, see 15780-15800)

(For nail debridement, see 11700-11711)

(For burn(s), see 16000-16030)

	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 CURETTEMENT

11050* Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion	0.5	0	3.0
11051 two to four lesions	0.6		3.0
11052 more than four lesions	0.7		3.0

EXCISION AND SIMPLE CLOSURE

(Not reconstructive surgery; for reconstructive surgery see repair-complex)

(For electro-surgical and other methods, see 17000 et seq.)

BIOPSY

11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); one lesion	0.6	7	3.0
11101 each additional lesion	0.2	7	3.0

(For biopsy of conjunctiva, see 68100; eyelid, see 67810)

EXCISION-BENIGN LESIONS

Excision (including simple closure) of benign lesions of skin or subcutaneous tissues (e.g., cicatricial, fibrous, inflammatory, congenital, cystic lesions), including local anesthesia. See appropriate size and area below.

(For electro-surgical and other methods see 17000 et seq.)

*11200 Excision, skin tags, multiple fibrocuteaneous tags, any area; up to 15	*0.4	0	3.0
11201 each additional 10 lesions	0.2		3.0

(For electro-surgical destruction, see 17200, 17201)

(For multiple lesions, see WAC 296-22-010, item 7)

11400 Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter ((up to)) 0.5 cm or less	0.6	15	3.0
11401 lesion diameter ((0-5)) 0.6 to 1.0 cm	0.8	15	3.0
11402 lesion diameter ((1-0)) 1.1 to 2.0 cm	1.0	15	3.0
11403 lesion diameter ((2-0)) 2.1 to 3.0 cm	1.2	15	3.0
11404 lesion diameter ((3-0)) 3.1 to 4.0 cm	1.4	15	3.0
11406 lesion diameter over 4.0 cm	1.6	15	3.0

(For unusual or complicated excision, add modifier -22)

11420 Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter ((up to)) 0.5 cm or less	0.8	15	3.0
11421 lesion diameter ((0-5)) 0.6 to 1.0 cm	1.0	15	3.0
11422 lesion diameter ((1-0)) 1.1 to 2.0 cm	1.2	15	3.0
11423 lesion diameter ((2-0)) 2.1 to 3.0 cm	1.4	15	3.0
11424 lesion diameter ((3-0)) 3.1 to 4.0 cm	1.6	15	3.0
11426 lesion diameter over 4.0 cm	1.8	15	3.0

(For unusual or complicated excision, add modifier -22)

11440 Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter ((up to)) 0.5 cm or less	1.0	15	3.0
11441 lesion diameter ((0-5)) 0.6 to 1.0 cm	1.2	15	3.0
11442 lesion diameter ((1-0)) 1.1 to 2.0 cm	1.4	15	3.0
11443 lesion diameter ((2-0)) 2.1 to 3.0 cm	1.6	15	3.0
11444 lesion diameter ((3-0)) 3.1 to 4.0 cm	1.8	15	3.0
11446 lesion diameter over 4.0 cm	2.0	15	3.0

(For unusual or complicated excision, add modifier -22)

(For eyelids involving more than skin, see also 67800 et seq.)

11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with primary suture	BR		3.0
11451 with other closure	BR		3.0
11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with primary suture	BR		3.0
11463 with other closure	BR		3.0
11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with primary closure	BR		3.0
11471 with other closure	BR		3.0

(When skin graft or flap is used for closure, use appropriate procedure code in addition)

(For bilateral procedure, add modifier -50)

EXCISION-MALIGNANT LESIONS

Excision (including simple closure) or treatment by any other method (except radiation or chemotherapy) of malignant lesion of skin, including local anesthesia, each lesion:

Code	Description	Unit Value	Follow-up Days	Basic Anes@
11600	Excision, malignant; lesion, trunk, arms, or legs; lesion diameter ((up to) 0.5 cm or less	1.2	90	3.0
11601	lesion diameter ((0-5) 0.6 to 1.0 cm	1.6	90	3.0
11602	lesion diameter ((1-0) 1.1 to 2.0 cm	2.0	90	3.0
11603	lesion diameter ((2-0) 2.1 to 3.0 cm	2.4	90	3.0
11604	lesion diameter ((3-0) 3.1 to 4.0 cm	2.8	90	3.0
11606	lesion diameter over 4.0 cm	3.2	90	3.0
11620	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter ((up to) 0.5 cm or less	2.0	90	3.0
11621	lesion diameter ((0-5) 0.6 to 1.0 cm	3.0	90	3.0
11622	lesion diameter ((1-0) 1.1 to 2.0 cm	4.0	90	3.0
11623	lesion diameter ((2-0) 2.1 to 3.0 cm	5.0	90	3.0
11624	lesion diameter ((3-0) 3.1 to 4.0 cm	6.0	90	3.0
11626	lesion diameter over 4.0 cm	7.0	90	3.0
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter ((up to) 0.5 cm or less	3.0	90	3.0
11641	lesion diameter ((0-5) 0.6 to 1.0 cm	4.0	90	3.0
11642	lesion diameter ((1-0) 1.1 to 2.0 cm	5.0	90	3.0
11643	lesion diameter ((2-0) 2.1 to 3.0 cm	6.0	90	3.0
11644	lesion diameter ((3-0) 3.1 to 4.0 cm	7.0	90	3.0
11646	lesion diameter over 4.0 cm	8.0	90	3.0

(For eyelids involving more than skin, see also 67800 et seq.)

NAILS

(For drainage of paronychia or onychia, see 10100, 10101)

*11700	Debridement nails, manual, five or less	*0.3	0	3.0
11701	each additional five or less	0.15		
11710	Debridement of nails, electric grinder, five or less	*0.4	0	3.0
11711	each additional five or less	0.2		3.0
*11730	Avulsion of nail plate, partial or complete, simple; single	*0.4	0	3.0
11731	second nail plate	0.2		
11732	each additional nail plate	0.1		
11740	Evacuation of subungual hematoma	0.3	0	3.0
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal	2.0	30	3.0
11752	with amputation of tuft of distal phalanx	3.0	30	3.0

(For skin graft, if used, see 15050)

11760	Reconstruction of nail bed; simple	2.5	0	3.0
11762	complicated	3.0	0	3.0

MISCELLANEOUS

(For incision of pilonidal cyst, see 10080, 10081)

11770	Excision of pilonidal cyst or sinus, simple	2.0	30	3.0
11771	extensive	7.0	60	3.0
11772	complicated	BR+		3.0

(For hemangioma, see 11400-11446, 13100-15730)

(For hidradenitis, see 10060-10061, 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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-022 INTRODUCTION.

Code	Description	Unit Value	Follow-up Days	Basic Anes@
*11900	Injection, intralesional; up to and including seven lesions	*0.4	0	3.0
*11901	more than seven lesions	*0.72	0	3.0
(For veins, see 36470, 36471)				
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin; ((up to) 6.0 sq cm or less	BR		3.0
11921	((6-0) 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); ((up to) 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	BR		3.0
11970	Replacement of tissue expander with permanent prosthesis	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-023 REPAIR. The repair of wounds may be classified as simple, intermediate or complex.

SIMPLE REPAIR is used when the wound is superficial; i.e., involving skin and/or subcutaneous tissues, without significant involvement of deeper structures, and which requires simple suturing. For closure with adhesive strips, list appropriate visit only.

INTERMEDIATE REPAIR includes the repair of wounds that, in addition to the above, require layer closure. Such wounds usually involve deeper layers such as fascia or muscle, to the extent that at least one of deeper layers requires separate closure.

COMPLEX REPAIR includes the repairs of wounds requiring reconstructive surgery, complicated wound closures, skin grafts or unusual and time consuming techniques of repair to obtain the maximum functional and cosmetic result. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions.

Instructions for listing services at time of wound repair.

1. The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular or stellate.

2. When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and report as a single item.

When more than one classification of wounds is repaired, list the more complicated as the primary procedure and the less complicated as the secondary procedure, using modifier '-50'.

3. Decontamination and/or debridement: Only when gross contamination requires prolonged cleansing is this to be considered a separate procedure. Debridement is considered a separate procedure only when appreciable amounts of devitalized or contaminated tissue are removed.

4. Involvement of nerves, blood vessels and tendons: Report under appropriate system (nervous, cardiovascular, musculoskeletal) for repair of these structures. The repair of the associated wound is included in the primary procedure unless it qualifies as a complex wound, in which case modifier '-50' applies.

Simple ligation of vessels in an open wound is considered as part of any wound closure.

Simple "exploration" of nerves, blood vessels or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

		Unit Value	Follow-up Days=	Basic Anes@			Unit Value	Follow-up Days=	Basic Anes@
REPAIR—SIMPLE									
(Sum of lengths of repairs)					chin, mouth, neck, axillae, genitalia, hands and/or feet; ((+0)) 1.1 cm to 2.5 cm				
12001*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); ((up-to)) 2.5 cm or less	0.4	0	3.0	13132	((2-5)) 2.6 cm to 7.5 cm	6.0	30	((3-0)) 4.0
12002*	((2-5)) 2.6 cm to 7.5 cm	0.6	0	3.0	(For ((up-to)) 1.0 cm or less, see simple or intermediate repairs)				
12004*	((7-5)) 7.6 cm to 12.5 cm	0.8	0	3.0	13150	Repair, complex, eyelids, nose, ears and/or lips; ((up-to)) 1.0 cm or less	2.0	30	((3-0)) 4.0
12005	((+2-5)) 12.6 cm to 20.0 cm	1.0	0	3.0	(See also 40650-40654, 67952-67975)				
12006	((20-0)) 20.1 cm to 30.0 cm	1.2	0	3.0	13151	((+0)) 1.1 cm to 2.5 cm	3.0	30	((3-0)) 4.0
12007	over 30.0 cm	BR		3.0	13152	((2-5)) 2.6 cm to 7.5 cm	8.0	30	((3-0)) 4.0
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; ((up-to)) 2.5 cm or less	0.6	0	3.0	13160	Secondary closure of surgical wound dehiscence, extensive or complicated	BR		((3-0)) 4.0
12013*	((2-5)) 2.6 cm to 5.0 cm	0.8	0	3.0	(For packing or simple secondary wound closure, see 12020, 12021)				
12014	((5-0)) 5.1 cm to 7.5 cm	1.0	0	3.0	13300	Repair, unusual, complicated, over 7.5 cm, any area	BR		((3-0)) 4.0
12015	((7-5)) 7.6 cm to 12.5 cm	1.2	0	3.0					
12016	((+2-5)) 12.6 cm to 20.0 cm	1.4	0	3.0					
12017	((20-0)) 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); ((up-to)) 2.5 cm or less	0.6	0	3.0	(For full thickness repair of lip or eyelid, see respective anatomical subsections)				
12032*	((2-5)) 2.6 cm to 7.5 cm	0.8	0	3.0	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.				
12034	((7-5)) 7.6 cm to 12.5 cm	1.0	0	3.0	(Skin graft necessary to close secondary defect considered an additional procedure)				
12035	((+2-5)) 12.6 cm to 20.0 cm	1.2	0	3.0	14000	Adjacent tissue transfer or rearrangement, trunk; defect ((up-to)) 10 sq cm or less	4.0	60	3.0
12036	((20-0)) 20.1 cm to 30.0 cm	1.4	0	3.0	14001	defect ((+0)) 10.1 sq cm to 30 sq cm	6.0	60	3.0
12037	over 30.0 cm	BR		3.0	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect up to 10 sq cm	6.0	60	((3-0)) 4.0
12041*	Layer closure of wounds of neck, hands, feet and/or external genitalia; ((up-to)) 2.5 cm or less	0.8	0	3.0	14021	defect 10 sq cm to 30 sq cm	8.0	60	((3-0)) 4.0
12042	((2-5)) 2.6 cm to 7.5 cm	1.0	0	3.0	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect up to 10 sq cm	8.0	60	((3-0)) 4.0
12044	((7-5)) 7.6 cm to 12.5 cm	1.2	0	3.0	14041	defect 10 sq cm to 30 sq cm	10.0	60	((3-0)) 4.0
12045	((+2-5)) 12.6 cm to 20.0 cm	1.4	0	3.0	14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect up to 10 sq cm	10.0	60	((3-0)) 4.0
12046	((20-0)) 20.1 cm to 30.0 cm	1.6	0	3.0	14061	defect 10 sq cm to 30 sq cm	14.0	60	((3-0)) 4.0
12047	over 30.0 cm	BR		3.0	(For eyelid, full thickness, see 67952 et seq.)				
12051*	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; ((up-to)) 2.5 cm or less	1.0	0	3.0	14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	BR		((3-0)) 4.0
12052	((2-5)) 2.6 cm to 5.0 cm	1.2	0	3.0	14350	Filletted finger or toe flap, including preparation of recipient site	BR		3.0
12053	((5-0)) 5.1 cm to 7.5 cm	1.4	0	3.0					
12054	((7-5)) 7.6 cm to 12.5 cm	1.6	0	3.0					
12055	((+2-5)) 12.6 cm to 20.0 cm	1.8	0	3.0					
12056	((20-0)) 20.1 cm to 30.0 cm	2.0	0	3.0					
12057	over 30.0 cm	BR		3.0					

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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; ((+0)) 1.1 cm to 2.5 cm	1.2	30	3.0
(For ((up-to)) 1.0 cm or less, see simple or intermediate repairs)				
13101	((2-5)) 2.6 cm to 7.5 cm	3.0	30	3.0
13120	Repair, complex, scalp, arms, and/or legs; ((+0)) 1.1 cm to 2.5 cm	1.8	30	3.0
(For ((up-to)) 1.0 cm or less, see simple or intermediate repairs)				
13121	((2-5)) 2.6 cm to 7.5 cm	4.0	30	3.0
13131	Repair, complex, forehead, cheeks,			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-025 FREE SKIN GRAFTS.

Identify by the size and location of the defect (recipient area) and the type of graft; includes simple debridement of granulations or recent avulsion.

When a primary procedure such as orbitectomy, radical mastectomy or deep tumor removal requires skin graft for definitive closure, see appropriate anatomical subsection for primary procedure and this section for skin graft.

(Repair of donor site requiring skin graft or local flaps to be added as additional procedure)

	Unit Value	Follow-up Days=	Basic Anes@
15000 Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissue), scar, or other lesion prior to repair with free skin graft (list as separate service in addition to skin graft)	*3.6		3.0
(For appropriate skin grafts, see 15050-15261; list the free graft separately by its procedure number when the graft, immediate or delayed is applied)			
*15050 Pinch graft, single or multiple, to cover small ulcer, tip of digit or other minimal open area (except on face), ((up to)) defect size 2 cm diameter	*1.2	0	3.0
15100 Split graft, trunk, scalp, arms, legs, hands and/or feet (except multiple digits); ((up to)) 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	6.0	45	((3-0)) 4.0
15101 each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof	1.2		((3-0)) 4.0
15120 Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/ or multiple digits; ((up to)) 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	11.0	45	((3-0)) 4.0
15121 Each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof	2.0		4.0
(For eyelids, see also 67961 et seq.)			
15200 Full thickness graft, free, including direct closure of donor site, trunk; ((up to)) 20 sq cm or less	4.0	45	3.0
15201 each additional 20 sq cm	2.0		
15220 Full thickness graft, free, including direct closure of donor site, scalp, arms and/or legs; ((up to)) 20 sq cm or less	6.0	45	3.0
15221 each additional 20 sq cm	3.0		
15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; ((up to)) 20 sq cm or less	8.0	45	((3-0)) 4.0
(For finger tip graft, see 15050)			
(For repair of syndactyly, fingers, see 26560-26562)			
15241 each additional 20 sq cm	4.0		((3-0)) 4.0
15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; ((up to)) 20 cm or less	10.0	45	((3-0)) 4.0
15261 each additional 20 sq cm	5.0		
(For eyelids, see also 67961 et seq.)			

(Repair of donor site requiring skin graft or local flaps, to be added as additional separate procedure)

15350 Homograft, skin	5.0	45	3.0
15400 Heterograft, skin	6.0	45	3.0
15410 Free transplantation of skin flap by microsurgical technique, including microvascular anastomosis; ((up to)) 100 sq cm or less	5.0	45	3.0
15412 between 101 and 160 sq cm	6.0	45	3.0
15414 between 161 and 230 sq cm	7.0	45	3.0
15416 over 230 sq cm	BR		3.0

PEDICLE FLAPS (SKIN AND DEEP TISSUES)

Regions listed refer to the recipient area (not donor site) when flap is being attached in transfer or to final site.

Regions listed refer to donor site when tube is formed for later transfer or when "delay" of flap is prior to transfer.

Procedures 15500-15730 do not include extensive immobilization, e.g., large plaster casts and other immobilizing devices are considered additional separate procedures.

(Repair of donor site requiring skin graft or local flaps is considered an additional separate procedure)

15500 Formation of tube pedicle without transfer, or major "delay" of large flap without transfer; on trunk	7.0	45	3.0
15505 on scalp, arms or legs	7.0	45	3.0
15510 on forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet on eyelids, nose, ears or lips	7.0	45	3.0
15515 on eyelids, nose, ears or lips	7.0	45	3.0
15540 Primary attachment of open or tubed pedicle flap to recipient site requiring minimal preparation; to trunk	9.0	45	3.0
15545 to scalp, arms and legs	9.0	45	3.0
15550 to forehead, cheeks, chin, mouth, neck, axillae, genitalia, or hands, feet	9.0	45	3.0
(For cross finger pedicle flap, see 15580)			
15555 to eyelids, nose, ears and lips	9.0	45	3.0
15580 cross finger pedicle flap, including free graft to donor site	9.0	45	3.0
(For major debridement or excisional preparation of recipient area at the time of attachment of pedicle flap, see 15700-15730)			
15600 Intermediate "delay" of any flap, primary "delay" of small flap, or sectioning pedicle of tubed or direct flap; at trunk	4.0	45	3.0
15610 at scalp, arms and legs	5.0	45	3.0
15620 at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet	6.0	45	3.0
15625 section pedicle of cross finger flap	6.0	45	3.0
15630 at eyelids, nose, ears and lips	6.0	45	3.0
15650 Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking" tube), any location	BR+		3.0
15700 Excision of lesion and/or excisional preparation of recipient site and attachment of direct or tubed pedicle flap; trunk	9.0	45	3.0
15710 scalp, arms and legs	11.0	45	((3-0)) 4.0
15720 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	16.0	45	((3-0)) 4.0
15730 eyelids, nose, ears or lips	16.0	45	((3-0)) 4.0
(For eyelids, nose, ears, or lips, see also anatomical area)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For revision, defatting or rearranging of transferred pedicle flap or skin graft, see 13100-14300)				15841	free muscle graft (including obtaining graft)	35.0	45 3.0
				15842	free muscle graft by microsurgical technique	35.0	45 3.0
OTHER GRAFTS				15845	reanimation, muscle transfers	BR+	3.0
15740 Graft, island pedicle flap	12.0	90	3.0		(For intravenous fluorescein examination of blood flow in graft or flap, see 15860)		
15745 myocutaneous flap	BR	90	3.0		(For nerve transfers, decompression, or repair, see 64830-64876, 64905-64907, 69720-69725, 69740-69745, 69955)		
15750 neurovascular pedicle flap	10.0	90	((3-0)) 4.0	15851	Removal of sutures in hospital or emergency room under anesthesia	BR	3.0
15755 free flap (microvascular transfer)	BR	90	((3-0)) 4.0	15860	Intravenous injection of agent (e.g., fluorescein) to test blood flow in flap or graft	BR	3.0
15760 composite (full thickness of external ear or nasal ala), including primary closure, donor area	10.0	45	((3-0)) 4.0	DECUBITUS ULCERS (PRESSURE SORES)			
15770 derma-fat-fascia	12.0	60	3.0	15920	Coccygectomy; primary suture	BR	3.0
15775 Punch graft for hair transplant; 1 to 15 punch grafts	0.5	90	3.0	15922	with flap closure	BR	3.0
15776 more than 15 punch grafts	BR+		3.0		(15930 has been deleted. To report, use 15934)		
(For strip transplant, 15220)				15931	Excision, sacral decubitus ulcer; with primary suture	13.0	3.0
MISCELLANEOUS PROCEDURES					(15932 has been deleted)		
15780 Abrasion of skin for removal of scars, tattoos, actinic changes (keratoses), primary or secondary; total face	12.0	90	3.0	15933	with osteotomy	BR	3.0
15785 regional (1/4 face, cheeks, chin, forehead or elsewhere)	4.0	90	3.0	15934	Excision, sacral pressure ulcer, with local or regional skin flap closure (e.g., advancement, rotation, rhomboid, bipedicle);	20.0	3.0
15786* Abrasion; single lesion (e.g., keratosis, scar)	0.5	0	3.0	15935	with osteotomy	BR	3.0
15787 each additional four lesions or less	0.3		3.0	15936	Excision, sacral pressure ulcer, with other flap closure;	BR	3.0
15790 Superficial chemosurgery (acid peel) total face and neck	BR+		3.0	15937	with osteotomy	BR	3.0
15791 regional, face, neck, or elsewhere	BR+		3.0		(To identify other flap closure, use also code number for specific flap)		
15800 Abrasion of skin, total face, with combined superficial chemosurgery (acid peel) of remaining face (eyelids, neck, shoulders)	16.0	90	3.0	15940	Excision, ischial decubitus ulcer; direct suture	BR	3.0
15810 Salabrasion; up to 20 sq cm	BR		3.0	15941	with osteotomy (ischiectomy)	BR	3.0
15811 over 20 sq cm ((and-over))	BR		3.0		(15942, 15943 have been deleted. To report, use 15944-15946)		
15820 Blepharoplasty, lower eyelids;	12.0	30	3.0	15944	Excision, ischial pressure ulcer, with local or regional skin flap closure;	BR	3.0
15821 with extensive herniated fat pads	14.0	30	3.0	15945	with osteotomy	BR	3.0
(See also 67916, 67917, 67923, 67924)				15946	Excision, ischial pressure ulcer, with osteotomy, with muscle flap or myocutaneous flap closure	BR	3.0
15822 Rhytidectomy; upper eyelids	8.0	30	3.0		(To identify muscle or myocutaneous flap closure, use also code number for specific flap)		
15823 with excessive skin weighting down lids	12.0	30	3.0	15950	Excision, trochanteric pressure ulcer; with primary suture	BR	3.0
(For bilateral blepharoplasty, add modifier -50)				15951	with osteotomy	BR	3.0
(See also 67916, 67917, 67923, 67924)				15952	Excision, trochanteric pressure ulcer, with local rotation skin flap closure	BR	3.0
15824 Rhytidectomy; forehead	10.0	30	3.0	15953	skin flap closure, with osteotomy	BR	3.0
15826 glabellar frown	8.0	30	3.0	15954	Excision, trochanteric pressure ulcer, with bipedicle flap closure;	BR	3.0
(15827 is deleted. To report use 15838)				15955	with osteotomy	BR	3.0
15828 cheeks, chin and neck	30.0	45	3.0	15956	Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure;	BR	3.0
15829 subcutaneous musculoaponeurotic system (SMAS) flap	BR		3.0	15958	with osteotomy	BR	3.0
(For bilateral rhytidectomy, add modifier -50)					(To identify muscle or myocutaneous flap closure, use also code number for specific flap)		
15831 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)	30.0	45	3.0	15960	Excision, heel pressure ulcer; with primary suture	BR	3.0
15832 thighs	25.0	45	3.0	15961	with osteotomy	BR	3.0
15833 legs	30.0	45	3.0		(15962, 15963, have been deleted. To report use 15964-15967)		
15834 hips	30.0	45	3.0	15964	Excision, heel pressure ulcer, with local skin flap closure;	BR	3.0
15835 buttocks	30.0	45	3.0				
15836 arms	25.0	45	3.0				
15837 forearms	25.0	45	3.0				
15838 submental fat pad	BR		3.0				
15839 other area							
(For bilateral procedure, add modifier -50)	BR		3.0				
15840 Graft for facial nerve paralysis; free fascia graft, (including obtaining fascia)	30.0	90	3.0				
(For bilateral procedure, add modifier -50)							

	Unit Value	Follow-up Days=	Basic Anes@
15965 with ostectomy	BR		3.0
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)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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 Biopsy of breast, needle (separate procedure)	*0.6	0	
19101 incisional	3.6	30	3.0
19110 Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	BR		
19112 Excision of lactiferous duct fistula	BR		
19120 Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (except 19140((-19161))), male or female, one or more lesions;	5.0	30	3.0
19140 Mastectomy for gynecomastia through circumareolar or other incision,	8.0	60	3.0
19160 Mastectomy, partial ((quadrectomy or more));	6.0	60	3.0
19162 with axillary lymphadenectomy	BR		3.0
19180 Mastectomy, simple complete;	8.0	45	3.0
(For immediate or delayed insertion of implant, use 19340 or 19342)			
(For gynecomastia, see 19140, 19141)			
19182 Mastectomy, subcutaneous;	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)			
(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

	Unit Value	Follow-up Days=	Basic Anes@
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
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
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(Use also code number for specific flap)

19366 Breast reconstruction with other technique	BR	90	3.0
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(For microsurgical technique, add modifier -20)

(For insertion of prosthesis, use also 19340 or 19342)

19370 Open periprosthetic capsulotomy, breast	BR		3.0
19371 Periprosthetic capsulectomy, breast	BR		3.0
19380 Revision of reconstructed breast	BR		3.0
19396 Preparation of moulage for custom breast implant	BR		3.0
19499 Unlisted procedure, breast	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-100 NOSE RESPIRATORY SYSTEM.

	Unit Value	Follow-up Days=	Basic Anes@
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)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
EXCISION				((30500 Submucous resection nasal septum, classic 8.0 90 3.0))			
(For excision of nasopharyngeal fibroma, see 42880)				(30500 has been deleted, use 30520)			
(For biopsy of nasopharynx, see 42804)				(For submucous resection of turbinates, see 30140)			
30100	Biopsy, intranasal	0.6	7	3.0	30520	Septoplasty or submucous resection with or without cartilage ((implant; (separate procedure))) scoring, contouring or replacement with graft	10.0 90 ((3.0)) 5.0
(For biopsy skin of nose, see 11100, 11101)							
30110	Excision of nasal polyp(s) simple; unilateral	1.4	15	3.0	30540	Repair choanal atresia; intranasal	11.0 60 ((3.0)) 5.0
30111	bilateral	BR		3.0	30545	transpalatine	20.0 365 ((3.0)) 5.0
(30110, 30111 would normally be completed in an office setting)							
30115	Excision, nasal polyp(s), extensive; unilateral	4.0	30	3.0	*30560	Lysis intranasal synechia	*0.4 0 3.0
30116	bilateral	BR		3.0	30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) oronasal	10.0 90 3.0
(30115, 30116 would normally require the facilities available in a hospital setting)							
30117	Excision, intranasal lesion; internal approach	BR			30600	Reconstruction, functional, internal nose (septal or other septal dermatoplasty) (does not include obtaining graft)	10.0 90 3.0
30118	external approach (lateral rhinotomy)	BR			30620	Repair nasal septal perforations	BR 90 3.0
30120	Excision or surgical planing of skin of nose for rhinophyma	10.0	60	3.0	DESTRUCTION		
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	2.5	0	4.0	*30800	Cauterization turbinates, unilateral or bilateral (separate procedure); superficial	*0.4 0 3.0
30125	complex, under bone or cartilage	BR	30	4.0	30805	intramural	1.4 7 3.0
30130	Excision turbinate, partial or complete	2.0	30	3.0	30820	Cryosurgery of turbinates, unilateral or bilateral	BR 3.0
30140	Submucous resection turbinate, partial or complete	6.0	90	3.0	OTHER PROCEDURES		
(For submucous resection of nasal septum, see 30500)				(30900 Control of anterior nasal hemorrhage has been expanded into 30901-30904)			
30150	Rhinectomy; partial	BR		3.0	*30901	Control nasal hemorrhage, anterior, simple (cauterization); unilateral	*0.6 0 0
30160	total	BR		3.0	*30902	bilateral	*0.8 0 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		*30903	Control nasal hemorrhage, anterior, complex (cauterization); unilateral	BR 0 0
30210*	Displacement therapy (Proetz type)	0.2	0	4.0	*30904	bilateral	BR 0 0
30220	Insertion, nasal septal prosthesis (button)	BR		4.0	*30905	Control nasal hemorrhage, posterior, with posterior nasal packs; initial	*2.4 0 3.0
REMOVAL FOREIGN BODY							
*30300	Removal foreign body; internasal; office type procedure	*0.4	0	3.0	*30906	subsequent	*1.6 0 3.0
30310	requiring general anesthesia	2.0	7	3.0	30915	Ligation, arteries, ethmoidal	10.0 30 3.0
30320	by lateral rhinotomy	BR		3.0	30920	internal maxillary artery, transantral	BR 3.0
REPAIR				(For ligation external carotid artery, see 37600)			
(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	30930	Fracture nasal turbinate(s) therapeutic	BR 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	30999	Unlisted procedure, nose	BR 3.0
30420	including major septal repair	20.0	180	3.0	AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)		
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	3.0	45	3.0	WAC 296-22-115 TRACHEA AND BRONCHI.		
30435	intermediate revision (bony work with osteotomies)	BR	45	3.0			
30450	major revision (nasal tip work and osteotomies)	BR		4.0			
				INCISION			
				31600 Tracheostomy, planned (separate procedure);			
				5.4 15 ((5.0)) 6.0			
				31601 under two years			
				6.0 15 6.0			
				31603 Tracheostomy, emergency procedure, transtracheal			
				BR 90 ((5.0)) 6.0			
				31605 Cricothyroid membrane			
				BR 4.0			
				31610 Tracheostomy, fenestration procedure with skin flaps			
				7.0 15 ((4.0)) 6.0			
				(For endotracheal intubation, see 31500)			
				(For tracheal aspiration under direct vision, see 31515)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
31612	BR		4.0				
31613	BR	30	5.0	31715	0.8	0	
31614	BR	30	5.0				
ENDOSCOPY				(For bronchoscopic catheterization for bronchography, fiberscope only, see 31656)			
31615	(BR)		4.0	31717	BR		
(31620)	3.6	30	4.0	31719	BR		
31621	3.6	7	5.0	31720	0.8	0	
<u>(31620-31621 have been deleted, use 31622)</u>				31725	1.0	0	
31622	3.6		5.0	REPAIR			
31625	5.0	30	4.0	31750	BR		6.0
(31626)	5.0	7	5.0	31755	BR		6.0
31627	5.0	7	5.0	31760	BR		12.0
<u>(31626 has been deleted, use 31625)</u>				31770	BR		11.0
<u>(31627 has been deleted, use 31622)</u>				31775	BR		11.0
31628	BR		5.0	(For lobectomy and bronchoplasty, see 32485)			
31629	BR		5.0	31780	BR		11.0
31630	6.0	30	6.0	31781	BR		11.0
31631	BR		4.0	31785	BR		11.0
31635	5.6	30	4.0	31786	BR		11.0
31640	5.0	30	4.0	SUTURE			
31641	BR	30	4.0	31800	BR		6.0
31645	4.0	30	4.0	31805	BR		12.0
31646	2.6	30	4.0	31820	4.0	30	4.0
(For catheter aspiration of tracheobronchial tree at bedside, see 31725)				31825	6.0	30	4.0
<u>(31650-31651 have been deleted, see 31645-31646)</u>				(For repair of tracheoesophageal fistula, see 43305-43312)			
(31650)	4.0	30	4.0	31830	5.60	30	4.0
31651	2.6	30	4.0	31899	BR		4.0
31656	4.0	30	4.0	AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)			
<u>(For radiological procedure, see 71040, 71060)</u>				WAC 296-22-116 LUNGS AND PLEURA.			
31659	BR		4.0				
INTRODUCTION							
(For endotracheal intubation, see 31500)							
(For tracheal aspiration under direct vision, see 31515)							
31700	3.6	0					
31708	0.9	0					
31710	0.8	0					
				INCISION			
				*32000	*0.72	0	
				32005	BR		
				*32020	*1.2	0	
				32035	6.0	60	3.0
				32036	8.0	90	3.0
				32095	BR		3.0
				32100	12.0	90	11.0
				32110	16.0	90	11.0
				32120	16.0	90	11.0
				32124	16.0	90	11.0
				32140	16.0	90	11.0
				32141	20.0	90	11.0
				32150			

	Unit Value	Follow-up Days=	Basic Anes@
32151 body or fibrin deposit with removal of intrapulmonary foreign body	14.0	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)			
32402 open	6.0	15	3.0
32405 Biopsy, lung, percutaneous needle	3.0	7	3.0
(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
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			
32700 Thoracoscopy, exploratory (separate procedure);	4.0	30	4.0
32705 with biopsy	4.0	30	4.0
REPAIR			
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)			
32900 Resection of ribs, extrapleural, all stages	14.0	90	((9-8) 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 ((90900-90930)) 99150-99192)

((For procedures listed "with bypass" (heart pump oxygenator or pump assist), see Anesthesia modifier =45.)

(For medical or laboratory related services, see appropriate section.))

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-120 HEART AND PERICARDIUM.

((For monitoring, operation of pump and other nonsurgical services, see 99150, 99151, 99160-99162, 99190-99192))

(For other medical or laboratory related services, see appropriate section)

PERICARDIUM

	Unit Value	Follow-up Days=	Basic Anes@
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

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

((For injection procedure for coronary arteriography, see 36230)

(For cardiac catheterization, see 93501-93566))

PACEMAKER

(For electronic analysis of internal pacemaker system, see 93795, 93796)

(Procedures include repositioning or replacement in first fourteen 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			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(separate procedure)	7.0	15	Sv.&				
33212 Insertion or replacement of pulse generator only	4.0	30	6.0	MULTIPLE VALVE PROCEDURES			
33216 Insertion, replacement, or repositioning of permanent transvenous electrodes only (15 days or more after initial insertion)	8.0	30	6.0	33480 Replacement and/or repair, double valve procedure, by methods 33400-33465	70.0	90	15.0
33218 Repair of pacemaker; electrodes only	5.0	30	6.0	33481 Single valve replacement; with commissurotomy or valvuloplasty of another valve	56.0	90	15.0
33219 with replacement of pulse generator	BR		6.0	33482 with commissurotomy or valvuloplasty of two valves	60.0	90	15.0
33232 Removal of permanent pacemaker	BR		6.0	33483 Double valve replacement;	65.0	90	15.0
<u>33245 Implantation of automatic internal defibrillator pads and epicardial sensing electrodes by mediansternotomy</u>	<u>BR</u>		<u>6.0</u>	33485 with commissurotomy or valvuloplasty of one valve	67.0	90	15.0
WOUNDS OF THE HEART AND GREAT VESSELS				33490 Replacement and/or repair, triple valve procedure, by methods 33400 to 33465	80.0	90	15.0
33300 Repair of cardiac wound; without bypass	24.0	90	15.0	33492 Triple valve replacement	85.0	90	15.0
33305 with cardiopulmonary bypass	30.0	90	15.0	CORONARY ARTERY PROCEDURES			
33310 Cardiectomy, exploratory (includes removal of foreign body); without bypass	22.0	90	15.0	33502 Anomalous coronary artery; ligation	20.0	90	15.0
33315 with cardiopulmonary bypass	34.0	90	15.0	33503 graft, without <u>cardiopulmonary</u> bypass	25.0	90	15.0
33320 Suture repair of aorta or great vessels; without bypass	20.0	90	15.0	33504 graft, with <u>cardiopulmonary</u> bypass	35.0	90	15.0
33322 with cardiopulmonary bypass	30.0	90	15.0	33510 Coronary artery bypass, autogenous graft, (e.g., saphenous vein or internal mammary artery); single ((artery)) graft	35.0	90	15.0
33330 Insertion of graft; without bypass	30.0	90	15.0	33511 two coronary ((arteries)) grafts	56.0	90	15.0
33335 with cardiopulmonary bypass	40.0	90	15.0	33512 three coronary ((arteries)) grafts	67.0	90	15.0
33350 Great vessel repair with other major procedure	BR		15.0	33513 four coronary ((arteries)) grafts	67.0	90	15.0
CARDIAC VALVES AORTIC VALVE				33514 five coronary ((arteries)) grafts	67.0	90	15.0
33400 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass	50.0	90	15.0	33516 six or more coronary ((arteries)) grafts	67.0	90	15.0
<u>33404 Construction of apical-aortic conduit</u>	<u>BR</u>	<u>90</u>	<u>15.0</u>	(For separate procurement of autogenous graft, see modifier -75, services rendered by more than one physician)			
33405 Replacement, aortic valve with cardiopulmonary bypass	52.0	90	15.0	33520 Coronary artery bypass, nonautogenous graft (e.g., synthetic or cadaver); single ((artery)) graft	30.0	90	15.0
33407 Valvotomy, aortic valve (commissurotomy); with cardiopulmonary bypass	BR		15.0	33525 two coronary ((arteries)) grafts	35.0	90	15.0
33408 with inflow occlusion	BR		15.0	33528 three or more coronary ((arteries)) grafts	50.0	90	15.0
(For multiple valve replacement, see 33480-33492)				(33532 Myocardial implantation has been deleted. To report, use 33999)			
<u>33411 Replacement aortic valve; with aortic annulus enlargement, noncoronary</u>	<u>BR</u>	<u>90</u>	<u>15.0</u>	POSTINFARCTION MYOCARDIAL PROCEDURES			
<u>33412 with transventricular aortic annulus enlargement (Konno procedure)</u>	<u>BR</u>	<u>90</u>	<u>15.0</u>	33542 Myocardial resection (e.g., ventricular aneurysmectomy)	35.0	90	15.0
33415 Resection of aortic valve for subvalvular stenosis	40.0	90	15.0	33545 Repair of postinfarction ventricular septal defect, with or without myocardial resection	50.0	90	15.0
33417 Aortoplasty (gusset) for supraaortic stenosis	40.0	90	15.0	33560 Myocardial operation combined with coronary bypass procedure	BR		
MITRAL VALVE				33570 Coronary angioplasty (end arterectomy, with or without gas, arterial implantation or anastomosis), with bypass;	60.0	90	15.0
33420 Valvotomy, mitral valve (commissurotomy); closed	32.0	90	15.0	33575 combined with vascularization	68.0	90	15.0
33422 open, with cardiopulmonary bypass	50.0	90	15.0	SEPTAL DEFECT			
33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass	52.0	90	15.0	33640 Repair atrial septal defect, secundum; <u>direct closure without cardiopulmonary</u> without bypass	32.0	90	15.0
33430 Replacement, mitral valve, with cardiopulmonary bypass	52.0	90	15.0	33641 <u>direct closure</u> with cardiopulmonary bypass	46.0	90	15.0
TRICUSPID VALVE				33643 patch closure, with or without anomalous pulmonary venous drainage	30.0	90	15.0
33450 Valvotomy, tricuspid valve (commissurotomy); closed	32.0	90	15.0	33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	30.0	90	15.0
33452 open, with cardiopulmonary bypass	50.0	90	15.0	<u>33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure</u>	<u>BR</u>	<u>90</u>	<u>15.0</u>
33460 Valvuloplasty or valvectomy, tricuspid valve, with cardiopulmonary bypass;	50.0	90	15.0	33649 Repair of tricuspid atresia (e.g., Fontan, Gago procedures)	BR		
33465 replacement	52.0	90	15.0	33660 Patch closure, endocardial cushion defect, with or without repair of mitral and/or tricuspid cleft;	50.0	90	15.0
(For multiple valve replacement, see 33480-33492)				33665 with repair of separate ventricular septal defect	35.0	90	15.0
33468 Tricuspid valve repositioning and plication for Ebstein anomaly	50.0	90	15.0	33670 Repair of complete atrioventricular canal, with or without prosthetic valve	50.0	90	15.0
PULMONARY VALVE				33681 Closure ventricular septal defect; direct	35.0	90	15.0
33470 Valvotomy, pulmonary valve (commissurotomy); closed (transventricular)	32.0	90	15.0	33682 patch	50.0	90	15.0
<u>33471 transvenous balloon method</u>	<u>BR</u>	<u>90</u>	<u>15.0</u>				
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				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
33684 with pulmonary valvotomy or infundibular resection (acyanotic)	50.0	90	15.0	((33850 with shunt, left subclavian to descending aorta (Blalock-Park type operation)	30.0	90	15.0))
33688 with removal of pulmonary artery band, with or without gusset	5.0						
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				
33696 with closure of previous shunt	8.0						
SINUS OF VALSALVA				THORACIC AORTIC ANEURYSM			
33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	50.0	90	15.0	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
33710 with repair of ventricular septal defect	35.0	90	15.0	33865 with valve replacement	50.0	90	15.0
33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	50.0	90	15.0	33870 Transverse arch graft, with cardiopulmonary bypass	60.0	90	15.0
TOTAL ANOMALOUS PULMONARY VENOUS DRAINAGE				33875 Descending thoracic aorta graft, with or without bypass	20.0	90	15.0
33730 Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	50.0	90	15.0	PULMONARY ARTERY			
(For partial anomalous return, see atrial septal defect)				33910 Pulmonary artery embolectomy; with cardiopulmonary bypass	30.0	90	15.0
SHUNTING PROCEDURES				33915 without bypass	20.0	90	15.0
33735 Atrial septectomy or septostomy; closed (Blalock-Hanlon type operation)	32.0	90	15.0	MISCELLANEOUS			
33737 open, with inflow occlusion	40.0	90	15.0	((33950 Cardiac transplantation, including removal of donor heart	BR		15.0))
33738 transvenous method, balloon, Rashkind type (includes cardiac catheterization)	50.0	90	15.0	33930 Donor cardiectomy-pneumonectomy, with preparation and maintenance of homograft	BR		15.0
33739 blade method (Sang-Park septostomy) (includes cardiac catheterization)	BR		15.0	33935 Heart-lung transplant with recipient cardiectomy-pneumonectomy	BR		
33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	30.0	90	15.0	33940 Donor cardiectomy, with preparation and maintenance of homograft	BR		
33755 ascending aorta to pulmonary artery (Waterston type operation)	30.0	90	15.0	33945 Heart transplant, with or without recipient cardiectomy	BR		
33762 descending aorta to pulmonary artery (Potts-Smith type operation)	30.0	90	15.0	(33950 has been deleted, use 33940, 33945)			
33764 central, with prosthetic graft	BR	90	15.0	33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency	BR		15.0
33766 vena cava to pulmonary artery (Glenn type operation)	30.0	90	15.0	33970 Intra-aortic balloon counterpulsation; insertion ((and removal) only	((+0-0)) BR	10	15.0
TRANSPOSITION OF THE GREAT VESSELS				(For percutaneous insertion ((and removal, see 93535)) use 93536)			
33782 Repair transposition of great vessels, atrial baffle procedure (Mustard or Senning type); with cardiopulmonary bypass	50.0	90	15.0	33971 removal of balloon including repair of artery with or without graft	BR		15.0
33783 with removal of pulmonary artery band, with or without gusset	50.0	90	15.0	33972 monitoring only	BR		15.0
33784 with closure of ventricular septal defect	50.0	90	15.0	33999 Unlisted procedure, cardiac surgery	BR		15.0
33785 Repair transposition of great vessels; aortic pulmonary artery reconstruction (Jatene type)	BR	90	15.0	AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)			
TRUNCUS ARTERIOSUS				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.			
33786 Total repair, truncus arteriosus (Rastelli type operation)	50.0	90	15.0				
33788 Replant pulmonary artery for hemitruncus	30.0	90	15.0				
(For pulmonary artery band, see 33690)							
AORTIC ANOMALIES							
33802 Division of aberrant vessel (vascular ring);	18.0	90	15.0				
33803 with reanastomosis	20.0	90	15.0				
33810 Creation of aortopulmonary window; without bypass	20.0	90	15.0	34001 Embolectomy or thrombectomy, with or without catheter; carotid, subclavian, or innominate artery, by neck incision	14.0	60	6.0
33812 with cardiopulmonary bypass	30.0	90	15.0	34051 innominate, subclavian artery, by thoracic incision	14.0	60	11.0
33820 Patent ductus arteriosus; ligation (primary procedure)	15.0	90	15.0	34101 axillary, brachial, innominate, subclavian artery, by arm incision	14.0	60	5.0
33822 division, under 18 years	18.0	90	15.0	34111 radial or ulnar	BR	60	5.0
33824 division, 18 years and older	20.0	90	15.0	34151 renal, celiac, mesentery, aortoiliac artery, by abdominal incision	20.0	60	6.0
33830 ligation or division when performed with another procedure	5.0		15.0	34201 femoropopliteal, aortoiliac artery, by leg incision	14.0	60	5.0
33840 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	20.0	90	15.0	34203 popliteal-tibio-peroneal, by leg incision	BR	60	5.0
33845 with graft	30.0	90	15.0				

	Unit Value	Follow-up Days=	Basic Anes@
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

(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, 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 ((e.g., radial, brachial, ulnar))	BR		5.0
35162 for ruptured aneurysm, other arteries ((e.g., radial, brachial, ulnar))	BR		5.0

REPAIR ((BLOOD VESSEL OR)) ARTERIOVENOUS FISTULA ((WITH OR WITHOUT PATCH GRAFT))

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

35201 Repair blood vessels ((or A-V fistula)), direct; neck	28.0	60	((6-8)) 10.0
35206 upper extremity	28.0	60	((3-6)) 10.0
35207 hand and finger	BR	60	((3-6)) 10.0
35211 intrathoracic, with bypass	35.0	60	((6-8)) 10.0
35216 intrathoracic, without bypass	30.0	60	((3-6)) 10.0
35221 intra-abdominal	34.0	90	((5-8)) 10.0
35226 lower extremity	28.0	60	((3-6)) 8.0
35231 Repair blood vessel ((or A-V fistula)) with vein graft; neck	30.0	60	6.0
35236 upper extremity	30.0	60	6.0
35241 intrathoracic, with bypass	40.0	60	6.0
35246 intrathoracic, without bypass	35.0	60	6.0
35251 intra-abdominal	40.0	90	6.0
35256 lower extremity	32.0	60	3.0
35261 Repair blood vessel ((or A-V fistula)) with graft other than vein; neck	32.0	60	6.0
35266 upper extremity	32.0	60	6.0
35271 intrathoracic, with bypass	42.0	60	6.0
35276 intrathoracic, without bypass	37.0	60	6.0
35281 intra-abdominal	42.0	90	6.0
35286 lower extremity	34.0	60	3.0

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 ((combine)) 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
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

	Unit Value	Follow-up Days=	Basic Anes@
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, ((mesenteric, or renal) 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 aortiliofemoral, unilateral	32.0	90	12.0
35549 aortiliofemoral, 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 ilioliac	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	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 MANDRIL-GROWN GRAFT) VEIN ((INCLUDING

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
35642 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 ilioliac	28.0	90	5.0
35665 iliofemoral	28.0	90	5.0
35666 femoral-anterior tibial, posterior tibial, or peroneal artery	28.0	90	5.0
35671 popliteal-tibial	28.0	90	5.0
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 of arterial graft	BR		
35880 with secondary procedure for out-flow	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)

INTRA-ARTERIAL—INTRA-AORTIC

36100 Introduction of needle or intracatheter, carotid or vertebral artery; unilateral ..	5.0	0	3.0
36101 bilateral	6.0	0	3.0
36120 Introduction of needle or intracatheter; retrograde brachial artery	5.0	0	3.0
36140 extremity artery	2.0	0	3.0
36145 arteriovenous shunt created for dialysis (cannula, fistula or graft) ..	1.0	0	3.0

(For insertion of arteriovenous cannula, see 36810-36820)

36160 Introduction of needle or intracatheter, aortic, translumbar	3.0	0	3.0
36200 Introduction of catheter; aorta (arch, abdominal, midstream renal, aorto-iliac run-off) or selective; initial placement ..	4.0	0	3.0
((36210 cerebral artery, selective; single	5.8	0	3.0
36220 multiple cerebral arteries, with or without midstream arch injection ..	7.0	0	3.0)

(36210, 36220 have been deleted, use 36215)

36215 each additional selective thoracic and/or cerebral artery catheter placement (e.g., vertebral or carotid)	5.8	0	3.0
36230 coronary artery, selective, unilateral or bilateral	6.0	0	7.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
((36240— renal, celiac, mesenteric or other artery, selective, single, with or without midstream injection	5.0	0	3.0	category or consultative follow-up codes as appropriate)			
36250— bilateral renal or multiple arteries	6.0	0	3.0))	36495 Insertion of implantable infusion pump	BR	0	3.0
(36240, 36250 have been deleted, use 36245)				36496 Revision of implanted infusion pump . .	BR	0	3.0
36245 each additional selective abdominal artery catheter placement (e.g., celiac artery, gastroduodenal artery, inferior mesenteric artery, renal artery)	5.0	0	3.0	36497 Removal of implanted infusion pump . .	BR	0	3.0
36260 Insertion of implantable infusion pump	BR	0	3.0	36500 Venous catheterization for selective organ blood sampling	BR		
36261 Revision of implanted infusion pump . .	BR	0	3.0	*36510 Catheterization of umbilical vein for diagnosis or therapy, newborn	0.6	7	
36262 Removal of implanted infusion pump . .	BR	0	3.0	36520 Therapeutic apheresis (plasma and/or cell exchange)	BR		
36299 Unlisted procedure, vascular injection . .	BR		3.0				
VENOUS				ARTERIAL			
Venipuncture, ((complex or nonroutine;)) needle or catheter for diagnostic study or intravenous therapy, percutaneous:				*36600 Arterial puncture; withdrawal of blood for diagnosis	0.2	0	
36400 Venipuncture, under age 3 years; femoral, jugular or sagittal sinus	0.4	0		36620 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.0	0	
*36405 scalp vein	0.6	0		36625 cutdown	1.4	7	
*36406 other vein	0.3	0		36640 Arterial catheterization for prolonged infusion therapy (chemotherapy), cut-down (see also 96526)	2.0	7	
*36410 Venipuncture, child over age 3 years or adult, necessitating physician's skill (separate procedure), for venography (upper extremity, vena cava, adrenal, renal, iliac, femoral, popliteal, tibial, saphenous, jugular, innominate vein). Not to be used for routine venipuncture.	0.2	0		*36660 Catheterization, umbilical artery, newborn, for diagnosis or therapy	1.0	7	
*36415 Routine venipuncture for collection of specimen(s)	BR	0					
((For diagnostic collection, see 99000-99001))				INTERVASCULAR CANNULIZATION OR SHUNT (SEPARATE PROCEDURE)			
36420 Venipuncture, cutdown; under age 1 year	1.0	7		36800 Insertion of cannula for hemodialysis, other purpose; vein to vein	3.0	7	3.0
36425 age 1 or over	0.72	7		36810 arteriovenous, external (Scribner type)	9.0	7	3.0
36430 Transfusion, blood or blood components; indirect	0.4	0		36815 arteriovenous, external revision or closure	6.0	7	3.0
((36431 direct	1.2	7))		36820 arteriovenous, internal (Cimino type)	BR		3.0
*36440 Push transfusion, blood, 2 years or under	1.2	0		36821 Arteriovenous anastomosis, direct, any site	10.0	60	4.0
36450 Exchange transfusion; newborn	7.0	0		36825 Creation of arteriovenous fistula; autogenous graft	15.0	60	4.0
36455 other than newborn	BR+			36830 nonautogenous graft	12.0	60	4.0
36460 Transfusion, intrauterine, fetal	BR+			36835 Insertion of Thomas shunt	15.0	60	4.0
*36470 Injection of sclerosing solution; single vein	*0.28	0		36840 Insertion mandril	6.0	60	4.0
*36471 multiple veins, same leg	*0.4	0		36845 Anastomosis mandril	10.0	60	4.0
((36480 Catheterization, subclavian, external jugular or other vein; for central venous pressure determination; percutaneous	0.8	7		36860 Cannula declotting; without balloon catheter	BR		4.0
36485 by cutdown	0.8	7))		36861 with balloon catheter	BR		4.0
(36480 has been deleted. To report, use 36488 or 36489)				37140 Anastomosis, portacaval	32.0	90	11.0
(36485 has been deleted. To report, use 36490 or 36491)				(For peritoneal-venous shunt, see 49425)			
36488 Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, age 2 years or under	0.8			37145 renoportal	32.0	90	9.0
36489* percutaneous, over age 2	0.8			37160 caval-mesenteric	32.0	90	9.0
*36490 Cutdown placement of central venous catheter for hyperalimentation; age 2 years or under	3.0	15		37180 Splenorenal, proximal	32.0	90	9.0
*36491 over age 2	2.0	15		37181 splenorenal, distal (selective decompression of esophagogastric varices, any technique)	BR		9.0
(For examination of patient and instruction to patient, review of prescription of fluids for long-term or permanent hyperalimentation, use levels of care listed in office or hospital visits				37190 Plastic repair of arteriovenous aneurysm	BR		9.0
				REPAIR, LIGATION AND OTHER PROCEDURES			
				((37400 Arteriorrhaphy suture of major artery, wound or injury (separate procedure); neck	12.0	30	6.0
				37420 chest	20.0	60	15.0
				37440 abdomen	20.0	60	9.0
				37460 extremity	10.0	30	4.0
				37470 Repair multiple arteries and/or veins . .	BR		6.0
				37500 Phleborrhaphy suture of major vein; wound or injury (separate procedure); neck	10.0	30	6.0
				37520 chest	20.0	60	12.0
				37540 abdomen	20.0	60	6.0
				37560 extremity	8.0	30	3.0))
				<u>(37400-37560 have been deleted, use 35201-35286)</u>			
				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

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-135 LYMPH NODES AND LYMPHATIC CHANNELS.

(For litigation treatment of intracranial aneurysm, see 61703)

	Unit Value	Follow-up Days=	Basic Anes@
37609	4.0	30	4.0
37615	BR		4.0
37616	BR		6.0
37617	BR		6.0
37618	BR		4.0
37620	16.0	90	5.0
37650	8.0	30	3.0
37651	10.0	30	3.0
37660	12.0	90	3.0
37700	4.8	30	3.0
37701	6.0	60	3.0
37720	7.0	30	3.0
37721	12.0	30	3.0
37730	10.0	30	3.0
37731	14.5	30	3.0
37735	18.0	30	3.0
37737	22.0	30	3.0
37760	10.0	60	3.0
37780	2.0	30	3.0
37781	4.0	30	3.0
37785	1.2	15	3.0
37787	1.8	15	3.0
37799	BR		3.0

Unit Value	Follow-up Days=	Basic Anes@
*0.6	0	3.0
BR		3.0

INCISION

*38300	Drainage of lymph node abscess or lymphadenitis, simple	*0.6	0	3.0
38305	extensive	BR		3.0
38308	Lymphangiomy 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

38500	Biopsy or excision of lymph node(s); ((unspecified)) 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	Dissection, deep cervical node	BR	60	3.0
(38540 has been deleted, use 38510, 38520)				
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
38562	Limited lymphadenectomy for staging (separate procedure); pelvic	BR		
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)

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-130 SPLEEN.

	Unit Value	Follow-up Days=	Basic Anes@
38090	10.0	45	6.0
(38090 has been deleted, use 38999)			
38100	14.5	45	6.0
38101	14.5	45	6.0
REPAIR			
38115	13.0	45	6.0
INTRODUCTION			
38200	2.0	7	3.0

RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)

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			

	Unit Value	Follow-up Days=	Basic Anes@
38771 nodes (separate procedure); unilateral	12.0	60	6.0
38780 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)			

	Unit Value	Follow-up Days=	Basic Anes@
39530 combined, thoracoabdominal	19.0	90	11.0
39531 combined, thoracoabdominal, with dilation of stricture (with or without ((gastroctomy)) 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

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

(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 296-22-146 LIPS.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-140 MEDIASTINUM.

	Unit Value	Follow-up Days=	Basic Anes@
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
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REPAIR

39499 Unlisted procedure, mediastinum	BR		3.0
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-141 DIAPHRAGM.

	Unit Value	Follow-up Days=	Basic Anes@
39501 Repair, laceration of diaphragm	BR		6.0
39502 Repair, ((diaphragmatic)) paraesophageal hiatus hernia ((esophageal hiatal)), 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 ((repair))	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

(For procedures on skin of lips, see 10000 et seq.)

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
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(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
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
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(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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-147 VESTIBULE OF MOUTH.

The vestibule is the part of the oral cavity outside the dentoalveolar structures; it includes the mucosal and submucosal tissue of lips and cheeks.

	Unit Value	Follow-up Days=	Basic Anes@
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	0	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 ((lesion of mucosa, submucosa;)) 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; ((<u>up-to</u>)) 2.5 cm or less	0.4	0	4.0
40831 over 2.6 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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-150 TONGUE, FLOOR OF MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*41000 Incision and drainage of intraoral abscess, cyst, or hematoma of tongue or floor of mouth; lingual	*0.4	0	3.0
41005* sublingual, superficial	0.4	0	4.0
41006 sublingual, deep, suprathyoid	BR	0	4.0
41007 submental space	BR	0	4.0
41008 submandibular space	BR	0	4.0
41009 masticator space	BR	0	4.0
41010 Incision of lingual frenum (frenotomy)	0.4	15	4.0
41015 Incision and drainage of extraoral abscess, cyst, or hematoma of floor of mouth; sublingual	0.6	15	4.0
41016 submental	BR		4.0
41017 submandibular	BR		4.0
41018 masticator space	BR		4.0

(For frenoplasty, see 41520)

EXCISION

41100 Biopsy of tongue, anterior two-thirds	1.0	15	3.0
41105 posterior one-third	0.6	15	3.0
41108 Biopsy, floor of mouth	1.0	15	4.0

	Unit Value	Follow-up Days=	Basic Anes@
41110 Excision lesion of tongue; without closure	BR		4.0
41112 with closure, anterior two-thirds	BR		4.0
41113 with closure, posterior one-third	BR		4.0
41114 with local tongue flap	BR		4.0

(List 41114 in addition to code 41112 or 41113)

41115 Excision of lingual frenum (frenectomy)	BR		4.0
41116 Excision lesion of floor of mouth	BR		4.0
41120 Glossectomy; less than one-half tongue	8.0	120	6.0
41130 Hemiglossectomy	12.0	120	6.0
41135 partial, with unilateral radical neck dissection	20.0	120	6.0
41140 complete or total, with or without tracheostomy, without radical neck dissection	18.0	120	6.0
41145 complete or total, with or without tracheostomy, with unilateral radical neck dissection	26.0	120	6.0
41150 composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	BR+		6.0
41153 composite procedure with resection floor of mouth, with suprahyoid neck dissection	BR	120	6.0
41155 composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	BR	120	6.0

REPAIR

41250* Repair laceration ((<u>up-to</u>)) 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	1.0	0	4.0
41251* posterior one-third of tongue	1.0	0	4.0
41252* Repair laceration of tongue, floor of mouth, over 2.6 cm or complex	BR		4.0

OTHER PROCEDURES

41500 Fixation tongue, mechanical, other than suture (e.g., K-wire)	5.0	30	3.0
41510 Suture tongue to lip for micrognathia (Douglas type procedure)	10.0	30	3.0
41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)	BR		3.0

(For frenotomy, see 40806, 41010)

41599 Unlisted procedure, tongue, floor of mouth	BR		3.0
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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 ((<u>excision</u>)) resection of lesion	BR+		6.0
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	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For reconstruction of palate with extraoral tissue, see 14040-14300, 15050, 15120, 15240, 15510-15720)				(For fistulization of sublingual salivary cyst, see 42325)			
((#)42140 Uvulectomy: excision of uvula	*0.6	0	3.0	42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	6.0	60	3.0
42145 Palatopharyngoplasty (c.g., uvulopalatopharyngoplasty uvulopharyngoplasty)	BR			42415 lateral lobe, with dissection and preservation of facial nerve	14.5	60	3.0
42150 Removal of exostosis bony palate	BR		3.0	42420 total, with dissection and preservation of facial nerve	18.0	60	3.0
42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical)	BR		3.0	42425 total, en bloc removal with sacrifice of facial nerve	12.0	60	3.0
REPAIR				42426 total, with unilateral radical neck dissection	25.0	60	3.0
42180 Repair laceration of palate; up to 2 cm over 2 cm or complex	BR			42440 Excision submandibular (submaxillary) gland	10.0	60	3.0
42200 Palatoplasty for cleft palate, soft and/or hard palate only	16.0	90	6.0	42450 Excision sublingual gland	5.5	60	3.0
42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	20.0	90	6.0	REPAIR			
42210 with bone graft to alveolar ridge (includes obtaining graft)	22.0	90	6.0	42500 Plastic repair salivary duct, (sialodochoplasty); primary or simple	7.0	60	3.0
(For obtaining bone graft by second surgeon, see WAC 296-22-010, item 5c and modifier -64)				42505 secondary or complicated	BR+		3.0
42215 Palatoplasty for cleft palate; major revision	16.0	90	6.0	42507 Parotid duct diversion, bilateral (Wilke type procedure);	BR		3.0
42220 secondary lengthening procedure	17.0	90	6.0	42508 with excision of one submandibular gland	BR		3.0
42225 attachment pharyngeal flap	17.0	90	6.0	42509 with excision of both submandibular glands	BR		3.0
42226 Lengthening of palate, and pharyngeal flap	BR	90	6.0	42510 with ligation of both submandibular (Wharton's) ducts	BR		3.0
42227 Lengthening of palate, with island flap	BR	90	6.0	OTHER PROCEDURES			
42235 Repair anterior palate, including vomer flap	16.0	90	6.0	42550 Injection procedure for sialography	0.4	0	
42250 Repair oroantral or oronasal fistula, up to 1 cm	BR		4.0	42600 Closure salivary fistula	BR+		3.0
(For repair of larger defect, see 42215)				*42650 Dilation salivary duct	*0.3	0	3.0
42260 Repair nasolabial fistula	BR		4.0	42660* Dilation and catheterization of salivary duct, with or without injection5		3.0
42280 Maxillary impression for palatal prosthesis	BR		4.0	42665 Ligation salivary duct, intraoral	BR		3.0
42281 Insertion of pin-retained palatal prosthesis	BR		4.0	42699 Unlisted procedure, salivary glands or ducts	BR		3.0
(For repair cleft lip, see 40700 et seq.)				AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)			
OTHER PROCEDURES				WAC 296-22-180 ESOPHAGUS.			
42299 Unlisted procedure, palate, uvula	BR		4.0				
AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)							
WAC 296-22-165 SALIVARY GLANDS AND DUCTS.							
	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
INCISION				INCISION			
*42300 Drainage of abscess; parotid, simple	*1.4	0	3.0	43000 Esophagotomy, cervical approach; without removal foreign body	14.0	90	6.0
42305 parotid, complicated	BR+		3.0	43020 with removal of foreign body	14.0	90	6.0
*42310 Drainage of abscess; submaxillary or sublingual, intraoral	*1.0	0	3.0	43030 Cricopharyngeal myotomy	14.0	90	6.0
42320 submaxillary, external	3.0	0	3.0	43040 Esophagotomy, thoracic approach; without removal of foreign body	19.0	90	12.0
42325 Fistulization sublingual salivary cyst (ranula);	BR		3.0	43045 with removal foreign body	19.0	90	12.0
42326 with prosthesis	BR		3.0	EXCISION			
*42330 Sialolithotomy; submandibular (submaxillary), sublingual, or parotid, uncomplicated, intraoral	*0.6	0	3.0	43100 Excision of local lesion, esophagus, with primary repair; cervical approach	19.0	90	12.0
42335 submandibular (submaxillary) ((or sublingual)), complicated, intraoral	2.4	30	3.0	43101 thoracic approach	20.0	90	12.0
42340 parotid, extraoral or complicated intraoral	6.0	30	3.0	43105 Wide excision of malignant lesion of cervical esophagus, with or without laryngectomy;	BR		12.0
EXCISION				43106 with radical neck dissection (Wookey type procedure)	BR		12.0
*42400 Biopsy salivary gland; needle	*0.8	0	3.0	43110 Esophagectomy: (at upper two-thirds level) and gastric anastomosis with vagotomy; with or without pyloroplasty	30.0	90	12.0
42405 incisional	2.0	30	3.0	43111 with second stage pyloroplasty	35.0	90	12.0
42408 Excision sublingual salivary cyst (ranula)	BR		3.0	43115 Esophagectomy (at upper two-thirds level) with segment replacement ((of bowel)), one or two stages	40.0	90	12.0
42409 Marsupialization sublingual salivary cyst (ranula)	BR		3.0	43119 Total esophagectomy with gastropharyngostomy, without thoracotomy	BR		12.0
				43120 Esophagogastrectomy (lower-third) and vagotomy, combined thoracoabdominal with or without pyloroplasty	29.0	90	12.0
				43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy;			

	Unit Value	Follow-up Days=	Basic Anes@
43456 retrograde	BR		3.0
43460 Esophagogastric tamponade, with balloon (Sengstaaken type)	Sv.&		
43499 Unlisted procedure, esophagus	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-190 STOMACH.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
43500 Gastrostomy; with exploration or foreign body removal	12.0	45	5.0
43501 <u>with suture repair of bleeding ulcer or esophagogastric laceration</u>	BR		5.0
43510 <u>with esophageal dilation and insertion of plastic tubes</u>	BR		5.0
43520 Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) ..	10.0	45	6.0

EXCISION

43600 Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	3.0	0	
43605 <u>by laparotomy</u>	12.0	45	5.0
43610 Local excision of ulcer or tumor	14.5	45	6.0
43620 Gastrectomy, total; including intestinal anastomosis	28.0	90	7.0
43625 <u>with repair by intestinal transplant</u> ..	34.0	90	7.0
43630 Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; without vagotomy	19.0	60	6.0
43635 <u>with vagotomy, any type</u>	21.0	60	6.0
43638 Hemigastrectomy or proximal subtotal gastrectomy, thoracic or abdominal approach	19.0	60	6.0
43640 Vagotomy <u>((and)) including pyloroplasty, with or without gastrostomy truncal or selective</u>	17.0	60	6.0
(For pyloroplasty, see 43800)			
(For vagotomy, see 64752-64760)			
43641 <u>parietal cell (highly selective)</u>	BR		6.0

ENDOSCOPY

(For upper gastrointestinal endoscopy, see 43234-43258)

(43700 has been deleted. To report, use 43235)

(43702 has been deleted. To report, use 43239)

(43709 has been deleted. To report, use 43247)

(43711 has been deleted. To report, use 43251)

(43712 has been deleted. To report, use 43255)

(43714 has been deleted. To report, use 43258)

(For esophagogastrroduodenoscopy, see 43235-43264)

INTRODUCTION

43750 <u>Percutaneous placement of gastrostomy tube</u>	BR		5.0
*43760 <u>Change of gastrostomy tube((simple))</u>	BR		5.0
((43765 complicated	BR		5.0)
(43765 has been deleted)			

SUTURE

43800 Pyloroplasty	13.0	45	5.0
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	Unit Value	Follow-up Days=	Basic Anes@
(For pyloroplasty and vagotomy, see 43640)			
43810 Gastroduodenostomy	14.0	45	5.0
43820 Gastrojejunostomy	14.0	45	5.0
43825 <u>with vagotomy any type</u>	18.0	45	6.0
43830 Gastrostomy, temporary (tube, rubber, or plastic) (separate procedure);	13.0	45	5.0
43831 <u>neonatal, for feeding</u>	8.0	30	5.0

(For change of gastrostomy tube, see 43760((=43765)))

43832 Gastrostomy, permanent, with construction of gastric tube	16.0	45	5.0
((43834 Gastrostomy endoscopic percutaneous	BR		5.0)

(43834 has been deleted, use 43246)

43840 Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	13.0	45	6.0
43844 Gastric bypass for morbid obesity noncovered procedure			
43845 Gastric stapling for morbid obesity noncovered procedure			
43846 Gastric bypass with Roux-en-Y gastroenterostomy for morbid obesity noncovered procedure ..			
43850 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction, without vagotomy	20.0	60	5.0
43855 <u>with vagotomy</u>	23.0	60	6.0
43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; <u>with or without partial gastrectomy or bowel resection; without vagotomy</u>	20.0	60	5.0
43865 <u>with vagotomy</u>	23.0	60	6.0
43870 Closure of gastrostomy, surgical	12.0	45	5.0
43880 Closure of gastrocolic fistula	BR		5.0
43885 Anterior gastropexy for hiatal hernia (separate procedure)	BR		5.0
43999 Unlisted procedure, stomach	BR		5.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-195 INTESTINES (EXCEPT RECTUM).

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
((44000 Enterolysis (freeing of intestinal adhesion); (separate procedure)	10.0	45	4.0
(For incidental enterolysis, see WAC 296-22-010, item 7b))			
(44000 has been deleted)			
44005 <u>((with)) Enterolysis (freeing of intestinal adhesion) for acute bowel obstruction</u>	14.5	90	6.0
44010 Duodenotomy	14.5	60	7.0
44015 Needle catheter jejunostomy for enteral hyperalimentation (list separately in addition to primary procedure)	BR		4.0
44020 Enterotomy with exploration or foreign body removal; small bowel, other than duodenum	14.5	60	4.0
44021 <u>for decompression (e.g. Baker tube)</u> ..	BR	60	4.0
44025 <u>((large bowel)) Colotomy</u>	15.0	60	4.0
44040 Exteriorization of intestine (Mikulicz resection with crushing of spur)	18.0	60	5.0
44050 Reduction of volvulus, intussusception, internal hernia, by laparotomy	14.0	90	5.0
44055 <u>Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g., Ladd procedure</u> ..	BR	90	5.0
((44060 Sigmoid myotomy (Reilly type operation) for diverticular disease	BR	90	6.0)

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<u>(44060 has been deleted, use 44799)</u>				44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; diagnostic	3.0	7 3.0
EXCISION				44361	for biopsy and/or collection of specimen by brushing or washing for cytology	2.0	7 3.0
44100	Biopsy of intestine by capsule, tube, peroral (one or more specimens)	3.0	0	44363	with removal of foreign body	BR	7 3.0
44110	Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy	16.0	60 4.0	44364	with removal of polyps	3.0	7 3.0
44111	multiple enterotomies	BR	4.0	44366	for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	BR	3.0
44115	Excision colonic diverticulum	BR		44369	for ablation of tumor or mucosal lesion (e.g., laser)	2.0	7 3.0
44120	Enterectomy, resection of small intestine; with anastomosis	17.0	60 6.0	(44375 has been deleted. To report, use 43235)			
44125	with double-barrel enterostomy	14.0	60 6.0	44380	Fiberoptic ileoscopy through stoma; ...	4.0	7 3.0
44130	Enterocenterostomy, anastomosis of intestine; (separate procedure)	14.5	90 5.0	44382	with biopsy and/or collection of specimen by brushing or washing	3.0	7 3.0
44131	intestinal bypass for morbid obesity noncovered procedure			44385	Fiberoptic evaluation of small intestinal (kock) or pelvic pouch;	3.0	7 3.0
44140	Colectomy, partial; with anastomosis	18.0	90 5.0	44386	for biopsy and/or collection of specimen by brushing or washing	BR	3.0
44141	with skin level cecostomy or colostomy	20.0	90 6.0	44388	Fiberoptic colonoscopy through colostomy	3.0	7 3.0
44143	with end colostomy and closure of distal segment (Hartmann type procedure)	18.0	90 6.0	44389	with biopsy and/or collection of specimen by brushing or washing	2.5	3.0
44144	with resection, with colostomy or ileostomy and creation of mucofistula	18.0	90 6.0	44390	with removal of foreign body	3.5	3.0
44145	with coloproctostomy (low pelvic anastomosis)	24.0	90 6.0	44391	for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	3.5	3.0
44146	with coloproctostomy (low pelvic anastomosis) with colostomy	26.0	90 6.0	44392	with removal of polypoid lesion(s)	3.5	3.0
44147	abdominal and transanal approach	BR	90 6.0	44393	for ablation of tumor or mucosal lesion (e.g., laser)	BR	3.0
44150	Colectomy, total, abdominal, with ileostomy or ileoproctostomy; ((with)) without proctectomy	26.0	90 6.0	(For colonoscopy per rectum, see 45360-45386)			
44151	with continent ileostomy	BR	90 6.0	<u>(44000, 44005 have been deleted, use 44799)</u>			
44152	with continent ileostomy, with rectal mucosectomy and ileoanal anastomosis	BR	90 6.0	((REPAIR			
44153	with contint ileostomy, with rectal mucosectomy, ileoanal anastomosis, and ileal reservoir	BR	90 6.0	44400	Cecopexy, fixation of cecum to abdominal wall	12.0	90 4.0
44155	Colectomy, total abdominal, with proctectomy and ileostomy	30.0	90 6.0	44405	Sigmoidopexy, fixation of sigmoid colon to abdominal wall	12.0	90 4.0))
44156	with continent ileostomy	BR	90 6.0	SUTURE			
44160	Colectomy with removal of terminal ileum and ileocolostomy	30.0	90 6.0	44600	Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single	14.0	45 7.0
ENTEROSTOMY—EXTERNAL FISTULIZATION OF INTESTINES (SEPARATE PROCEDURE)				44605	with colostomy	16.0	90 7.0
44300	Enterostomy, tube, or cecostomy	8.5	90 4.0	44610	multiple	BR	7.0
44305	in conjunction with other procedures	2.0	90	44620	Closure of enterostomy, large or small intestine;	10.0	90 5.0
((44308	Enterostomy, suture of one wall of intestine to abdominal wall, small or large intestine	10.0	90 5.0))	44625	with resection and anastomosis	14.0	90 6.0
<u>(44308 has been deleted, use 44799)</u>				44640	Closure of intestinal cutaneous fistula	BR	4.0
44310	Ileostomy	14.5	90 4.0	44650	Closure of enteroenteric or enterocolic fistula	14.0	90 5.0
44312	Revision of ileostomy; simple (release of superficial scar)	BR	4.0	44660	Closure of enterovesical fistula; without intestinal or bladder resection	14.0	90 5.0
44314	complicated (reconstruction in depth)	BR	4.0	(For closure of renocolic fistula, see 50525, 50526)			
44316	Continent ileostomy (Koch procedure)	BR	4.0	44661	with bowel and/or bladder resection	BR	5.0
(For fiberoptic evaluation, see 44385)				(For closure of gastrocolic fistula, see 43880)			
44320	Colostomy or skin level cecostomy (separate procedure)	12.0	90 4.0	(For closure of rectovesical fistula, see 45800-45805)			
44322	with multiple biopsies (e.g., for Hirschsprung disease)	BR	90 4.0	44680	Intestinal plication, ((complete (Noble type operation))) (separate procedure)	20.0	90 6.0
44340	Revision of colostomy, simple (release of superficial scar)	1.2	90 4.0	44799	Unlisted procedure, intestine	BR	5.0
44345	complicated (reconstruction in depth)	6.0	60 4.0	ENDOSCOPY, SMALL BOWEL AND STOMAL			
44346	with repair of paracolostomy hernia	BR	60 4.0	(For upper gastrointestinal endoscopy, see 43234-43258)			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-210 RECTUM.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
INCISION							
45000 Transrectal drainage of pelvic abscess	3.0	15	3.0	45336 photocoagulation)	BR		
45005 Incision and drainage of submucous abscess, rectum	4.5	30	3.0	45336 for ablation of tumor or mucosal lesion (e.g., <u>electrocoagulation</u> , laser <u>photocoagulation</u>)	BR		3.0
45020 Incision and drainage of deep supralevator, pelvicorectal or retrorectal abscess (see also 46050, 46060)	4.8	30	3.0	45355 Colonoscopy, with standard sigmoidoscope, transabdominal via colotomy, single or multiple	3.0	7	3.0
EXCISION				45360 Colonoscopy, fiberoptic, beyond 25 cm to splenic flexure; diagnostic procedure for biopsy and/or collection of specimen by brushing or washing	5.0	7	3.0
45100 Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)((transincision- at))	4.0	15	3.0	45365 for control of hemorrhage (e.g., <u>electrocoagulation</u>)	4.0	7	3.0
((45105 full thickness	6.0	30	3.0)	45367 with removal of foreign body	5.0	7	3.0
(45105 has been deleted)				45368 for control of hemorrhage (e.g., <u>electrocoagulation</u>)	6.0	7	3.0
(For endoscopic biopsy, see 45305)				45369 for ablation of tumor or mucosal lesion (e.g., <u>electrocoagulation</u> , laser <u>photocoagulation</u>)	BR		3.0
45108 Anorectal myectomy	BR		3.0	45370 with removal of polypoid lesion(s)	6.0	7	3.0
45110 Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages	26.0	90	7.0	(45371 Colonoscopic retrograde lavage has been deleted. To report, use 44799)			
45111 partial resection of rectum	24.0	90	7.0	45372 for decompression of volvulus	BR		3.0
45112 Proctectomy, combined abdominoperineal, pull-through procedure, one or two stages	28.0	90	7.0	45378 Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure	6.0	7	3.0
45114 Proctectomy, partial, with anastomosis; abdominal and transacral approach, one or two stages	30.0	90	7.0	45379 with removal of foreign body	7.0	7	3.0
45116 transacral approach only (Kraske type)	28.0	90	7.0	45380 with biopsy and/or collection of specimen for cytology	6.0	7	3.0
45120 Proctectomy, complete, for congenital megacolon (Swenson Duhamel, or Soave type operation)	26.0	90	7.0	45382 for control of hemorrhage	7.0	7	3.0
45130 Excision of rectal procidentia, with anastomosis; perineal approach	14.5	90	4.0	45383 for ablation of tumor or mucosal lesion (e.g., <u>electrocoagulation</u> , laser <u>photocoagulation</u>)	BR		3.0
45135 abdominal and perineal approach	26.0	90	6.0	45385 for removal of polypoid lesion(s)	7.0	7	3.0
45150 Division of stricture of rectum	BR		3.0	(45386 Colonoscopic retrograde lavage has been deleted. To report, use 44799)			
45160 Excision of rectal tumor by proctotomy, transacral or transoccygeal approach	19.0	90	3.0	(For small bowel and stomal endoscopy, see 44360-44393)			
45170 Excision of rectal tumor, simple, transanal approach	BR		3.0	REPAIR			
45180 Excision and/or electrodesiccation of malignant tumor of rectum, transanal approach; palliative	BR		3.0	45500 Proctoplasty, for stenosis	10.0	90	3.0
45181 therapeutic	BR		3.0	45505 for prolapse of mucous membrane	11.0	90	3.0
ENDOSCOPY				45520 Perirectal injection of sclerosing solution for prolapse; office	1.0	0	
45300 Proctosigmoidoscopy; diagnostic (separate procedures)	0.6	0	3.0	45521 hospital	4.0	30	3.0
45302 for collection of specimen by brushing or washing for cytology	1.0	7	3.0	45540 Proctopexy for prolapse, abdominal approach	18.0	90	4.0
45303 for dilation, direct, instrumental	1.5	7	3.0	45541 perineal approach	18.0	90	3.0
45305 for biopsy,	1.2	7	3.0	45550 proctopexy combined with sigmoid resection, abdominal approach	22.0	90	5.0
45307 for removal of foreign body	1.0	7	3.0	45560 Repair of rectocele (separate procedure)	24.0	90	5.0
45310 for removal of polyp or papilloma	1.4	7	3.0	(For repair of rectocele with posterior colporrhaphy, see 57250)			
45315 with removal of multiple excrescences, papillomata or polyps	1.8	7	3.0	SUTURE			
45317 for control of hemorrhage (e.g., <u>electrocoagulation</u> , laser <u>photocoagulation</u>)	2.0	7	3.0	45800 Closure of rectovesical fistula;	20.0	90	5.0
(45319 Endoscopic retrograde lavage has been deleted. To report, use 45999)				45805 with colostomy	22.0	90	5.0
45321 for decompression of volvulus	BR		3.0	45820 Closure of rectourethral fistula	20.0	90	3.0
(45325 colonoscopy has been renumbered 45355 without change in terminology)				45825 with colostomy	22.0	90	4.0
45330 Sigmoidoscopy, flexible fiberoptic; diagnostic	0.8	15	3.0	(For rectovaginal fistula closure, see 57300-57308)			
45331 for biopsy and/or collection of specimen by brushing or washing	1.4	15	3.0	MANIPULATION			
45332 for removal of foreign body	1.4	15	3.0	*45900 Reduction of procidentia (separate procedure) under anesthesia	*0.6	0	3.0
45333 with removal of polyp(s)	1.8	15	3.0	45905* Dilation of anal sphincter (separate procedure) under anesthesia other than local	BR		3.0
45334 for control of hemorrhage (e.g., <u>electrocoagulation</u> , laser				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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-215 ANUS.

INCISION

	Unit Value	Follow-up Days=	Basic Anes@
*46000 Fistulotomy, subcutaneous	*0.6	0	3.0
(For fistulectomy, see 46060, 46270-46285)			
*46030 Removal of seton, other marker	*0.6	0	
((46032 Undercutting for pruritus ani (modified Ball operation)	1.0	0	3.0)
(46032 has been deleted, use 46999)			
46040 Incision and drainage of ischioanal 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 ischioanal or intramural abscess with fistulectomy, submuscular (see also 45020)	9.5	90	3.0
46070 Incision, anal septum (infant)	1.2	0	3.0
(For anoplasty, see 46700-46705)			
*46080 Sphincterotomy, anal, division of anal sphincter (separate procedure)	*1.2	0	3.0
46083 Incision of thrombosed hemorrhoid, external	BR		3.0

EXCISION

46200 Fissurectomy, with or without sphincterotomy	4.8	90	3.0
46210 Cryptectomy, single	1.4	30	3.0
46211 multiple, (separate procedure)	7.0	90	3.0
46220 Papillectomy or excision of single tab, anus (separate procedure)	0.6	15	3.0
46221 Hemorrhoidectomy, by simple ligature (rubber band)	BR		3.0
46230 Excision of external hemorrhoid tags and/or multiple papillae(office)	1.2	15	3.0
46250 Hemorrhoidectomy, external, complete	4.8	90	3.0
46255 Hemorrhoidectomy, internal and external, simple;	7.0	90	3.0
46257 with fissurectomy	BR		3.0
46258 with fistulectomy, with or without fissurectomy	BR		3.0
46260 Hemorrhoidectomy, internal and external, complex or extensive;	10.0	90	3.0
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 ((or mucosal prolapse))	*0.4	0	3.0
((46510 Perianal injection of alcohol or other solution for pruritus ani	BR		3.0
46530 Dilatation of anus and lower rectum under anesthesia for hemorrhoids (Lord procedure)	BR		3.0
(46510, 46530 have been deleted, use 46999)			

ENDOSCOPY

*46600 Anoscopy; diagnostic (separate procedure)	*0.32	0	3.0
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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
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

DESTRUCTION

*46900 ((Chemosurgery of condylomata, anal, multiple)) Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vessel, simple chemical	*0.48	0	
*46910 electrodesiccation ((of condylomata, anal, multiple, simple))	*0.8	0	3.0
((*46920 Excision and electrodesiccation of condylomata, anal, simple	*1.0	0	3.0
46930 extensive	BR		3.0
46932* Cryosurgery of condylomata, anal, simple	BR		3.0
46933 extensive	BR		3.0
46916 cryosurgery	BR	0	3.0
46917 laser surgery	BR		3.0
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 ((Cryosurgery)) Destruction of hemorrhoids, any method; internal	BR		
46935 external	BR		
46936 internal and external	BR		
46937 Cryosurgery of rectal tumor; benign	BR		
46938 malignant	BR		3.0
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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-220 LIVER.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*47000 Biopsy of liver, percutaneous needle	*1.4	0	3.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
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
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 ((total)) Liver transplant, with ((transplant)) 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		((9-0)) 12.0 3.0
47399 Unlisted procedure, liver	BR		

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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)			

ENDOSCOPY

	Unit Value	Follow-up Days=	Basic Anes@
47550 Biliary endoscopy, intraoperative (choledochoscopy)	BR		5.0
(Use 47550 with either 47420 or 47610)			
47552 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic	BR		5.0
47553 for biopsy and/or collection of specimen by brushing or washing	BR		5.0
47554 for removal of stone(s)	BR		5.0
47555 for dilation of biliary duct stricture	BR		5.0
(For peroral biliary endoscopic procedure see 43260-43272)			

EXCISION

	Unit Value	Follow-up Days=	Basic Anes@
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

REPAIR

	Unit Value	Follow-up Days=	Basic Anes@
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 fistulous tract into stomach or intestine	BR		5.0

((SUTURE)) OTHER PROCEDURES

((47850)) Choledochorrhaphy	BR		5.0
47855 Cholecystorrhaphy	BR		5.0
(47850, 47855 have been deleted, use 47999)			
47999 Unlisted procedure, biliary tract	BR		5.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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
EXCISION			
48100 Biopsy of pancreas (separate procedure)	14.0	60	5.0

	Unit Value	Follow-up Days=	Basic Anes@
48102 Biopsy of pancreas, needle, percutaneous	2.5	7	
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
48120 Excision of lesion of pancreas (e.g., cyst, adenoma)	17.0	60	6.0
48140 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 ((pancreaticojejunostomy or) pancreaticoduodenostomy (Whipple type ((operation)) procedure and pancreatic jejunostomy)	34.0	60	6.0
48151 Pancreatectomy, near-total, with preservation of duodenum (Child type procedure)	BR		6.0
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

ENDOSCOPY

(For peroral pancreatic endoscopic procedures see 43260-43272)

REPAIR

48500 Marsupialization of cyst of pancreas	14.5	60	6.0
48520 Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	17.0	60	6.0
48540 Roux-en-y	19.0	60	6.0
48999 Unlisted procedure, pancreas	BR		6.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-235 ABDOMEN, PERITONEUM AND OMENTUM.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
49000 Exploratory laparotomy, exploratory celiotomy (separate procedure) (see WAC 296-22-010, item 7b)	10.0	45	((4-0)) 6.0
49002 Reopening of recent laparotomy incision for exploration; removal of hematoma, control of bleeding	10.0	45	((4-0)) 7.0
49010 Exploration, retroperitoneal area (separate procedure)	10.0	45	((5-0)) 6.0
49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, transabdominal	11.0	45	((4-0)) 6.0
(For appendiceal abscess, see 44900)			
49040 Drainage of subdiaphragmatic or subphrenic abscess	12.0	45	((5-0)) 7.0
49060 Drainage of retroperitoneal abscess	11.0	45	((5-0)) 7.0
*49080 Peritoneocentesis, abdominal paracentesis; initial	*0.8	0	4.0
*49081 subsequent	*0.6	0	4.0
49085 Removal of peritoneal foreign body	BR		((3-0)) 6.0
(For lysis of intestinal adhesions, see 44000)			

EXCISION

*49180 Biopsy, abdominal or retroperitoneal mass, needle, percutaneous	2.5	7	
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	Unit Value	Follow-up Days=	Basic Anes@
(For CT guidance, see 76360, 76361, 76365, 76366; for ultrasonic guidance, see 76942, 76943)			
49200 Excision 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
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

*49400 Pneumoperitoneum; initial	*1.0	0	3.0
*49401 subsequent	*0.6	0	3.0
*49420 Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary	*1.0	0	3.0
49421 permanent	BR		3.0
49425 Peritoneal-venous shunt (e.g., LeVeen shunt)	BR		3.0
49426 Revision of peritoneal-venous shunt	BR		3.0

(For shunt patency test, see 78291)

((49430 Injection procedure for retroperitoneal pneumography	2.4	0	
49440 Injection procedure for pelvic pneumography	0.8	0	
((49430, 49440 have been deleted, use 49999))			

REPAIR

HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY

((For bilateral herniorrhaphy or with bowel resection, see WAC 296-22-010, item 7))			
(For reduction and repair of intra-abdominal hernia, see 44050)			
(For debridement of abdominal wall, see 11042, 11043)			
(All codes for bilateral procedures in hernia repair have been deleted. To report, add modifier -50)			
49500 Repair inguinal hernia, under age 5 years, with or without hydrocelectomy; unilateral	7.0	45	3.0
49505 Repair inguinal hernia, age 5 or over; unilateral	9.0	45	((3-0)) 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	((3-0)) 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
49550 Repair femoral hernia, groin incision; unilateral	9.0	45	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
49552	Repair femoral hernia, Henry approach; unilateral	10.0	45	3.0	50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting or basket extraction; up to 2 cm	BR	5.0
49555	Repair femoral hernia, recurrent, any approach	10.0	45	3.0	50081	over 2 cm	BR	5.0
49560	Repair ventral hernia (separate procedure);	11.0	45	((3-0)) 6.0 3.0		(For establishment of nephrostomy without nephrostolithotomy, see 50040, 50395 or 52334)		
49565	recurrent	12.0	45		50100	Transection or repositioning of aberrant renal vessels (separate procedure)	17.0	90
49570	Repair epigastric hernia, properitoneal fat (separate procedure); simple	3.0	45	3.0	50120	Pyelotomy; with exploration	20.0	90
49575	complex	7.0	45	3.0		(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)		
49580	Repair umbilical hernia; under age 5 years	7.0	45	3.0	50125	with drainage, pyelostomy	20.0	90
49581	age 5 or over	8.5	45	((3-0)) 4.0 3.0	50130	with removal of calculus (pyelolithotomy, pelviolithotomy including coagulum pyelolithotomy)	20.0	90
49590	Repair spigelian hernia	9.0	45	6.0	50135	complicated (e.g., secondary operation, congenital kidney abnormality)	24.0	90
49600	Repair of omphalocele; small, with primary closure	9.5	45	6.0		EXCISION		
49605	large or gastroschisis, with or without prosthesis	14.5	60	9.0		(For excision of retroperitoneal tumor or cyst, see 49200, 49201)		
49606	with staged closure of prosthesis, reduction in operating room, under anesthesia	BR		9.0	*50200	Renal biopsy, percutaneous; by trocar or needle	2.4	7
49610	Repair of omphalocele (Gross type operation); first stage	12.0	60	8.0		(For CT guidance, see 76360, 76361)		
49611	second stage	12.0	60	7.0		(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76942, 76943)		
	(For diaphragmatic or hiatal hernia repair, see 39500-39531)					(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)		
49630	Reduction of torsion, omentum	BR		5.0	50205	by surgical exposure of kidney	8.0	30
49635	Omentopexy for establishing collateral circulation in portal obstruction	BR		5.0	50220	Nephrectomy, including partial ureterectomy, any approach including rib resection;	20.0	90
49640	Omentoplasty (omental flap reconstruction for transfer of omentum with intact blood supply to thorax, neck or axilla)	BR		5.0	50225	complicated because of previous surgery on same kidney	24.0	90
					50230	radical, with regional lymphadenectomy	26.0	90
					50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	24.0	90
						through separate incision	24.0	90
					50236	Nephrectomy, partial	24.0	90
					50240	Nephrectomy, partial	24.0	90
					50280	Excision or unroofing of cyst(s) of kidney	18.0	90
					50290	Excision of perinephric cyst	18.0	90
						RENAL TRANSPLANTATION		
						(For dialysis, see 90941-90999)		
					50300	Donor nephrectomy, with preparation and maintenance of homograft; from cadaver donor, unilateral or bilateral	BR+	
					50320	from living donor, unilateral	24.0	90
					50340	Recipient nephrectomy (separate procedure); unilateral	20.0	90
					50341	bilateral	30.0	90
					50360	Renal homotransplantation, implantation of graft; excluding donor and recipient nephrectomy	30.0	180
					50365	with unilateral recipient nephrectomy	50.0	180
					50366	with bilateral recipient nephrectomy	50.0	180
					50370	Removal of transplanted homograft (e.g., infarcted or rejected kidney)	13.0	60
					50380	Renal autotransplantation, reimplantation of kidney	30.0	120
						(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)		

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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
50020	Drainage of perirenal or renal abscess (separate procedure)	14.0	90
50040	Nephrostomy, nephrotomy with drainage	20.0	90
50045	Nephrotomy, with exploration	20.0	90
	(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)		
50060	Nephrolithotomy; removal of calculus	20.0	90
50065	secondary surgical operation for calculus	24.0	90
50070	complicated by congenital kidney abnormality	24.0	90
50075	removal of large (staghorn calculus filling renal pelvis and calyces including anastrophic pyelolithotomy)	26.0	90

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
INTRODUCTION				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)				
				(((50550 has been deleted. To report use 50551)))				
*50390	2.5	7		50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	2.0	3	3.0
				(((50552 has been deleted. To report use 50553)))				
				50553	with ureteral catheterization	2.0	3	3.0
				(((50554 has been deleted. To report use 50555)))				
50392	2.5	7		50555	with biopsy	2.0	3	3.0
				(((50556 has been deleted. To report use 50557)))				
				50557	with fulguration, with or without biopsy	2.0	3	3.0
				(((50558 has been deleted. To report use 50559)))				
50393	2.5	7	3.0	50559	with insertion of radioactive substance with or without biopsy and/or fulguration	3.0	3	3.0
				(((50560 has been deleted. To report use 50561)))				
50394	.3	0		50561	with removal of foreign body or calculus	2.0	3	3.0
50395	BR		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)				
50396	.4	0		50572	with ureteral catheterization	1.8	3	
50398*	.3	0		50574	with biopsy	1.8	3	
				50576	with fulguration, with or without biopsy	2.0	3	
				50578	with insertion of radioactive substance, with or without biopsy and/or fulguration	2.4	3	
				50580	with removal of foreign body or calculus	2.0	3	
REPAIR				OTHER PROCEDURES				
50400	22.0	90	5.0	50590	Lithotripsy, extracorporeal shock wave.	BR		
50405	26.0	90	5.0	AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)				
				WAC 296-22-250 URETER.				
						Unit Value	Follow-up Days=	Basic Anes@
SUTURE				INCISION				
50500	20.0	90	8.0	50600	Ureterotomy with exploration or drainage (separate procedure)	18.0	90	5.0
50520	20.0	90	5.0					
50525	24.0	90	5.0					
50526	24.0	90	11.0					

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For ureteral endoscopy performed in conjunction with this procedure, see 50970-50980)				(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
50605 Ureterotomy for insertion of indwelling stent, all types	BR		5.0	50820 Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation); unilateral	30.0	120	6.0
50610 Ureterolithotomy; upper one-third or ureter	20.0	90	5.0	(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
50620 middle one-third of ureter	18.0	90	5.0	50821 bilateral	34.0	120	6.0
50630 lower one-third	20.0	90	5.0	(For combination of 50800-50821 with cystectomy, see 51580-51595)			
(For transvesical ureterolithotomy, see 51060)				50830 Urinary undiversion (e.g., taking down of ureteroileal conduit, ureterosigmoidostomy or ureterentrostomy with ureteroureterostomy or ureteroneocystostomy) . . .	BR		6.0
(For cystotomy with stone basket extraction of ureteral calculus, see 51065)				50840 Replacement of all or part of ureter by bowel segment, including bowel anastomosis; unilateral	30.0	120	6.0
(For endoscopic extraction or manipulation of ureteral calculus, see 50080, 50081, 50561, 52320-52330)				(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
EXCISION				50841 bilateral	40.0	120	6.0
(For ureterocele, see 51535, 51536, 52300)				50860 Ureterostomy, transplantation of ureter to skin; unilateral	18.0	90	5.0
50650 Ureterectomy, with bladder cuff (separate procedure)	20.0	90	5.0	50861 bilateral	22.0	90	5.0
50660 Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	22.0	90	7.0	SUTURE			
INTRODUCTION				50900 Ureterorrhaphy, suture of ureter (separate procedure)	20.0	90	5.0
50684 Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter (separate procedure)	0.3	0		50920 Closure of ureterocutaneous fistula . . .	20.0	90	5.0
50686 Manometric studies through ureterostomy or indwelling ureteral catheter . . .	0.4	0		50930 Closure of ureterovisceral fistula (including visceral repair)			5.0
50688* Change of ureterostomy tube	0.3	0		50940 Deligation of ureter	BR		5.0
50690 Injection procedure for visualization of ilial conduit and/or ureteropyelography, exclusive of radiologic service (separate procedure)	0.4	0		(For ureteroplasty, ureterolysis, etc., see 50700-50861)			
REPAIR				ENDOSCOPY			
(When substantial ureteral tapering is required for the following procedures, use modifier -22)				(((50950 has been deleted. To report use 50951)))			
50700 Ureteroplasty: Plastic operation on ureter (e.g., stricture)	20.0	90	5.0	50951 <u>Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service</u>	2.5	3	
50715 Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis; unilateral	16.0	90	5.0	(((50952 has been deleted. To report use 50953)))			
50716 bilateral	24.0	90	5.0	50953 with ureteral catheterization	2.5	3	
50722 Ureterolysis for ovarian vein syndrome.	16.0	90	5.0	(((50954 has been deleted. To report use 50955)))			
50725 Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	26.0	90	5.0	50955 with biopsy	2.5	3	
50740 Ureteropyelostomy anastomosis of ureter and renal pelvis	22.0	90	5.0	(((50956 has been deleted. To report use 50957)))			
50750 Ureterocalycostomy, anastomosis of ureter to renal calyx	24.0	90	5.0	50957 with fulguration, with or without biopsy	2.5	3	
50760 Ureteroureterostomy	22.0	90	5.0	(((50958 has been deleted. To report use 50959)))			
50770 Transureteroureterostomy anastomosis of ureter to contralateral ureter	24.0	90	5.0	50959 with insertion of radioactive substance with or without biopsy and/or fulguration (not including provision of material)	2.5	3	
50780 Ureteroneocystostomy anastomosis of ureter to bladder, or other operations for correction of vesicoureteral reflux; unilateral	22.0	90	5.0	(((50960 has been deleted. To report use 50961)))			
50781 bilateral	26.0	90	5.0	50961 with removal of foreign body or calculus	2.5	3	
(When combined with cystourethroplasty or vascial neck revision, see 51820)				When procedures 50970-50980 provide a significant identifiable service, they may be added to 50600			
50785 Ureteroneocystostomy, with bladder flap; unilateral	24.0	90	5.0	50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1.3	3	
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				

	Unit Value	Follow-up Days=	Basic Anes@
(For ureterotomy, see 50600)			
50972 with ureteral catheterization	1.8	3	
50974 with biopsy	1.8	3	
50976 with fulguration, with or without biopsy	2.0	3	
50978 with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material)	2.4	3	
50980 with removal of foreign body or calculus	2.0	3	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-255 BLADDER.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
51000 Aspiration of bladder by needle	0.4	0	
*51005 Aspiration of bladder; by trocar or intracatheter	*1.0	0	
51010 with insertion of suprapubic catheter	2.0	30	5.0
51020 Cystostomy or cystostomy; with fulguration and/or insertion of radioactive material	14.5	90	5.0
51030 with cryosurgical destruction of intravesical lesion	14.5	90	5.0
51040 Cystostomy, 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			
51500 Excision of urachal cyst or sinus, with or without umbilical hernia repair	14.0	90	5.0
51520 Cystostomy; for simple excision of vesical neck (separate procedure)	16.0	90	5.0
51525 for excision of bladder diverticulum, single or multiple (separate procedure)	20.0	90	5.0
51530 for excision of bladder tumor	16.0	90	5.0
(For transurethral excision, see 52200-52240)			
51535 Cystostomy for excision, incision or repair of ureterocele; unilateral	16.0	90	5.0
51536 bilateral	18.0	90	5.0
(For transurethral excision, see 52300)			
51550 Cystectomy, partial; simple	18.0	90	6.0
51555 complicated (e.g., postradiation, previous surgery, difficult location)	20.0	90	6.0
51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureter- <u>oneocystostomy</u>)	24.0	90	6.0
51570 Cystectomy, complete; (separate procedure)	26.0	90	6.0
51575 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	34.0	90	6.0
51580 Cystectomy, complete with ureterosig- <u>motomy</u> or ureterocutaneous transplan- <u>tations</u> ;	34.0	120	7.0
51585 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	40.0	120	7.0

	Unit Value	Follow-up Days=	Basic Anes@
51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	44.0	120	7.0
51595 with bilateral lymphadenectomy, including external iliac, hypogastric and obturator nodes	50.0	120	7.0
51597 Pelvic exenteration, complete, for 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

((For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62))

INTRODUCTION

(For bladder catheterization, see 53670-53675)

51600 Injection procedure for cystography or voiding urethracystography	0.2	0	
51605 Injection procedure and placement of chain for contrast and/or chain urethrocystography	0.4	0	
51610 Injection procedure for retrograde urethrocystography	0.3	0	
(For injection procedure for retroperitoneal pneumography, see 49430)			
*51700 Bladder irrigation, simple, lavage and/or instillation	*0.2	0	
51705* Change of cystostomy tube; simple	0.3	0	
51710* complicated	BR		
51720 Bladder instillation of anticarcinogenic agent (including detention time)	0.8	0	

URODYNAMICS

The following section (51725-51796) lists procedures that may be used separately or in many and varied combinations. All of the presently known urodynamic procedures are listed as are some of their most frequently used combinations. When multiple procedures are performed in the same investigative session, modifier '-51' should be employed.

All procedures in this section imply that these services are performed by, or are under the direct supervision of, a physician and that all instruments, equipment, fluids, gases, probes, catheters, technician's fees, medications, gloves, trays, tubing and other sterile supplies be provided by the physician. When the physician only interprets the results and/or operates the equipment, a p.c. (professional component modifier '-26') should be used to identify physicians' services.

Only the urodynamic testing is included in this section. The nerve blocks that are listed may be pudendal, unilateral or bilateral; sacral, unilateral or bilateral, single or multiple; or subarachnoid and epidural of the sacral segments. They are listed in the neurosurgical section 62274-62279 and 64430-64441.

CYSTOMETROGRAM STUDIES (CMG)

As a single procedure (separate procedure) performed in any body position, including residual urine volume, volume at first urge to void, bladder capacity, tracing (if available), interpretation and report. (For simultaneous electromyogram see 51786 and 51788)

51725 Simple cystometrogram (CMG) (e.g., spinal manometer)	BR		
51726 Complex cystometrogram (e.g., calibrated electronic equipment)			
(51727-51733 have been deleted. To report, use 51726)			

UROFLOWMETRIC STUDIES (UFR)

As a single procedure (separate procedure) performed in any body position, including volume, flow rate, and tracing (if available), interpretation and report. (For simultaneous electromyogram see 51787, 51788.) (For simultaneous voiding pressure see 51795-51796)

EXTERNAL MEASUREMENTS

51736 Simple uroflowmetry (UFR) (e.g., stop-watch flow rate, mechanical uroflowmeter);	BR		
(51737-51738 have been deleted. To report, use 51736)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
51739 Sound recording of external stream (e.g., Lyons type, Keitzer type)	BR			51900 Closure of vesicovaginal fistula, abdominal approach	22.0	90	5.0
51741 Complex uroflowmetry (e.g., calibrated electronic equipment)8			(For vaginal approach, see 57320-57330)			
(51742-51749 have been deleted. To report, use 51741)				51920 Closure of vesicouterine fistula;	20.0	90	5.0
INTERNAL STREAM MEASUREMENTS				51925 with hysterectomy	20.0	90	5.0
(51751-51769 have been deleted. To report, use 53899)				(For closure of vesicoenteric fistula, see 44660, 44661)			
URETHRAL PRESSURE PROFILE STUDIES - URETHRAL CLOSURE PRESSURE PROFILE (UPP)				(For closure of rectovesical fistula, see 45800-45805)			
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.				51940 Closure of exstrophy (see also 54390)	BR		5.0
51772 Urethral pressure profile, studies (UPP) (urethral closure pressure profile), any technique gas or liquid; initial recording	BR			51960 Enterocystoplasty, including bowel anastomosis	30.0	90	5.0
(51773-51783 have been deleted. To report, use 51772)				((For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62))			
ELECTROMYOGRAPHIC STUDIES (EMG)				51980 Cutaneous vesicostomy	18.0	90	5.0
Anal or urethral sphincter, detrusor, urethra, perineum or abdominal musculature. (Usually not a separate procedure.)				ENDOSCOPY - CYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY			
51785 Electromyographic studies (EMG) of anal or urethral sphincter, any technique	BR			NOTES			
(51786-51791 have been deleted. To report, use 51785)				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.			
51792 Stimulus evoked response (e.g., measurement of bulbocavernosus reflex latency time)	BR			52000 Cystourethroscopy (separate procedure)	1.2	7	3.0
((VOIDING PRESSURE STUDIES - BLADDER VOIDING PRESSURE (VP))				52005 with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	1.6	7	3.0
As a single procedure (separate procedure) performed in any body position, including residual fluid volume, bladder volume at time of voiding, tracing (if available), interpretation and report.)				52007 with ((ureteral catheterization and)) brush biopsy of ureter and/or renal pelvis	BR	3	3.0
51795 Voiding pressure studies (VP); bladder voiding pressure, any technique	BR			52010 with ejaculatory duct catheterization	1.6	7	
(51796 has been deleted. To report, use 51795)				((52100 has been deleted. To report use 52000)			
51797 intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)				((52105 has been deleted. To report use 52005)			
REPAIR				((52107 has been deleted. To report use 52007)			
51800 Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	20.0	90	5.0	((52110 has been deleted. To report use 52010)			
51820 Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	30.0	90	5.0	((52190 has been deleted. To report use 53899))			
51840 Anterior vesicourethropey, or urethropey (Marshall-Marchetti-Krantz type); simple	14.5	90	4.0	TRANSURETHRAL SURGERY (URETHRA AND BLADDER)			
51841 complicated (e.g., secondary repair)	21.0	90	4.0	((References to office and hospital have been deleted)			
(For urethropey (Peyreya type), see 57289)				((52202 has been deleted. To report use 52204))			
51845 Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz, modified Pereyra)	BR		4.0	52204 Cystourethroscopy, with biopsy	2.0	7	3.0
51860 Cystorrhaphy, suture of bladder wound, injury or rupture; simple	14.5	90	4.0	((52212 has been deleted. To report use 52214))			
51865 complicated	BR+		6.0	52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	2.0	7	3.0
51880 Closure of cystostomy (separate procedure)	8.0	90	3.0	((52222 has been deleted. To report use 52224))			
				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

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<p>((52232 has been deleted. To report use 52234))</p>				<p>(For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of nephrostomy tract only, see 50395)</p>			
52234				52335			
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	Cystourethroscopy, with ureteroscopy and/or pyeloscopy(:) (includes dilation of the ureter by any method)	4.2	7	3.0
52235				52336			
MEDIUM bladder tumor(s) (2.0-5.0 cm)	12.0	30	3.0	with removal or manipulation of calculus (ureteral catheterization is included)	BR		3.0
52240				52337			
LARGE bladder tumor(s)	18.0	30	5.0	with lithotripsy (ureteral catheterization is included)	BR		3.0
52250				52338			
Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	6.0	30	3.0	with biopsy and/or fulguration of lesion	BR		3.0
52260				TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)			
Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	3.0	30	3.0	52340			
52265				Cystourethroscopy, with incision, fulguration or resection of bladder neck and/or posterior urethra (congenital valves, obstructive hypertrophic mucosal folds)	6.0	30	3.0
local anesthesia	1.4	7		52500			
52270				Transurethral resection of bladder neck, (separate procedure)	10.0	90	4.0
Cystourethroscopy, with internal urethrotomy; female	4.0	45	3.0	52601			
52275				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
male	4.0	45	3.0	<p>((52605 has been deleted. To report use 52606))</p> <p>(For other approaches, see 55801-55845)</p>			
52276				52606			
Cystourethroscopy, with direct vision internal urethrotomy	4.0	45	3.0	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	2.4	0	
52277				<p>((For other approaches, see 55801-55845))</p>			
Cystourethroscopy, with resection of external sphincter (sphincterotomy)	6.0	30	3.0	52612			
<p>((52280 has been deleted. To report use 52281))</p>				Transurethral resection of prostate; first stage of two-stage resection (partial resection)	15.0	90	5.0
52281				52614			
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	second stage of two-stage resection (resection completed)	11.0	90	5.0
<p>((52282 has been deleted. To report use 52283))</p>				52620			
52283				Transurethral resection; of residual obstructive tissue after 90 days postoperative	6.0	90	5.0
Cystourethroscopy, with steroid injection into stricture	2.0	7	3.0	52630			
52285				of regrowth of obstructive tissue longer than one year postoperative	20.0	90	5.0
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	52640			
52290				of postoperative bladder neck contracture	10.0	90	5.0
Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	4.0	30	3.0	52650			
52300				Transurethral cryosurgical removal of prostate (postoperative irrigations and aspirations of sloughing tissue included)	20.0	120	5.0
with resection or fulguration of ureterocele, unilateral or bilateral	6.0	30	3.0	52700			
52305				Transurethral drainage of prostatic abscess	8.0	60	5.0
with incision or resection of orifice of bladder diverticulum, single or multiple	6.0	30	3.0	<p>(52800, 52805 Litholapaxy [litholapaxy] have been deleted. To report, use 52317, 52318)</p>			
52310				AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)			
Cystourethroscopy, with removal of foreign body ((or) calculus or ureteral stent from urethra or bladder (separate procedure); simple	4.0	30	3.0	WAC 296-22-260 URETHRA.			
52315				(For endoscopy, see cystoscopy, urethroscopy, cystourethroscopy, 52000-52805)			
complicated	BR+		3.0	(For injection procedure for urethrocytography, see 51600-51610)			
52317					Unit Value	Follow-up Days=	Basic Anes@
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	INCISION			
52318				53000			
complicated or large (over 2.5 cm)	BR	30	3.0	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	2.4	15	3.0
TRANSURETHRAL SURGERY (URETER AND PELVIS)				53010			
52320				perineal urethra, external	6.0	30	3.0
Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	7.0	30	3.0				
52325							
with fragmentation of ureteral calculus (e.g. ultrasonic or electro-hydraulic 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				

	Unit Value	Follow-up Days=	Basic Anes@
53020 Meatotomy, cutting of meatus (separate procedure), except infant	1.0	15	3.0
(53021 has been deleted. To report use 53020)			
53025 Infant	0.6	15	3.0
53040 Drainage of deep periurethral abscess	3.0	30	3.0
(For subcutaneous abscess, see 10060-10061)			
53060 Drainage of Skene's gland abscess or cyst	1.2	15	3.0
53080 Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	4.0	15	3.0
53085 complicated	BR+		5.0

EXCISION

53200 Biopsy of urethra	2.0	7	3.0
53210 Urethrectomy, total, including cystostomy; female	14.0	60	5.0
53215 male	18.0	60	5.0
53220 Excision or fulguration of carcinoma of urethra	BR+		3.0
53230 Excision of urethral diverticulum (separate procedure); female	10.0	60	3.0
53235 male	12.0	60	3.0
53240 Marsupialization of urethral diverticulum, male or female	4.0	30	3.0
53250 Excision of bulbourethral gland (Cowper's gland)	12.0	60	3.0
53260 Excision or fulguration; urethral polyp(s), distal urethra	1.0	15	3.0
(For endoscopic approach, see 52212-52224)			
53265 urethral caruncle	1.2	15	3.0
53270 Skene's glands	1.2	15	3.0
53275 urethral prolapse	3.0	30	3.0

REPAIR

(For hypospadias, see 54300-54352)

53400 Urethroplasty; first stage, for fistula, diverticulum, or stricture, (e.g., Johanssen type)	10.0	60	3.0
53405 second stage (formation of urethra), including urinary diversion	14.0	60	3.0
53410 Urethroplasty, one-stage reconstruction of male anterior urethra	16.0	60	3.0
53415 Urethroplasty, transpubic, one stage, for reconstruction or repair of prostatic or membranous urethra	BR		3.0
53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	20.0	60	3.0
53425 second stage	20.0	90	3.0
53430 Urethroplasty, reconstruction of female urethra	14.0	90	3.0
53440 Operation for correction of male urinary incontinence, with or without introduction of prosthesis	20.0	90	3.0
53442 Removal of perineal prosthesis introduced for continence	BR	90	3.0
53443 Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Lead-better procedure)	BR		3.0
53445 Operation for correction of ((mate)) urinary incontinence with placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir	BR	90	3.0
53447 Removal, repair or replacement of inflatable sphincter including pump and/or reservoir and/or cuff	BR	90	3.0
53449 Surgical correction of hydraulic abnormality of inflatable sphincter device	BR	90	3.0
53450 Urethromeatoplasty, with mucosal advancement	4.0	30	3.0
53460 Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	3.4	30	3.0

((For meatotomy, see 53020, 53025))

SUTURE

	Unit Value	Follow-up Days=	Basic Anes@
53502 Urethrorrhaphy, suture of urethral wound or injury, female	BR		3.0
53505 Urethrorrhaphy, suture of urethral wound or injury; penile	10.0	90	3.0
53510 perineal	14.0	90	3.0
53515 prostaticmembranous	20.0	90	3.0
53520 Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	6.0	90	3.0
(For closure of urethrovaginal fistula, see 57310)			
(For closure of urethrorectal fistula, see 45820, 45825)			

MANIPULATION

*53600 Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	*0.4	0	
*53601 subsequent	*0.3	0	
53605 Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	1.6	3	3.0
*53620 Dilation of urethral stricture by passage of filiform and follower, male; initial	*0.8	0	
*53621 subsequent	*0.6	0	
*53640 Passage of filiform and follower for acute vesical retention, male	*0.8	0	
*53660 Dilation of female urethra including suppository and/or instillation; initial	*0.4	0	
*53661 subsequent	*0.3	0	
53665 dilation of female urethra, general or conduction (spinal) anesthesia	1.5	3	3.0
53670* Catheterization; simple	0.3	0	
53675* complicated (may include difficult removal of balloon catheter)	0.7	0	
53899 Unlisted procedure, urinary system	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-265 PENIS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
54000 Slitting of prepuce, dorsal or lateral, (separate procedure); newborn	0.6	7	
54001 except newborn	1.4	7	3.0
54015 Incision and drainage of penis, deep	1.4	15	3.0

DESTRUCTION

*54050 Destruction of ((condylomata)) lesion(s), penis, ((multiple)) (e.g., condyloma, papilloma, molluscum, contagiosum, herpetic vesicle), simple, chemical	*0.3	0	3.0
*54055 electrodesiccation	*0.8	0	3.0
54056 cryosurgery	BR		3.0
54057 laser surgery	BR		3.0
((*)54060 surgical excision	*1.0	0	3.0
54065 extensive, any method	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
54110 Excision of penile plaque (Peyronie disease);	7.4	30	3.0
54111 with graft to 5 cm in length	BR		3.0
54112 with graft greater than 5 cm in length	BR		3.0
54115 Removal foreign body from deep penile tissue (e.g., plastic implant)	6.0	45	3.0
54120 Amputation of penis, partial	10.0	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
54125 complete	20.0	60	3.0	54340 Repair of hypospadias complications (i.e., fistula, stricture, diverticula); by closure, incision, or excision, simple	BR		3.0
54130 Amputation of penis, radical; with bilateral inguinofoveal lymphadenectomy	26.0	90	3.0	54344 requiring mobilization of skin flaps and urethroplasty with flap or patch graft	BR		3.0
54135 in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	30.0	90	5.0	54348 requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	BR		3.0
(For lymphadenectomy (separate procedure), see 38760-38771)				54352 Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	BR	90	3.0
54150 Circumcision, clamp procedure; newborn	0.8	15		54360 Plastic operation on penis to correct angulation	BR		3.0
54152 except newborn	1.0	15	3.0	54380 Plastic operation on penis for epispadias distal to external sphincter	BR+		3.0
(54154 has been deleted. To report, use 54152)				54385 with incontinence	BR		4.0
54160 Circumcision, surgical excision other than clamp or dorsal slit; newborn	0.8	30		54390 with exstrophy of bladder	BR		4.0
54161 except newborn	3.0	30	3.0	54400 Insertion of penile prosthesis, noninflatable	14.0		3.0
INTRODUCTION				54402 Removal or replacement of noninflatable penile prosthesis	BR		3.0
*54200 Injection procedure for Peyronie disease	*0.4	0		54405 Insertion of inflatable penile prosthesis, including placement of pump, cylinders and/or reservoir	BR		3.0
54205 with surgical exposure of plaque	7.4	30	3.0	54407 Removal repair or replacement of inflatable penile prosthesis, including pump and/or reservoir and/or cylinders	BR		3.0
54220 Irrigation of corpora cavernosa for priapism	BR		3.0	54409 Surgical correction of hydraulic abnormality of inflatable prosthesis	BR		3.0
54230 injection procedure for corpora cavernosography	BR		3.0	54420 Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	10.0		3.0
54240 penile plethysmography	BR		3.0	54430 Corpora cavernosa-corpora spongiosum shunt or corpora cavernosa-glans penis shunt (priapism operation), unilateral or bilateral	10.0	0	3.0
54250 Nocturnal penile tumescence test	BR		3.0	54435 Corpora cavernosa-glans penis fistulization (e.g., biopsy needle, Winter procedure, rongeur, or punch) for priapism	BR		3.0
REPAIR				54440 Plastic operation of penis for injury	BR		3.0
(For other urethroplasties, see 53400-53430)				MANIPULATION			
54300 Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra;	8.0	60	3.0	54450 Foreskin manipulation including lysis of preputial adhesions and stretching	BR		3.0
(54305 has been deleted. To report, see 54304 et seq.)				AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)			
54304 Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	BR		3.0	WAC 296-22-310 VULVA AND INTROITUS.			
54308 Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	BR		3.0				
54312 greater than 3 cm	BR		3.0				
54316 Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	BR		3.0				
54318 Urethroplasty for third stage hypospadias repair to release penis from scrotum (e.g., third stage Cecil repair).	BR		3.0				
(54320, 54325, 54330 have been deleted. To report, see 54308 et seq.)							
54322 One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (e.g., Magpi, V-flap)	BR		3.0	INCISION			
54324 with urethroplasty by local skin flaps (e.g., flip-flap, prepuce flap)	BR		3.0	(For incision and drainage of sebaceous cyst, furuncle, or caruncle, see 10000-10020, 10060, 10061)			
54326 with urethroplasty by local skin flaps and mobilization of urethra	BR		3.0	*56400 Incision and drainage, abscess of vulva, extensive	*0.8	0	3.0
54328 with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	BR		3.0	*56420 Incision and drainage of Bartholin's gland abscess, unilateral	*1.0	0	3.0
54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	BR		3.0	(For incision and drainage of Skene's gland abscess or cyst, see 53060)			
54336 One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	BR		3.0	56440 Marsupialization of Bartholin's gland cyst	4.0	30	3.0
				DESTRUCTION			
				((*56500))			
				*56501 Destruction of ((condylomata)) lesion(s), vulva((-multiple)); simple, ((chemical)) any method	((*0.48	0	3.0))
					BR	0	3.0
				(56500 has been deleted, use 56501)			

	Unit Value	Follow-up Days=	Basic Anes@
(56505 electrodesiccation)	*0.8	0	3.0
56507 laser surgery	*1.0	0	3.0
*56510 surgical excision	*1.0	0	3.0
56515 extensive, any method	BR +		3.0
((56520 Cryosurgery of benign lesion, vulva; simple	BR		
56521 multiple	BR)		

(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)

EXCISION

56600 Biopsy of vulva (separate procedure) ...	0.6	7	3.0
(For local excision or fulguration of lesion(s) of external genitalia, see 11420-11426, 11620-11626, 17000-17302, 56500-56521)			
56620 Vulvectomy; partial, unilateral or bilateral (but less than 80% of vulvar area)	12.0	60	3.0
56625 complete (skin and subcutaneous tissue), bilateral	15.0	60	3.0
(For skin graft, see 15000 et seq)			
56630 Vulvectomy, radical; without skin graft	20.0	120	3.0
56635 with inguinofemoral lymphadenectomy, unilateral	24.0	120	5.0
56636 with inguinofemoral lymphadenectomy, bilateral	26.0	120	5.0
56640 vulvectomy, radical, with inguinofemoral, iliac, and pelvic lymphadenectomy; unilateral	26.0	120	5.0
56641 bilateral	30.0	120	5.0
(For lymphadenectomy, see 38760-38780)			
56680 Clitoridectomy, simple	8.0	30	3.0
56685 extensive	12.0	90	3.0
56700 Hymenectomy, partial excision of hymen	2.4	30	3.0
56710 Plastic revision of hymen	2.4	30	3.0
*56720 Hymenotomy, simple incision	*1.4	0	3.0
56740 Excision of Bartholin's gland or cyst	4.8	30	3.0

(For excision of Skene's gland, see 53270)

(For excision of urethral caruncle, see 53265)

(For excision or fulguration of urethral carcinoma, see 53220)

(For excision or marsupialization of urethral diverticulum, see 53230-53240)

REPAIR

(For repair of urethra for mucosal prolapse, see 53275)

56800 Plastic repair of introitus	4.8	30	3.0
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SUTURE

(For episiorrhaphy, episioepineorrhaphy for recent injury of vulva and/or perineum, nonobstetrical, see 57210)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-315 VAGINA.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
57000 Colpotomy with exploration	4.0	30	3.0
57010 with drainage of pelvic abscess	BR		
*57020 Colpocentesis (separate procedure)	*0.8	0	3.0

DESTRUCTION

((57050 Cryosurgery of vagina)	0.7	3.0	3.0
57057 Laser surgery of vagina	2.1	3.0	3.0
57060 Electrocautery of vagina	0.7	3.0	3.0
57063 Chemical cautery of vagina	0.7	3.0	3.0

(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
57108 Colpectomy, obliteration of vagina; partial	12.0	60	3.0
(For excision and/or fulguration of local lesion(s), see 11200-11660, 17000-17300)			
57110 complete	14.0	60	3.0
57120 Colpocleisis (Le Fort type)	12.0	60	3.0
57130 Excision of vaginal septum	BR		3.0
57135 Excision of vaginal cyst or tumor	BR		3.0

INTRODUCTION

*57150 Irrigation and/or application of medication for treatment of bacterial, parasitic or fungoid disease	*0.24	0	
*57160 Insertion of pessary	*0.24	0	
57170 Diaphragm fitting with instructions	0.24		
57180 Introduction of any hemostatic agent or pack for spontaneous or traumatic non-obstetrical hemorrhage (separate procedure)	BR		3.0

REPAIR

(For urethral suspension, (Marshall-Marchetti-Krantz type) abdominal approach, see 51840, 51841)

57200 Colporrhaphy, suture of injury of vagina (nonobstetrical)	BR	3.0	
57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	BR	3.0	
57220 Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) (separate procedure)	7.0	60	3.0
57230 Plastic repair of urethrocele (separate procedure)	7.0	60	3.0
57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure)	8.5	60	4.0
57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	7.0	60	3.0
(For repair of rectocele (separate procedure) without posterior colporrhaphy, see 45560)			
57260 Combined anteroposterior colporrhaphy;	12.0	60	3.0
57265 with enterocele repair	14.0	60	3.0
57268 Repair of enterocele, vaginal approach (separate procedure)	BR		
57270 Repair of enterocele, abdominal approach (separate procedure)	14.0	60	4.0
57280 Colpopexy, abdominal approach	14.0	60	4.0

	Unit Value	Follow-up Days=	Basic Anes@
57282 Sacrospinous ligament fixation for prolapse of vagina following hysterectomy (separate procedure)	BR		3.0
57288 Sling operation for stress incontinence (e.g., fascia or synthetic)	15.0	90	5.0
57289 Pereyra procedure, including anterior colporrhaphy	13.0	90	3.0
(57290 has been deleted. To report, use 57291, 57292)			
57291 Construction of artificial vagina; without graft	BR		3.0
57292 with graft	BR		3.0
57300 Closure of rectovaginal fistula; vaginal approach	14.5	90	3.0
57305 abdominal approach	18.0	90	5.0
57307 abdominal approach, with concomitant colostomy	20.0	90	5.0
57310 Closure of urethrovaginal fistula	14.5	60	4.0
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)			
MANIPULATION			
*57400 Dilation of vagina under anesthesia	*0.72	0	3.0
*57410 Pelvic examination under anesthesia	*0.72	0	3.0
ENDOSCOPY			
57450 Culdoscopy, diagnostic;	4.0	15	3.0
57451 with biopsy and/or lysis of adhesions or tubal sterilization	4.0	15	3.0
57452* Colposcopy; (separate procedure)	1.0	0	
57454* with biopsies, or biopsy of the cervix	2.0	0	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-330 CORPUS UTERI.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
*58100 Endometrial biopsy, suction type (separate procedure)	*0.72	0	3.0
58101* Endometrial washings (e.g., for cytology sampling)	1.0	0	3.0
58102 Office endometrial curettage	2.0	0	3.0
58103 Menstrual extraction	0.5	0	
58120 Dilation and curettage, diagnostic and/or therapeutic (obstetrical) (see also 57520 nonobstetrical)	4.0	15	3.0
(For postpartum hemorrhage, see 59160)			
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-urethrocytopexy (Marshall-Marchetti-Krantz type)	BR		5.0

(For urethrocytopexy without hysterectomy, see 51840, 51841)

	Unit Value	Follow-up Days=	Basic Anes@
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;	20.0	120	5.0
58205 with bilateral radical pelvic lymphadenectomy	24.0	120	6.0
58210 Total hysterectomy, extended, cervical cancer, with bilateral radical pelvic lymphadenectomy (Wertheim type operation)	30.0	120	7.0
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)

	Unit Value	Follow-up Days=	Basic Anes@
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-urethrocytopexy (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 colectomy;	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

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)

REPAIR

	Unit Value	Follow-up Days=	Basic Anes@
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)

	Unit Value	Follow-up Days=	Basic Anes@
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 296-22-337 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

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
58945 with total omentectomy	16.0	60	4.0

ENDOSCOPY-LAPAROSCOPY

The endoscopic descriptors in this publication are listed so that the main procedure can easily be identified without having to list all the minor related procedures that may be performed at the same time (such as lysis of adhesions and fulguration of bleeding points during laparoscopy with fulguration transection of the oviducts). When the secondary procedures involve significant additional time and effort, they may be listed using modifier -50.

(For peritoneoscopy, see 49300-49303)

58980 Laparoscopy for visualization of pelvic viscera;	6.0	10	5.0
58982 with fulguration of oviducts (with or without transection)	8.0	10	5.0
58983 with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	BR		5.0
(For vaginal or suprapubic approach, see 58615)			
58984 with fulguration of ovarian or peritoneal lesions by any method	8.0	10	5.0
58985 with lysis of adhesions	8.0	10	5.0
58986 with biopsy (single or multiple)	8.0	10	5.0
58987 with aspiration (single or multiple)	8.0	10	5.0
58990 Hysteroscopy, diagnostic	BR		3.0
58995 therapeutic	BR		3.0

OTHER PROCEDURES

58999 Unlisted procedure, female genital system nonobstetrical	BR		3.0
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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@
INCISION			
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	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		5.0
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 procedurc)	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		
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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			
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	Unit Value	Follow-up Days=	Basic Anes@
59410 delivery) and postpartum care	8.0	45	3.0
Vaginal delivery only (with or without episiotomy, forceps or breech delivery) including in-hospital postpartum care (separate procedure)	4.0	45	3.0
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 abortion, first trimester; completed medically	Sv.&		
59801 completed surgically (separate procedure)	4.0	45	3.0
59810 Treatment of 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 secondines);	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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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	1.2	7	
(For ultrasonic guidance, see 76942, 76943)			
60200 Excision of cyst or adenoma of thyroid, or transection of isthmus	9.5	45	5.0
60220 Total thyroid lobectomy, unilateral	14.0	45	5.0
60225* with contralateral subtotal lobectomy, including isthmus	14.0	45	5.0
60240 Thyroidectomy((:)), total or complete	16.0	45	5.0
((60242 near total	14.0	45	5.0
(60242 has been deleted, use 60245)			
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	28.0	180	6.0
(For parathyroid transplant, see 60510)			
60260 Thyroidectomy, secondary; unilateral	15.0	45	5.0
60261 bilateral	18.0	45	5.0
60270 Thyroidectomy, including substernal thyroid gland, sternal split or transthoracic approach	BR	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 86-19, filed 2/28/86, effective 4/1/86)

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 transthoracic approach	24.0	60	12.0
((60510 Transplantation of parathyroid gland(s) during thyroidectomy	BR		12.0
60520 Thyrectomy, 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
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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-365 SKULL, MENINGES, AND BRAIN.

(For injection procedure for cerebral angiography, see 36100-36220)

(For injection procedure for ventriculography, see 61025, 61030, 61120, 61130)

(For injection procedure for pneumoencephalography, see 61053, 62286)

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
				61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	28.0	90	11.0
				61321	infratentorial	28.0	90	13.0
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION				61330	Decompression of orbit only, transcranial approach; unilateral	26.0	90	9.0
*61000	Subdural tap through fontanelle (infant); unilateral or bilateral; initial	*2.0	0	61331	bilateral	BR		9.0
*61001	subsequent taps	*1.4	0	61332	Exploration of orbit (transcranial approach); with biopsy	BR		9.0
*61020	Ventricular puncture through previous burr hole, fontanelle, or implanted ventricular catheter/reservoir; without injection	*2.0	0	61333	with removal of lesion	BR		9.0
	(61025 has been deleted. To report, use 61026)			61334	with removal of foreign body	BR		9.0
61026*	with injection of drug or other substance for diagnosis or treatment	BR	7.0	61340	Other cranial decompression (e.g., subtemporal), supratentorial; unilateral bilateral	16.0	90	9.0
	(61030, 61045 have been deleted. To report, use 61026)			61341	bilateral	24.0	90	9.0
*61050	Cisternal or lateral cervical puncture; without injection (separate procedure)	*1.8	0	61345	Other cranial decompression, posterior fossa	22.0	90	13.0
	(61051, 61052, and 61053 have been deleted. To report, use 61055)				(For orbital decompression by lateral wall approach, Kroenlein type, see 67440)			
61055*	with injection of drug or other substance for diagnosis or treatment	BR	6.0	61440	Craniotomy for section of tentorium cerebelli (separate procedure)	BR		10.0
61070*	Puncture of shunt tubing or reservoir for aspiration or injection procedure	2.0	0	61450	Craniectomy for section, compression, or decompression of sensory root of gasserian ganglion	28.0	90	10.0
BURR HOLE(S) OR TREPHINE				61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves for section of one or more cranial nerves	34.0	90	10.0
61105	Twist drill hole for subdural or ventricular puncture; not followed by other surgery	BR		61460	for medullary tractotomy	40.0	90	11.0
61106	followed by other surgery	BR		61480	for mesencephalic tractotomy or pedunculotomy	40.0	90	11.0
61107	for implanting ventricular catheter or pressure recording device	8.0	30	61490	Craniotomy for lobotomy, including cingulotomy; unilateral	24.0	90	9.0
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); not followed by other surgery	10.0	30	61491	bilateral	30.0	90	11.0
61130	followed by other surgery	7.0	0	61500	Craniectomy; ((for)) with tumor or other bone lesion of skull	BR		8.0
61140	Burr hole(s) or trephine; ((for)) with biopsy of brain or intracranial lesion	20.0	0	61501	for osteomyelitis	BR		8.0
61150	Burr hole(s) ((for)) with drainage of brain abscess or cyst	24.0	90	61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial; except meningioma	34.0	90	12.0
61151	with subsequent tapping (aspiration) of intracranial abscess or cyst	2.0	0	61512	for excision of meningioma, supratentorial	40.0	90	11.0
61154	Burr hole(s); ((for)) with evacuation and/or drainage of hematoma, extradural or subdural; unilateral	26.0	90	61514	for excision of brain abscess, supratentorial	32.0		9.0
61155	bilateral	39.0	90	61516	for excision or fenestration of cyst, supratentorial	30.0		11.0
61156	((for)) with aspiration of hematoma or cyst, intracerebral	25.0	90	61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma or cerebellopontine angle tumor, or midline tumor at base of skull	40.0	90	11.0
61210	for implanting ventricular catheter, reservoir, or pressure recording device (separate procedure)	8.0	30	61519	meningioma	44.0	90	13.0
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	BR		61520	cerebellopontine angle tumor	40.0	90	11.0
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery; unilateral	15.0	30	61521	midline tumor at base of skull	BR		11.0
61251	bilateral	22.0	30	61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	30.0	90	13.0
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	BR		61524	for excision or fenestration of cyst	30.0	90	13.0
	(If burr hole(s) or trephine followed by craniotomy at same operative session, use 61304-61321; do not use 61250, 61251, or 61253)			61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	30.0	90	13.0
CRANIECTOMY OR CRANIOTOMY				61530	combined with middle/posterior fossa craniotomy	BR		13.0
61304	Craniectomy or craniotomy, exploratory; supratentorial	34.0	90	61532	Craniectomy, trephination, bone flap craniotomy; for excision of intracranial vascular malformation	BR		13.0
61305	infratentorial (posterior fossa)	40.0	90	61533	for insertion of epidural electrode array	BR		9.0
61310	Craniectomy or craniotomy, evacuation of hematoma, extradural, subdural or intracerebral; supratentorial	28.0	90		(For continuous EEG monitoring, see 95950-95954)			
61311	infratentorial	26.0	90	61534	for excision of epileptogenic focus without electrocorticography during surgery	BR		9.0
				61535	for removal of epidural electrode array, without excision of cerebral tissue (separate procedure)	BR		9.0
				61536	for excision of cerebral, epileptogenic focus with electrocorticography during surgery (includes removal of electrode array)	BR		9.0
				61538	for lobectomy with electrocorticography during surgery, temporal lobe	38.0	90	9.0
				61539	for lobectomy with electrocorticography during surgery, other than temporal lobe, partial or total	38.0	90	9.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
61541 for transection of corpus callosum	BR		9.0	61751 with computerized axial tomography	BR		8.0
61542 for total hemispherectomy	48.0	90	9.0	61780 Stereotactic localization, including burr hole(s), ventriculography and introduction of subcortical electrodes	BR+		8.0
61543 for partial or subtotal hemispherectomy	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
61544 for excision or coagulation of choroid plexus	30.0	90	11.0	NEUROSTIMULATORS, INTRACRANIAL			
61546 Craniotomy for hypophysectomy; intracranial approach	34.0	90	10.0	61850 Burr or twist drill hole(s) for implantation of neurostimulator electrodes; cortical	15.0	30	8.0
61548 Hypophysectomy, transnasal or transseptal approach, nonstereotactic	BR		4.0	61855 subcortical	18.0	30	8.0
(For stereotaxis, see 61715)				61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical	15.0	30	6.0
61550 Craniectomy for craniostenosis; single suture	18.0	90	9.0	61865 subcortical	18.0	30	6.0
61552 multiple sutures, one stage	22.0	90	9.0	61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	18.0	30	7.0
61553 each stage of multiple stages	BR		9.0	61875 subcortical	19.0	30	7.0
61555 Reconstruction of skull by multiple bone flaps	BR		9.0	61880 Revision or removal of intracranial neurostimulator electrodes	BR		7.0
(For cranial reconstruction for orbital hypertelorism, see 21260-21263)				61885 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR		7.0
(For sequestrectomy for osteomyelitis, see 21020)				61888 Revision or removal of intracranial neurostimulator receiver	BR		7.0
61561 Reconstruction of skull by orbital advancement, including suturotomy or craniotomy; unilateral	BR		9.0	(See WAC 296-22-010, item 2)			
61562 bilateral	BR		9.0	REPAIR			
61570 Craniectomy or craniotomy for excision of foreign body from brain	BR		9.0	62000 Elevation of depressed skull fracture; simple, extradural	18.0	90	9.0
61571 ((for)) with treatment of penetrating wound of brain	BR		9.0	62005 compound or comminuted, extradural	24.0	90	9.0
<u>For sequestrectomy for osteomyelitis, see 21020)</u>				62010 with debridement of brain and repair of dura	29.0	90	11.0
SURGERY FOR ANEURYSM OR ARTERIOVENOUS MALFORMATION				62100 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; subdural-atrial, -jugular, -auricular	24.0	90	9.0
(For carotid or vertebral thromboendarterectomy, see 35300)				62192 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, 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
61750 Stereotactic biopsy, aspiration or excision, including burr hole(s) for intracranial lesion	BR		8.0	62230 Replacement or revision of shunt, obstructed valve, or distal catheter in shunt system	20.0	90	11.0
				62256 Removal of complete shunt system; without replacement	10.0	90	11.0
				62258 with replacement by similar or other shunt at same operation	3.0	0	9.0
				(For percutaneous irrigation or aspiration of shunt reservoir, see 61070)			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-370 SPINE AND SPINAL CORD.

	Unit Value	Follow-up Days=	Basic Anes@
(For application of caliper or tongs, see 20660)			8.0
(For treatment of fracture or dislocation of spine, see 22305-22327)			
63001 Laminectomy for decompression of spinal cord and/or cauda equina, one or two segments; cervical	30.0	90	((9-0)) 10.0
63003 thoracic	30.0	90	((8-0)) 10.0
63005 lumbar, except for spondylolisthesis	24.0	90	((7-0)) 8.0
63010 lumbar for spondylolisthesis (Gill type procedure)	28.0	90	((7-0)) 8.0
63011 sacral	24.0	90	((7-0)) 10.0
63015 Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; cervical	BR		((8-0)) 10.0
63016 thoracic	BR		((7-0)) 10.0
63017 lumbar	BR		((7-0)) 8.0
(When followed by arthrodesis, see 22550-22565)			
63020 Laminotomy (hemilaminectomy), for herniated intervertebral disk, and/or decompression of nerve root; one interspace, cervical, unilateral	26.0	90	((9-0)) 10.0
63021 one interspace, cervical, bilateral	28.0	90	((9-0)) 10.0
63030 one interspace, lumbar, unilateral	25.0	90	((7-0)) 8.0
63031 one interspace, lumbar, bilateral	27.0	90	((7-0)) 8.0
63035 additional interspaces, cervical or lumbar	BR		((9-0)) 10.0
63040 Laminotomy (hemilaminectomy), for herniated intervertebral disk, and/or decompression of nerve root, any level, extensive or reexploration; cervical	BR		((9-0)) 10.0
63041 thoracic	BR		((8-0)) 10.0
63042 lumbar	BR		((7-0)) 8.0
(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
63064 costovertebral approach	30.0	90	8.0
63065 Transthoracic approach for herniated intervertebral disk or other mass lesion, thoracic spine	32.7	90	8.0
63075 Diskectomy, cervical, anterior approach, without arthrodesis; single interspace	26.0	90	((9-0)) 8.0
63076 additional interspaces	5.0		9.0
(For diskectomy with arthrodesis, see 22550-22566)			
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION			
62268* Percutaneous aspiration, spinal cord cyst or syring	BR		
(For CT guidance, see 76365, 76366; for ultrasonic guidance, see 76938, 76939)			
62269* Biopsy of spinal cord, percutaneous needle	BR		
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
62270* Spinal puncture, lumbar; diagnostic	1.6	0	
62272* Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)	BR		
62273* Injection, lumbar epidural, of blood or clot patch	2.1		
62274* Injection of anesthetic substance, diagnostic or therapeutic; subarachnoid or subdural, simple	2.1	0	
62276* subarachnoid or subdural, differential	3.5	0	
62277* subarachnoid or subdural, continuous	3.0		
62278* epidural or caudal, single	2.1	0	
62279* epidural or caudal, continuous	3.0		
62280* Injection of neurolytic substance (e.g., alcohol, phenol, iced saline solutions); subarachnoid	5.0		
62282* epidural or caudal	5.0		
62284* Injection procedure for myelography, spinal or posterior fossa	3.0	7	
((62286* Injection procedure for pneumoencephalography, lumbar	4.0	7))	
(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 or caudal	2.8		
62290* Injection procedure for diskography, single or multiple levels; lumbar	2.8		
62291* cervical	2.8		
62292 Injection procedure for chemonucleolysis; including diskography, intervertebral disc; one or more levels-lumbar	13.0	180	4.0
62293 Cervical	13.0	180	4.0
62294* Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	2.8		
LAMINECTOMY OR LAMINOTOMY, FOR EXPLORATION OR DECOMPRESSION			
62295 Laminectomy for exploration of intraspinal canal, one or two segments; cervical	32	90	((8-0)) 10.0
62296 thoracic	32.0	90	((8-0)) 10.0
62297 lumbar	26.0	90	8.0
62299 sacral	26.0	90	((8-0)) 10.0
62301 Laminectomy for exploration of intraspinal canal, more than two segments; cervical	BR		((9-0)) 10.0
62302 thoracic	BR		((8-0)) 10.0
62303 lumbar	BR		((7-0))
INCISION			
63170 Laminectomy for myelotomy (Bischof type), thoracic or thoracolumbar	BR	90	8.0
63180 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments	38.0	90	8.0
63182 more than two segments	BR		8.0
63185 Laminectomy for rhizotomy; one or two segments	28.0	90	8.0
63190 more than two segments	BR		8.0
63191 Laminectomy for section of spinal accessory nerve; unilateral	BR		8.0
63192 bilateral	BR		8.0
(For resection of sternocleidomastoid muscle, use 21720)			

	Unit Value	Follow-up Days=	Basic Anes@
63194 Laminectomy for cordotomy, unilateral, one stage; cervical	32.0	90	8.0
63195 thoracic	32.0	90	7.0
63196 Laminectomy for cordotomy, bilateral, one stage; cervical	32.0	90	8.0
63197 thoracic	32.0	90	7.0
63198 Laminectomy for cordotomy, bilateral, two stages within fourteen days; cervical	40.0	90	8.0
63199 thoracic	40.0	90	7.0

EXCISION FOR LESION OTHER THAN HERNIATED INTERVERTEBRAL DISK

	Unit Value	Follow-up Days=	Basic Anes@
63210 Laminectomy, one or two segments, for excision of intraspinal lesion; cervical	34.0	90	8.0
63215 thoracic	34.0	90	7.0
63220 lumbar	30.0	90	7.0
63225 sacral	30.0	90	7.0
63240 Laminectomy, more than two segments, for excision of intraspinal lesion; cervical	BR		9.0
63241 thoracic	BR		8.0
63242 lumbar	BR		7.0
63250 Laminectomy for excision or occlusion of arteriovenous malformation of cord; cervical	BR		9.0
63251 thoracic	BR		8.0

STEREOTAXIS

	Unit Value	Follow-up Days=	Basic Anes@
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

	Unit Value	Follow-up Days=	Basic Anes@
63650 Percutaneous implantation of neurostimulator electrodes; epidural	BR		((7-0)) 8.0
63652 intradural (spinal cord)	BR		8.0
63655 Laminectomy for implantation of neurostimulator electrodes; epidural	BR		((7-0)) 10.0
63656 endodural	BR		((7-0)) 10.0
63657 subdural	BR		((7-0)) 10.0
63658 spinal cord (dorsal or ventral)	BR		((7-0)) 10.0
63660 Revision or removal of spinal neurostimulator electrodes	BR		((7-0)) 10.0
63685 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR		((7-0)) 4.0
63688 Revision or removal of spinal neurostimulator receiver	BR		((7-0)) 4.0

REPAIR

	Unit Value	Follow-up Days=	Basic Anes@
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
(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

	Unit Value	Follow-up Days=	Basic Anes@
63740 Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural or other including laminectomy	26.0	90	9.0

	Unit Value	Follow-up Days=	Basic Anes@
63744 Replacement, irrigation or revision of lumbar-subarachnoid shunt	10.0	90	5.0
63746 Removal of entire lumbo-subarachnoid shunt system without replacement	10.0	90	5.0
63750 Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy	BR		5.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-375 EXTRACRANIAL NERVES, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM.

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)
 (For intracranial surgery on cranial nerves, see 61450, 61460, 61790)

	Unit Value	Follow-up Days=	Basic Anes@
Somatic			
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

	Unit Value	Follow-up Days=	Basic Anes@
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

	Unit Value	Follow-up Days=	Basic Anes@
64550 Application of surface (transcutaneous) neurostimulator	BR		
64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve	BR		

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@		
64555 peripheral nerve	BR			INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC SOMATIC NERVES					
64560 autonomic nerve	BR								
64565 neuromuscular	BR								
64573 Incision for implantation of neurostimulator electrodes; cranial nerve	BR				TRANSECTION OR AVULSION OR NERVES				
64575 peripheral nerve	BR								
64577 autonomic nerve	BR								
64580 neuromuscular	BR								
64585 Revision or removal of peripheral neurostimulator electrodes	BR					(For steriotactic lesion of gasserian ganglion, see 61790)			
64590 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR					64732 Transection or avulsion of; supraorbital nerve	7.0	30	3.0
64595 Revision or removal of peripheral neurostimulator receiver	BR					64734 infraorbital nerve	7.0	30	3.0
				64736 mental nerve		7.0	30	3.0	
				64738 inferior alveolar nerve by osteotomy		10.0	30	3.0	
				64740 lingual nerve		BR		3.0	
DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY) SOMATIC NERVES				64742 facial nerve, differential or complete	BR		3.0		
64600 Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	5.0	7		64744 greater occipital nerve	7.0	30	3.0		
64605 second and third division branches at foramen ovale	5.0	30		(For section of recurrent laryngeal nerve, see 31595)					
64610 second and third division branches at foramen ovale under radiologic monitoring	5.0	30		64746 phrenic nerve	5.0	30	3.0		
64620 Destruction by neurolytic agent; intercostal nerve	4.0	7		(For section of recurrent laryngeal nerve, see 31595)					
64622 paravertebral facet joint nerve, lumbar, single level	BR			64752 vagus nerve (vagotomy), transthoracic	14.0	45	11.0		
64623 paravertebral facet joint nerve, lumbar, each additional level	BR			64755 vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	BR	45	3.0		
64630 pudendal nerve	5.0			64760 vagus nerve (vagotomy), abdominal	14.0	45	6.0		
64640 Other peripheral nerve or branch	5.0			64761 pudendal nerve, unilateral	BR		6.0		
				64762 pudendal nerve, bilateral	BR		6.0		
SYMPATHETIC NERVES				64763 Transsection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy; unilateral	6.0	45	3.0		
64680 Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring	6.0	7		64764 bilateral	9.0	45	3.0		
				64766 Transsection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy; unilateral	10.0	60	4.0		
EXPLORATION, NEUROLYSIS OR NERVE DECOMPRESSION (NEUROPLASTY)				64768 bilateral	13.0	60	4.0		
Decompression or freeing of intact nerve from scar tissue, including external neurolysis and transposition				64771 Transsection or avulsion of other cranial nerve, extradural	BR		3.0		
(For internal neurolysis by dissection, see 64727)				64772 Transsection or avulsion of other spinal nerve, extradural	BR		3.0		
(For facial nerve decompression, see 69720)				EXCISION					
64702 Neurolysis; digital, one or both, same digit	4.8	90	3.0	(For excision of tender scar, skin and subcutaneous tissues with or without tiny neuroma, see 11400-11460, 13000-13300)					
64704 nerve of hand or foot	8.0	90	3.0	EXCISION-SOMATIC NERVES					
64708 Neurolysis, major peripheral nerve; arm or leg; other than specified	12.0	90	((3-0)) 4.0	(For Morton neurectomy, see 28080)					
64712 sciatic nerve	BR		((3-0)) 6.0	64774 Excision of neuroma; cutaneous nerve, surgically identifiable	3.0	30	3.0		
64713 brachial plexus	BR		((3-0)) 6.0	64776 digital nerve, one or both, same digit	3.0	30	3.0		
64714 lumbar plexus	BR		((3-0)) 6.0	64778 digital nerve, each additional digit (list separately by this number)	2.0				
64716 Neurolysis and/or transposition; cranial nerve (specify)	BR		((3-0)) 6.0	64782 hand or foot, except digital nerve	6.0	30	3.0		
64718 ulnar nerve at elbow	15.0	90	3.0	64783 hand or foot, each additional nerve, except same digit (list separately by this number)	3.0	30	3.0		
64719 ulnar nerve at wrist	9.0	90	3.0	64784 major peripheral nerve except sciatic	10.0	30	3.0		
64721 median nerve at carpal tunnel	10.0	90	3.0	64786 sciatic nerve	BR		3.0		
64722 Decompression; unspecified nerve(s) (specify)	BR			64787 Insertion of plastic cap on nerve end	BR		3.0		
64726 plantar digital nerve	6.0	90	3.0	64788 Excision of neurofibroma or neurolemmoma, cutaneous nerve	6.0	30	3.0		
64727 Internal neurolysis by dissection, with or without microdissection (list separately in addition to code for primary neuroplasty)	BR		3.0	64790 major peripheral nerve	BR		3.0		
				64792 extensive (including malignant type)	BR		3.0		
				64795 Biopsy of nerve	BR				
				EXCISION-SYMPATHETIC NERVES					
				64802 Sympathectomy, cervical; unilateral	14.5	60	6.0		
				64803 bilateral	19.0	60	6.0		
				64804 Sympathectomy, cervicothoracic; unilateral, one stage	20.0	60	6.0		

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-405 EYEBALL.

	Unit Value	Follow-up Days=	Basic Anes@
64806 bilateral or two stage unilateral . . .	28.0	60	8.0
64809 Sympathectomy, thoracolumbar; unilateral . . .	20.0	60	6.0
64811 bilateral . . .	28.0	60	8.0
(64814 Hypogastric or presacral neurectomy has been deleted. To report, use 64999)			
64818 Sympathectomy, lumbar; unilateral . . .	15.0	60	5.0
64819 bilateral . . .	21.0	60	5.0
(64824 has been deleted. To report periarterial sympathectomy, use 64999)			
NERVE REPAIR BY SUTURE (NEURORRHAPHY)			
64830 Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair) . . .	BR		((3-0) 4.0
64831 Suture of digital nerve, hand or foot; one nerve . . .	4.8	90	3.0
64832 each additional digit nerve . . .	1.2		
64834 Suture of one nerve, hand or foot; common sensory nerve . . .	8.0	90	3.0
64835 median motor thenar . . .	10.0	90	3.0
64836 ulnar motor . . .	12.0	90	3.0
64837 Suture of each additional nerve, hand or foot . . .	BR		3.0
64840 Suture of posterior tibial nerve . . .	BR		3.0
64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition . . .	14.0	90	3.0
64857 without transposition . . .	BR	90	3.0
64858 Suture of sciatic nerve . . .	BR		3.0
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 proximal 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

(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)

	Unit Value	Follow-up Days=	Basic Anes@
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 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)			
(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	((5-0)) 6.0
(Repair of laceration includes use of conjunctival flap and restoration of anterior chamber, by air or saline injection when indicated)			
(For repair of iris or ciliary body, see 66680)			
65290 Repair wound extraocular muscle, tendon and/or Tenon's capsule	4.4	30	4.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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

	Unit Value	Follow-up Days=	Basic Anes@
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		
((65445 Thermocauterization lesion of cornea	1.6	7	4.0
65455 Cryotherapy lesion of cornea	1.6	7	4.0
<u>(65445, 65455 have been deleted, use 65450)</u>			
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

(Corneal transplant includes preparation of donor material)

65710 Keratoplasty (corneal transplant) lamellar; autograft	24.0	90	8.0
65720 homograft, fresh	24.0	90	8.0
65725 homograft, preserved	24.0	90	8.0
65730 Keratoplasty (corneal transplant) penetrating (except in aphakia); autograft	30.0	90	8.0
65740 homograft, fresh	30.0	90	8.0
65745 homograft, preserved	30.0	90	8.0
65750 Keratoplasty (corneal transplant) penetrating, in aphakia	30.0	90	8.0

OTHER PROCEDURES

65760 ((Keratomeleusis (refractive keratoplasty))) 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

(For fitting of contact lens for treatment of disease, see 92070)

(For unlisted procedures on cornea, see 66999)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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)) hyAloid; incisional technique (Ziegler or Wheeler Knife ((technique)))	5.0	45	3.0
66821 laser surgery (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

	Unit Value	Follow-up Days=	Basic Anes@
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)

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), <u>manual or phacoemulsification technique</u>	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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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 <u>Severing of vitreous strands, vitreous face adhesions, sheets, membranes, or opacities, laser surgery (one or more stages)</u>	BR		3.0

(67035 has been deleted. To report use 67036)

	Unit Value	Follow-up Days=	Basic Anes@
67036 Vitrectomy, mechanical, pars plana approach	BR		3.0
(For associated lensectomy, see 66850)			
(For use of vitrectomy in retinal detachment surgery, see 67108)			
(For associated removal of foreign body, see 65260-65265)			
(For unlisted procedures on vitreous, see 67299)			

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-430 POSTERIOR SEGMENT—RETINAL DETACHMENT.

	Unit Value	Follow-up Days=	Basic Anes@
REPAIR			
(If diathermy, cryotherapy and/or photocoagulation are combined, report under principle modality used)			
((67102 Repair retinal detachment (one or more stages, same hospitalization); diathermy, with or without drainage of subretinal fluid and/or injection of air or saline	20.0	90	3.0
67103 cryotherapy, with or without drainage of subretinal fluid	BR		3.0
67104 drainage of subretinal fluid with photocoagulation (one or more stages), xenon arc	22.0	90	3.0
67106 drainage of subretinal fluid with photocoagulation (one or more stages), laser	22.0	90	3.0

(67102, 67103 have been deleted, use 67101)

(67104, 67106 have been deleted, use 67105)

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 drainage of subretinal fluid	22.0		3.0
67107 scleral buckling (such as lamellar excision, imbrication, or encircling procedure), with or without implant, may include procedures ((67102-67106) 67101-67105)	30.0	90	8.0
67108 with vitrectomy, any method, with or without air tamponade, may include procedures ((67102-67107) 67101-67107 and/or removal of lens by same technique	30.0	120	5.0
67109 by technique other than ((67102-67108) 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.

	Unit Value	Follow-up Days=	Basic Anes@
((67142))			
67141 Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration, without drainage, one or more ((stages)) sessions; cryotherapy, diathermy	10.0	30	3.0
((67143) cryotherapy	10.0	30	3.0
67144 photocoagulation, xenon arc	10.0	30	3.0
67146))			
67145 photocoagulation(;) (laser or xenon arc)	10.0	30	3.0
<u>(67142-67143 have been deleted, use 67141)</u>			
<u>(67144, 67146 have been deleted, use 67145)</u>			

POSTERIOR SEGMENT—OTHER PROCEDURES
DESTRUCTION—RETINA, CHOROID

	Unit Value	Follow-up Days=	Basic Anes@
((67212))			
67208 Destruction of localized lesion of retina ((or—choroid)) (e.g. maculopathy, choroidopathy, small tumors), one or more ((stages)) sessions; cryotherapy, diathermy	10.0	30	3.0
((67213) cryotherapy	10.0	30	3.0
67214))			
67210 photocoagulation, (laser or xenon arc)	10.0	30	3.0
((67216) photocoagulation, laser	10.0	30	3.0
<u>(67212-67213 have been deleted, use 67208)</u>			
<u>(67214-67216 have been deleted, use 67210)</u>			
67218 radiation by implantation of source (includes removal of source)	BR		3.0
((67222))			
67227 Destruction of extensive or progressive retinopathy (eg, diabetic), one or more ((stages;)) sessions; cryotherapy, diathermy	12.0	30	3.0
((67223) cryotherapy	12.0	30	3.0
67224 photocoagulation, xenon arc	12.0	30	3.0
67226))			
67228 photocoagulation(;) (laser or xenon arc)	12.0	30	3.0
<u>(67222-67223 have been deleted, use 67227)</u>			
<u>(67224-67226 have been deleted, use 67228)</u>			
(For unlisted procedures on retina, see 67299)			

SCLERAL REPAIR

(For excision lesion sclera, see 66130)			
67250 Scleral reinforcement (separate procedure); without graft	22.0	90	3.0
67255 with graft	24.0	90	3.0
(For repair scleral staphyloma, see 66220-66225)			
67299 Unlisted procedure, posterior segment	BR		3.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-445 OCULAR ADNEXA—EYELIDS.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*67700 Blepharotomy, drainage abscess eyelid	*0.4	0	3.0
67710 Severing tarsorrhaphy	0.4	0	3.0
67715 Canthotomy (separate procedure)	0.4	0	3.0

(For canthoplasty, see 67950)

(For division symblepharon, see 68340)

EXCISION OR REMOVAL OF LESION INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS AND/OR PALPEBRAL CONJUNCTIVA*)

(For removal of lesion, involving mainly skin of eyelid, see 11440-11446; 11640-11646; 17000-17010)

(For repair wounds, blepharoplasty, grafts, reconstructive surgery, see 67930-67975)

67800 Excisionchalazion; single	1.2	15	3.0
67801 multiple, same lid	1.4	15	3.0
67805 multiple, different lids	1.6	15	3.0
67808 under general anesthesia and/or requiring hospitalization, single or multiple	3.2	30	3.0
67810* Biopsy eyelid	1.0	37	3.0
*67820 Correction trichiasis; epilation, forceps only	*0.4	0	
*67825 epilation, (e.g., by electrosurgery or cryotherapy)	*1.0	0	3.0
67830 incision lid margin	BR		3.0
67835 incision lid margin, with free mucous membrane graft	BR		3.0
67840* Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	1.6	0	3.0

(For excision and repair of eyelid by reconstructive surgery, see 67961-67966)

67850* Destruction of lesion of lid margin (up to 1 cm)	1.6	0	3.0
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(For chemosurgery technique of malignancies of skin, see 17300-17302)

(For initiation or follow-up care of topical chemotherapy, e.g., 5-FU or similar agents, see appropriate office visits)

TARSORRHAPHY

67880 Construction intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	2.0	30	3.0
67882 with transposition of tarsal plate	14.0	60	3.0

(For severing of tarsorrhaphy, see 67710)

(For canthoplasty, reconstruction canthus, see 67950)

(For canthotomy, see 67715)

REPAIR BLEPHAROPTOSIS, LID RETRACTION

67901 Repair blepharoptosis; frontalis muscle technique with suture	12.0	60	3.0
67902 frontalis muscle technique with fascial sling (includes obtaining fascia)	16.0	60	3.0
67903 (tarsal) levator resection, internal approach	16.0	60	3.0
67904 (tarsal) levator resection, external approach	16.0	60	3.0
67906 superior rectus technique with fascial sling (includes obtaining fascia)	16.0	60	3.0
67907 superior rectus tendon transplant	16.0	60	3.0
67908 conjunctivo-tarsal-levator resection (Fasanella-Servat type)	12.0	60	3.0
67909 Reduction of overcorrection of ptosis	BR		3.0
67911 Correction of lid retraction	12.0	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@	
REPAIR ECTROPION, ENTROPION				
(For correction trichiasis by mucous membrane graft, see 67835)				
67914	Repair ectropion; suture	1.6	15	3.0
67915	thermocauterization	1.4	15	3.0
67916	blepharoplasty, excision tarsal wedge	9.0	60	3.0
67917	blepharoplasty, extensive (e.g., Kuhnt-Szymanowski operation)	11.0	60	3.0
(For correction everted punctum, see 68705)				
67921	Repair entropion; suture	1.6	15	3.0
67922	thermocauterization	1.4	15	3.0
67923	blepharoplasty, excision tarsal wedge	9.0	60	3.0
67924	blepharoplasty, extensive (e.g., Wheeler operation)	11.0	60	3.0
(For repair cicatricial ectropion or entropion requiring scar excision or skin graft, see also 67961 et seq.)				
RECONSTRUCTIVE SURGERY, BLEPHAROPLASTY INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA)				
67930	Suture recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva) direct closure; partial thickness	1.6	15	3.0
67935	full thickness	3.4	30	3.0
67938	Removal embedded foreign body, eyelid	BR		3.0
(For repair skin of eyelid, see 12011-12018; 12051-12057; 13150-13300)				
(For repair lacrimal canaliculi, see 68700)				
(For tarsorrhaphy, canthorrhaphy, see 67880-67882)				
(For repair blepharoptosis and lid retraction, see 67901-67911)				
(For blepharoplasty for entropion, ectropion, see 67916, 67917, 67923, 67924)				
(For correction blepharochalasis (blepharorhytidectomy), see 15820-15823)				
(For repair skin of eyelid, adjacent tissue transfer, see 14060, 14061; preparation for graft, see 15000; free graft, see 15120, 15121, 15260, 15261)				
(For excision lesion of eyelid, see 67800 et seq.)				
(For repair lacrimal canaliculi, see 68700)				
67950	Canthoplasty (reconstruction of canthus)	BR		3.0
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	12.0	60	3.0
67966	over one-fourth of lid margin	15.0	60	3.0
(For canthoplasty, see 67950)				
(For free skin grafts, see 15120, 15121, 15260, 15261)				
(For tubed pedicle flap preparation, see 15515; for delay, see 15630; for attachment, see 15555)				
67971	Reconstruction eyelid full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage	15.0	60	3.0
67973	total eyelid, lower, one stage or first			

	Unit Value	Follow-up Days=	Basic Anes@	
67974	stage	17.0	60	3.0
	total eyelid, upper, one stage or first stage			
67975	second stage	2.4	60	3.0

OTHER PROCEDURES

	Unit Value	Follow-up Days=	Basic Anes@	
67999	Unlisted procedure, eyelids	BR		3.0
(For cicatricial ectropion or entropion requiring scar excision, skin graft, etc., see 15100-15260)				

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-475 INNER EAR.

	Unit Value	Follow-up Days=	Basic Anes@
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INCISION, DESTRUCTION

	Unit Value	Follow-up Days=	Basic Anes@	
69801	Labyrinthotomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure; transcanal	20.0	180	6.0
69802	with mastoidectomy	BR		6.0
69805	Endolymphatic sac operation; without shunt	BR		6.0
69806	with shunt	BR		6.0
69820	Fenestration semicircular canal	22.0	180	6.0
69840	Revision fenestration operation	11.0	180	6.0

EXCISION

	Unit Value	Follow-up Days=	Basic Anes@	
69905	Labyrinthectomy; transcanal	BR		6.0
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		
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OTHER PROCEDURES

69949	Unlisted procedure, inner ear	BR		6.0
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TEMPORAL BONE, MIDDLE FOSSA APPROACH

(For external approach, see 69535)

	Unit Value	Follow-up Days=	Basic Anes@	
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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-036 GENERAL.

	Unit Value	Follow-up Days=	Basic Anes@
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INCISION

*20000	Incision of soft tissue abscess, secondary to osteomyelitis; superficial	*0.4	0	3.0
20005	deep or complicated	BR		3.0
((20010)	with suction irrigation	BR		3.0
*20040	Drainage of infected bursa	*0.6	0	3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-038 INTRODUCTION OR REMOVAL.

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes codes 20500, 20501*, *20520, 20525, *20550, *20600, *20605, *20610, 20615, *20650, 20660, 20661, 20662, 20663, *20665, *20670, 20680, 20690, 20691.

REPAIR

(For debridement as a separate procedure (e.g., in traumatic wound) involving soft tissue and/or bone, see 11043, 11044)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-039 REIMPLANTATION.

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes codes 20802, 20804, 20805, 20806.

Unit Value Follow-up Days= Basic Anes@

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes codes 20808, 20812, 20816, 20820, 20822, 20823, 20824, 20826, 20827, 20828, 20832, 20834, 20838, 20840.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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@

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes codes 21010, 21011.

EXCISION

(For biopsy, see 20220, 20240)

Table with columns: Code, Description, Unit Value, Follow-up Days, Basic Anes@. Includes codes 21020, 21030, 21034, 21040, 21041, 21044, 21045.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-053 SPINE (VERTEBRAL COLUMN).

(Cervical, thoracic (dorsal), and lumbar spine)

(For injection procedure for myelography, see 63510-63520)

(For injection procedure for discography, see 63530-63535)

EXCISION

	Unit Value	Follow-up Days=	Basic Anes@
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" spines); cervical	8.0	90	8.0
22101 thoracic	8.0	90	7.0
22102 lumbar	8.0	90	7.0
22105 Partial resection of vertebral component for tumor (e.g., partial facetectomy without primary grafting); cervical	12.0	90	8.0
22106 thoracic	12.0	90	7.0
22107 lumbar	12.0	90	7.0
22110 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, cervical;	BR		8.0
((22111 with suction irrigation	BR		8.0)
22112 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, thoracic;	BR		7.0
((22113 with suction irrigation	BR		7.0)
22114 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, lumbar;	BR		7.0
((22115 with suction irrigation	BR		7.0)
22120 Radical resection of vertebral body or component with primary grafting, includes obtaining graft; cervical	BR		8.0
22121 thoracic	BR		7.0
22122 lumbar	BR		7.0
22128 Radical resection of vertebral body or component with prosthetic replacement, including fabrication of prosthesis; cervical	BR		7.0
22129 thoracic	BR		7.0
22130 lumbar	BR		7.0

(For repair of pseudarthrosis, see 22600-22735)

INTRODUCTION

(For injection procedure for myelography, see 62284)

(For injection procedure for diskography, see 62290, 62291)

(For injection procedure, chemonucleolysis, single or multiple levels, see 62292-62293)

REPAIR, REVISION, RECONSTRUCTION

	Unit Value	Follow-up Days=	Basic Anes@
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

FRACTURE AND/OR DISLOCATION

22305 Treatment of vertebral process fracture, each	Sv.&		
22310 Treatment of vertebral body fracture and/or dislocation; without ((reduction;)) manipulation, each	Sv.&		
22315 with or without anesthesia by manipulation or traction, each	7.0	180	3.0
22325 Open treatment of vertebral body fracture and/or dislocation; lumbar, each ..	24.0	180	7.0
22326 cervical, each	24.0	180	8.0
22327 thoracic, each	24.0	180	7.0

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	((8-0)) <u>10.0</u>
22335 posterior approach, with iliac or other autogenous bone graft (includes obtaining graft), for fracture	31.0	180	((8-0)) <u>10.0</u>
22345 anterior approach, with iliac or other autogenous bone graft (includes obtaining graft) for fracture	30.0	180	((7-0)) <u>8.0</u>

(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	((7-0)) <u>8.0</u>
22356 thoracic	26.0	180	((7-0)) <u>10.0</u>
22360 Open treatment and fusion, posterior approach, with iliac or other autogenous bone graft (includes obtaining graft), for fracture; lumbar	30.0	180	((7-0)) <u>8.0</u>
22361 thoracic	30.0	180	((7-0)) <u>10.0</u>
22370 Open treatment and fusion, posterolateral or anterolateral approach, with iliac or other autogenous bone graft (includes obtaining graft) for fracture, lumbar	BR		((7-0)) <u>8.0</u>
22371 thoracic	BR		((7-0)) <u>13.0</u>
22379 Harrington rod technique (list separately in addition to code for treatment			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
of closed or open fracture and/or dislocation)	BR		((7-0)) 13.0	22640 Thoracic or lumbar fusion, posterior or posterolateral approach; local bone graft and/or internal fixation	24.0	180	((7-0)) 8.0
MANIPULATION				22645 with iliac or other autogenous bone graft (includes obtaining graft) (see also 22720)	28.0	180	((7-0)) 8.0
(22500 Manipulation of spine not requiring anesthesia has been deleted. To report, use 97260)				22655 Thoracic or lumbar fusion; posterior interbody technique, with iliac or other autogenous bone graft, (includes obtaining graft)			NONCOVERED PROCEDURE
*22505 requiring anesthesia	*1.4	0	((3-0)) 5.0	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
ARTHRODESIS WITH DISKECTOMY (Intervertebral disk excision, laminotomy or laminectomy and fusion)				22680 anterolateral or anterior interbody fusion, transthoracic approach (includes obtaining graft)	BR		11.0
Procedural codes 22550-22565 are for SINGLE level procedure; for additional levels, see 22730-22735.				22700 Lumbar spine fusion, anterior interbody fusion (includes obtaining graft)	24.0	180	((7-0)) 13.0
(For diskectomy without arthrodesis, see 63020-63076)				(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b and modifier -62.)			
22550 Arthrodesis with diskectomy, cervical, posterior approach; local bone graft and/or internal fixation	28.0	180	((8-0)) 10.0	22720 posterior approach, Harrington or Knodt rod distraction fusion, with iliac or other autogenous bone graft (includes obtaining graft)	30.0	180	((7-0)) 13.0
22552 with iliac or other autogenous bone graft (includes obtaining graft)	32.0	180	((8-0)) 10.0	22730 Arthrodesis, primary or repair of pseudarthrosis, two levels (list separately in addition to code for single level arthrodesis, 22600-22720)	6.0		((7-0)) 13.0
22555 Arthrodesis with diskectomy, cervical, anterior interbody approach, with iliac or other autogenous bone graft (includes obtaining graft)	28.0	180	((7-0)) 8.0	22735 more than two levels (list separately in addition to code for single level arthrodesis, 22600-22720)	BR		((7-0)) 13.0
FOR THORACIC OR LUMBAR ARTHRODESIS WITH DISKECTOMY AND FUSION SEE CODES 22562 AND 22563				ARTHRODESIS, PRIMARY FOR SCOLIOSIS			
22560 Arthrodesis with diskectomy, lumbar or thoracic, posterior posterolateral or posterior interbody approach; local bone graft and/or internal fixation			NONCOVERED PROCEDURE	(For single or multiple osteotomy type of scoliosis correction, see 22206, 22207)			
22561 with iliac or other autogenous bone graft (includes obtaining graft)			NONCOVERED PROCEDURE	22800 Arthrodesis, primary for scoliosis (with or without postoperative cast), 6 or less vertebrae; local bone graft	29.0	180	((7-0)) 13.0
22562 Arthrodesis with diskectomy, lumbar or thoracic, posterior or posterolateral, with local bone graft and/or internal fixation	26.0	180	((7-0)) 8.0	22801 with iliac or other autogenous bone graft	30.0	180	((7-0)) 13.0
22563 Arthrodesis with diskectomy, lumbar or thoracic, posterior or posterolateral, with iliac or other autogenous graft (includes obtaining graft)	30.0	180	((7-0)) 8.0	22802 Arthrodesis, primary for scoliosis (with or without postoperative cast) seven or more vertebrae; local bone graft	BR		((7-0)) 13.0
22565 Arthrodesis with diskectomy, lower lumbar spine, anterior interbody approach, (includes obtaining graft)	24.0	180	((7-0)) 8.0	22803 with iliac or other autogenous bone graft	BR		((7-0)) 13.0
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b and modifier -62.)				SPINAL INSTRUMENTATION			
ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS				<u>(List separately in addition to code for fracture dislocation, or arthrodesis of the spine, 22305-22803)</u>			
Procedural codes 22600-22720 are for SINGLE level procedures; for additional levels, see 22730-22735.				22840 Posterior instrumentation; <u>without segmental fixation</u> (e.g., Harrington rods technique) (<u>(list separately in addition to procedures 22800-22803)</u>)	50.0	180	((7-0)) 13.0
22600 Cervical fusion, posterior approach below C-1 level; local bone graft and/or internal fixation	24.0	180	8.0	22842 segmental (<u>wiring</u>) fixation (e.g., Luque technique)	BR		((7-0)) 13.0
22605 with iliac or other autogenous bone graft (includes obtaining graft)	28.0	180	8.0	(<u>(list separately in addition to procedures 22800-22803)</u>)			
22615 Cervical fusion, anterior approach (C3-T1) with iliac or other autogenous bone graft (includes obtaining graft)	28.0	180	((7-0)) 8.0	(For somatosensory testing, see 95925)			
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	22845 Anterior instrumentation (e.g., Dwyer instrumentation) (<u>(list separately in</u>			
22620 Cervicocranial fusion (occiput through C2) with iliac or other autogenous bone graft (includes obtaining graft)	30.0	180	8.0				

	Unit Value	Follow-up Days=	Basic Anes@
addition to procedures 22800-22803))	BR		7.0
22849 Reinsertion of spinal fixation device . . .	BR		7.0
22850 Removal of posterior instrumentation (e.g., Harrington rod)	BR	((7-0))	8.0
22855 Removal of anterior instrumentation (e.g., Dwyer device)	BR	((7-0))	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
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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	((5-0)) 4.0
((22910 Abdominal fascial transplants, bilateral (Lowman type procedure) (includes obtaining fascia)	20.0	90	5.0))
((22910 has been deleted; use 22999)			

MISCELLANEOUS

22999 Unlisted procedure, abdomen, musculo-skeletal system	BR		5.0
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-063 SHOULDER.

	Unit Value	Follow-up Days=	Basic Anes@
(Clavicle, scapula, humerus head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)			
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; deep abscess or hematoma	BR		3.0
23031 infected bursa	BR		3.0
23035 Incision, deep, with opening of cortex for osteomyelitis or bone abscess;	BR		3.0
((23036 with suction irrigation	BR		3.0))
23040 Arthrotomy with exploration, drainage, or removal of foreign body, glenohumeral joint for infection	11.0	60	((3-0)) 5.0
((For incision and drainage procedures, superficial, see 10000-10160)			
23042 with suction irrigation	12.0	60	3.0))
23044 Arthrotomy with exploration, drainage or removal of foreign body, acromioclavicular, sternoclavicular joint	10.0	60	((3-0)) 5.0

EXCISION

	Unit Value	Follow-up Days=	Basic Anes@
23065 Biopsy, soft tissues; superficial	1.2	7	3.0
23066 deep	2.4	15	3.0
23075 Excision, benign tumor; subcutaneous	3.0	7	3.0
23076 deep, subfascial or intramuscular	4.0	15	3.0
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		((3-0)) 5.0
23106 ((acromioclavicular;)) sternoclavicular joint	BR		((3-0)) 4.0
((23110 Excision, subacromial subdeltoid bursa excision	6.0	60	3.0))
((23110 has been deleted, use 23929)			
23120 Claviculectomy; partial	8.5	60	((3-0)) 5.0
23125 total	16.0	60	((3-0)) 5.0
23130 Acromiectomy, partial or total	8.5	60	((3-0)) 5.0
23140 Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	6.0	60	3.0
23145 with primary autogenous graft (includes obtaining graft)	9.0	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;	6.0	120	3.0
23155 with primary autogenous graft (includes obtaining graft)	9.0	120	3.0
23156 with homogenous or other nonautogenous graft	11.0	120	3.0
23170 Sequestrectomy for osteomyelitis or bone abscess, clavicle;	BR		3.0
((23171 with suction irrigation	BR		3.0))
23172 Sequestrectomy for osteomyelitis or bone abscess, scapula;	BR		3.0
((23173 with suction irrigation	BR		3.0))
23174 Sequestrectomy for osteomyelitis or bone abscess, humeral head to surgical neck;	BR		3.0
((23175 with suction irrigation	BR		3.0))
23180 Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, clavicle	5.0	60	3.0
((23181 with suction irrigation	5.0	60	4.0))
23182 Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, scapula;	6.0	60	4.0
((23183 with suction irrigation	5.0	60	4.0))
23184 Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, proximal humerus;	6.0	60	4.0
((23185 with suction irrigation	5.0	60	4.0))
23190 Osteotomy of scapula, partial (e.g., superior medial angle)	7.0	60	3.0
23195 Resection humeral head	BR		3.0
(For replacement with implant, see 23470)			
23200 Radical resection for tumor; clavicle	BR		3.0
23210 scapula	BR		3.0
23220 Radical resection for tumor, proximal humerus;	BR		3.0
23221 with autogenous bone graft, (includes obtaining graft)	BR		3.0
23222 with prosthetic replacement	BR		3.0
INTRODUCTION OR REMOVAL			
(For arthrocentesis or needling of bursa, see 20610)			
(For K wire or pin insertion or removal, see 20650, 20670, 20680)			
23330 Removal of foreign body, shoulder; subcutaneous	8.0	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@
23331 deep (e.g., prosthetic removal)	11.0	60	3.0
23332 complicated, including "total shoulder"	BR		3.0
23350 Injection procedure for shoulder arthrography	0.6	0	3.0
(For shoulder arthrography, see 73040)			
((23355 Arthroscopy, shoulder diagnostic (separate procedure)	7.0		3.0
23356 Arthroscopy, shoulder, surgical, debridement with cartilage shaving and/or drilling and/or resection of reactive synovium	9.9	60	3.0
23357 with synovial biopsy	7.5	60	3.0
23358 with removal of loose body	7.5	60	3.0
(When shoulder arthroscopy is performed in conjunction with arthrotomy, see modifier -51))			
(23355-23358 have been deleted, use 29815-29825)			

REPAIR, REVISION OR RECONSTRUCTION

(For sternoclavicular reconstruction, see 23530)

(For acromioclavicular joint reconstruction, see 23550)

23395 Muscle transfer, any type for paralysis of shoulder or upper arm; single	20.0	90	((4-0)) 5.0
23397 multiple	BR	90	5.0
23400 Scapulopecty (e.g., Sprengel's deformity or for paralysis)	22.0	90	((3-0)) 5.0
23405 Tenomyotomy; single	7.0	60	((4-0)) 5.0
23406 multiple through same incision	13.0	60	((4-0)) 5.0
23410 Repair of ruptured supraspinatus tendon (rotator cuff) or musculotendinous cuff; acute	14.0	120	((3-0)) 5.0
23412 chronic	16.0	120	((4-0)) 5.0
23415 Coracoacromial ligament release, with or without acromioplasty, for chronic ruptured supraspinatus tendon (rotator cuff)	6.5		((3-0)) 5.0
23420 Repair of complete shoulder (rotator cuff avulsion, chronic (includes (acromiectomy)) acromioplasty)	18.0	120	((3-0)) 5.0
23430 Tenodesis for rupture of long tendon of biceps	12.0	90	((3-0)) 5.0
23440 Resection or transplantation of long tendon of biceps, for chronic tenosynovitis	12.0	90	((3-0)) 5.0
23450 Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation	17.0	90	((3-0)) 5.0
23455 ((Bankhart) Bankart type operation with or without stapling	19.0	90	((3-0)) 5.0
23460 Capsulorrhaphy for recurrent dislocation, anterior, any type; with bone block	20.0	120	((3-0)) 5.0
23462 with coracoid process transfer	18.0	120	((3-0)) 5.0
23465 Capsulorrhaphy for recurrent dislocation, posterior, with or without bone graft	17.0	90	((3-0)) 5.0

(For sternoclavicular and acromioclavicular reconstruction, see 23530 or 23550)

	Unit Value	Follow-up Days=	Basic Anes@
23466 Capsulorrhaphy for recurrent dislocation with any type multidirectional instability	BR		3.0
23470 Arthroplasty with proximal humeral implant (e.g., Neer type operation)	20.0	120	((3-0)) 6.0
23472 Arthroplasty with glenoid and proximal humeral replacement (e.g., total shoulder)	BR		((3-0)) 6.0
(For removal of total shoulder implants, see 23331, 23332)			
(For osteotomy proximal humerus, see 24400)			
23480 Osteotomy, clavicle, with or without internal fixation;	10.0	90	3.0
23485 with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	13.0	120	3.0
23490 Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methyl methacrylate; clavicle	BR		
23491 proximal humerus and humeral head	BR		

FRACTURE AND/OR DISLOCATION

23500 Treatment of closed clavicular fracture; without manipulation	Sv.& 3.0	90	3.0
23505 with manipulation			
23510 Treatment of open clavicular fracture, with uncomplicated soft tissue closure	5.0	90	3.0
23515 Open treatment of closed or open clavicular fracture, with or without internal or external skeletal fixation	9.0	90	3.0
23520 Treatment of closed sternoclavicular dislocation; without manipulation	Sv.& 2.8	90	3.0
23525 with manipulation			
23530 Open treatment of closed or open Sternoclavicular dislocation, acute or chronic;	10.0	90	5.0
23532 with fascial graft (includes obtaining graft)	12.0	90	5.0
23540 Treatment of closed acromioclavicular dislocation, without manipulation	Sv.& 2.4	45	3.0
23545 with manipulation			
23550 Open treatment of closed or open acromioclavicular dislocation, acute or chronic;	12.0	90	((3-0)) 5.0
23552 with fascial graft (includes obtaining graft)	15.0	90	((3-0)) 5.0
23570 Treatment of closed scapular fracture; without manipulation	Sv.&		
23575 with manipulation (with or without shoulder joint involvement)	2.8	90	3.0
23580 Treatment of open scapular fracture, with uncomplicated soft tissue closure	5.0	90	3.0
23585 Open treatment of closed or open scapular fracture juxtaarticular	12.0	90	3.0
23600 Treatment of closed humeral (surgical or anatomical neck) fracture; without manipulation	Sv.& 5.0	90	3.0
23605 with manipulation			
23610 Treatment of open humeral (surgical or anatomical neck) fracture, with uncomplicated soft tissue closure	7.0	90	3.0
23615 Open treatment of closed or open humeral (surgical or anatomical neck) fracture, with or without internal or external skeletal fixation	12.0	90	3.0
23620 Treatment of closed greater tuberosity fracture; without manipulation	Sv.& 3.5	90	3.0
23625 with manipulation			
23630 Open treatment of closed or open greater tuberosity fracture, with or without internal or external skeletal fixation	9.0	90	3.0
23650 Treatment of closed shoulder dislocation, with manipulation; without anesthesia	Sv.& *1.2	0	3.0
*23655 requiring anesthesia			

	Unit Value	Follow-up Days=	Basic Anes@
23658 Treatment of open shoulder dislocation, with uncomplicated soft tissue closure	BR		3.0
23660 Open treatment of closed or open shoulder dislocation	12.0	90	3.0
23665 Treatment of closed shoulder dislocation, with fracture of greater tuberosity, with manipulation	3.0	90	3.0
23670 Open treatment of closed or open shoulder dislocation, with fracture of greater tuberosity	12.0	90	3.0
23675 Treatment of closed shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	4.0	90	3.0
23680 Open treatment of closed or open shoulder dislocation, with surgical or anatomical neck fracture	14.0	90	3.0

MANIPULATION

*23700 Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)	*1.2	0	((3-0)) 4.0
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ARTHRODESIS

23800 Arthrodesis, shoulder joint, with or without local bone graft	20.0	120	((3-0)) 5.0
23802 with primary autogenous graft (includes obtaining graft)	24.0	120	((3-0)) 5.0

AMPUTATION

23900 Interthorascapular amputation (fore-quarter)	24.0	90	11.0
23920 Disarticulation of shoulder	18.0	90	5.0
23921 secondary closure or scar revision	5.0	30	3.0

MISCELLANEOUS

23929 Unlisted procedure, shoulder	BR		((3-0)) 5.0
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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)

	Unit Value	Follow-up Days=	Basic Anes@
23930 Incision and drainage; deep abscess or hematoma	5.0	15	3.0
23931 infected bursa	5.0	15	3.0
23935 Incision, deep, with opening of cortex (e.g., for osteomyelitis or bone abscess((:)))	8.0	15	3.0
((23936 with suction irrigation	8.0	15	3.0
24000 Arthrotomy, elbow, for infection, with exploration, drainage, or removal of foreign body;	10.0	60	3.0
((24001 with suction irrigation	8.0	15	3.0

EXCISION

(For muscle or bone biopsy, see 20200-20245)

24065 Biopsy, soft tissues; superficial	2.0	7	3.0
24066 deep	3.0	15	3.0
24075 Excision, benign tumor; subcutaneous	4.0	15	3.0
24076 deep, subfascial or intramuscular	4.5	15	3.0
24100 Arthrotomy, elbow, for synovial biopsy only	10.0	60	3.0
24101 with joint exploration, with or without biopsy, with or without removal of foreign body	12.0	60	3.0
24102 for synovectomy	14.0	90	3.0
24105 Excision, olecranon bursa	4.8	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@
24110 Excision or curettage of bone cyst or benign tumor, humerus;	9.5	60	3.0
24115 with primary autogenous graft (includes obtaining graft)	12.5	120	3.0
24116 with homogenous or other nonautogenous graft	13.0	120	3.0
24120 Excision or curettage of bone cyst or bone tumor of head or neck of radius or olecranon process	8.0	60	3.0
24125 with primary autogenous graft (includes obtaining graft)	10.0	120	3.0
24126 with homogenous or other nonautogenous graft	11.0	120	3.0
24130 Excision, radial head	8.0	60	3.0

(For replacement with implant, see 24366)

24134 Sequestrectomy (e.g., for osteomyelitis or bone abscess), shaft or distal humerus((:))	BR		3.0
((24135 with suction irrigation	BR		3.0
24136 Sequestrectomy (e.g., for osteomyelitis or bone abscess), radial head or neck;	BR		3.0
((24137 with suction irrigation	BR		3.0
24138 Sequestrectomy (e.g., for osteomyelitis or bone abscess), olecranon process;	BR		3.0
((24139 with suction irrigation	BR		3.0
24140 Partial excision of bone (craterization, saucerization or diaphysectomy), (e.g., for osteomyelitis), humerus((:))	7.0	60	3.0
((24144 with suction irrigation	8.0	60	3.0
24145 Partial excision of bone (craterization, saucerization or diaphysectomy), (e.g., for osteomyelitis), radial head or neck;	7.0	6.0	3.0
((24146 with suction irrigation	8.0	6.0	3.0
24147 Partial excision of bone (craterization, saucerization or diaphysectomy) (e.g., for osteomyelitis), olecranon process;	7.0	60	3.0
((24148 with suction irrigation	8.0	60	3.0
24150 Radical resection for tumor, shaft or distal humerus;	BR		3.0
24151 with autogenous bone graft (includes obtaining graft)	BR		3.0
24152 Radical resection for tumor, radial head or neck;	BR		3.0
24153 with autogenous bone graft (includes obtaining graft)	BR		3.0
24155 Resection of elbow joint (arthrectomy)	BR		3.0

INTRODUCTION OR REMOVAL

(For K wire or pin insertion or removal, see 20650, 20670, 20680)

(For arthrocentesis or needling of bursa or joint, see 20605)

24160 Implant removal; elbow joint	6.0	60	3.0
24164 radial head	4.8	60	3.0
24200 Removal of foreign body; subcutaneous	BR		3.0
24201 deep	BR		3.0
24220 Injection procedure for elbow arthrography	BR		3.0

(For elbow arthrography, see 73085)

(For injection of tennis elbow, see 20550)

REPAIR, REVISION, AND RECONSTRUCTION

~~((For neurolymph or neuroplasty; arm, see 64702 et seq.)~~

(For repair of deep wound, see 20800))

24301 Muscle or tendon transfer, any type, single (excluding ((24330) 24320-24331)	BR		3.0
24305 Tendon lengthening; single, each	7.0		3.0
24310 Tenotomy, open, elbow to shoulder, single, each	5.0	30	3.0
24320 Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	BR		3.0
24330 Flexor-plasty, elbow (e.g., Steindler type advancement);	8.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
24331 with extensor advancement	8.0	90	3.0				
24340 Tenodesis for rupture of biceps tendon at elbow	14.0	90	3.0	24576 Treatment of closed condylar fracture, medial or lateral; without manipulation	SV		
24342 Reinsertion of ruptured biceps tendon, distal, with or without tendon graft (includes obtaining graft)	14.0	90	3.0	24577 with manipulation	4.0	90	3.0
24350 Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis);	6.0	30	3.0	24578 Treatment of open condylar fracture, medial or lateral, with uncomplicated soft tissue closure	5.0	90	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	7.0	90	3.0
24352 with annular ligament resection	6.0	30	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	SV		
24354 with stripping	7.0		3.0	24581 with manipulation	8.0	90	3.0
24356 with partial osteotomy	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
24360 Arthroplasty, elbow, with membrane	BR		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
24361 with distal humeral prosthetic replacement	BR		3.0	24586 with elbow resection	BR		3.0
24362 with implant and fascia lata ligament reconstruction	BR		3.0	24587 with implant	BR		3.0
24363 with distal humerus and proximal ulnar prosthetic replacement ("total elbow")	BR		3.0	(See also 24361)			
24365 Arthroplasty, radial head;	10.0	120	3.0	24588 with implants and fascia lata ligament reconstruction	BR		3.0
24366 with implant	BR		3.0	(See also 24362)			
24400 Osteotomy, humerus, with or without internal fixation	12.0	90	3.0	24600 Treatment of closed elbow dislocation; without anesthesia	Sv. & *1.0	0	3.0
24410 Multiple osteotomies with realignment on intramedullary rod (Sofield type procedure)	14.0	90	3.0	*24605 requiring anesthesia			
24420 Osteoplasty, humerus (e.g., shortening or lengthening) (excluding 64876)	BR		3.0	24610 Treatment of open elbow dislocation, with uncomplicated soft tissue closure	6.0	45	3.0
24430 Repair of nonunion or malunion, humerus; without graft (e.g., compression technique, etc.)	17.0	90	3.0	24615 Open treatment of closed or open elbow dislocation	12.0	90	3.0
24435 with iliac or other autogenous bone graft (includes obtaining graft)	20.0	120	3.0	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
(For proximal radius and/or ulna, see 25400-25420)				24625 Treatment of closed Monteggia type 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
24470 Hemiepiphyseal arrest (e.g., for cubitus varus or valgus, distal humerus)	7.0	120	3.0	*24635 Open treatment of closed or open Monteggia type fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external skeletal fixation	12.0	90	3.0
24495 Decompression fasciotomy, forearm, with brachial artery exploration	BR		3.0	*24640 Treatment of radial head subluxation in child, "nursemaid elbow," with manipulation	Sv. &		
24498 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methyl methacrylate; humerus	BR			24650 Treatment of closed radial head or neck fracture; without manipulation	Sv. &		
FRACTURE AND/OR DISLOCATION				24655 with manipulation	3.0	90	3.0
24500 Treatment of closed humeral shaft fracture; without manipulation	Sv. &			24660 Treatment of open radial head or neck fracture, with uncomplicated soft tissue closure	4.0	90	3.0
24505 with manipulation	5.0	90	3.0	24665 Open treatment of closed or open radial head or neck fracture, with or without internal fixation or radial head excision	8.0	90	3.0
24506 percutaneous insertion of rod or pin	BR	90	3.0	24666 with implant	9.0	90	3.0
24510 Treatment of open humeral shaft fracture, with uncomplicated soft tissue closure	7.0	90	3.0	24670 Treatment of closed ulnar fracture, proximal end (olecranon process); without manipulation	Sv. &		
24515 Open treatment of closed or open humeral shaft fracture, with or without internal or external skeletal fixation	11.0	90	3.0	24675 with manipulation	3.0	90	3.0
24530 Treatment of closed supracondylar or transcondylar fracture, without manipulation	Sv. &			24680 Treatment of open ulnar fracture, proximal end (olecranon process), with uncomplicated soft tissue closure	4.0	90	3.0
24531 with traction (pin or skin)	BR		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
24535 Treatment of closed supracondylar or transcondylar fracture, with manipulation	5.0	90	3.0				
24536 with traction (pin or skin)	9.0	90	3.0				
24538 with percutaneous skeletal fixation	10.0	90	3.0				
24540 Treatment of open supracondylar or transcondylar fracture, with uncomplicated soft tissue closure;	7.0	90	3.0				
24542 with traction (pin or skin)	11.0	90	3.0				
24545 Open treatment of closed or open supracondylar or transcondylar fracture, with or without internal or external skeletal fixation	10.0	90	3.0				
24560 Treatment of closed epicondylar fracture, medial or lateral; without manipulation	Sv. &						
24565 with manipulation	4.0	90	3.0				
24570 Treatment of open epicondylar fracture, medial or lateral with uncomplicated soft tissue closure	6.0	90	3.0				
24575 Open treatment of closed or open epicondylar fracture, medial or lateral, with or without internal or external							

	Unit Value	Follow-up Days=	Basic Anes@
MANIPULATION			
(24700 Manipulation under general anesthesia (includes application of traction or other fixation device).....	1.0	0	3.0
(24700 has been deleted; use 24999)			

	Unit Value	Follow-up Days=	Basic Anes@
ARTHRODESIS			
24800 Arthrodesis, elbow joint; with or without local or homogenous bone graft ...	16.0	120	3.0
24802 with primary autogenous bone graft (includes obtaining graft) ...	16.0	120	3.0

	Unit Value	Follow-up Days=	Basic Anes@
AMPUTATION			
24900 Amputation, arm through humerus; with primary closure	10.0	90	3.0
24920 open, circular (guillotine)	9.0	90	3.0
24925 secondary closure or scar revision ...	3.0	30	3.0
24930 reamputation	10.0	90	3.0
24931 with implant	10.0	90	3.0
24935 Stump elongation	3.0	90	3.0
24940 Cineplasty, upper extremity, complete procedure	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
MISCELLANEOUS			
24999 Unlisted procedure, humerus or elbow .	BR		(3.0) 4.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-071 FOREARM AND WRIST.

	Unit Value	Follow-up Days=	Basic Anes@
(Radius, ulna, carpal bones and joints)			
INCISION			
25000 Tendon sheath incision; at radial styloid for De Quervain's disease	4.4	30	3.0
25005 at wrist for other stenosing tenosynovitis	4.0	30	3.0
(For decompression median nerve or for carpal tunnel syndrome, see 64721)			
25020 Decompression fasciotomy, flexor and/or extensor compartment;	3.5	30	3.0
25023 with debridement of nonviable muscle and/or nerve	4.0	30	3.0
(For decompression fasciotomy with brachial artery exploration, see 24495)			
(For incision and drainage procedures, superficial, see 10000-10160)			
25028 Incision and drainage; deep abscess or hematoma	1.0	30	3.0
25031 infected bursa	1.5	30	3.0
25035 Incision, deep, with opening of cortex for osteomyelitis or bone abscess;	2.0	30	3.0
((25036 with suction irrigation	2.5	30	3.0
25040 Arthrotomy with exploration, drainage, or removal of loose or foreign body, for infection, radiocarpal or mediocarpal joint;	5.0	60	3.0
((25041 with suction irrigation	5.5	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
25065 Biopsy, soft tissues; superficial	2.0	7	3.0
25066 deep	3.0	15	3.0
25075 Excision, ((benign)) tumor; subcutaneous	4.0	15	3.0
25076 deep, subfascial or intramuscular ...	4.0	15	3.0
25085 Capsulotomy, wrist (e.g., for contracture)	4.0	15	3.0
25100 Arthrotomy, wrist joint, for biopsy ...	5.0	60	3.0
25101 with joint exploration, with or without biopsy, with or without removal of foreign body	7.0	60	3.0
25105 for synovectomy	8.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@
25107 Arthrotomy, distal radioulnar joint for ((excision)) repair of triangular cartilage complex	9.0	60	3.0
25110 Excision, lesion of tendon sheath.	3.0	30	3.0
25111 Excision of ganglion, wrist (dorsal or volar); primary	5.0	30	3.0
25112 recurrent	4.0	30	3.0
(For hand or finger, see 26160)			
25115 Radical excision of bursa synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc., or other granulomas, rheumatoid arthritis); flexors	10.0	60	3.0
25116 extensors (with or without transposition of dorsal retinaculum)	10.0	60	3.0
(For finger synovectomies, see 26145)			
25118 Synovectomy, extensor tendon sheaths, wrist, single compartment;	10.0	60	3.0
25119 with resection of distal ulna	11.0	60	3.0
25120 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	7.0	60	3.0
(For head or neck of radius or olecranon process, see 24120, 24126)			
25125 with primary autogenous graft (includes obtaining graft)	10.0	120	3.0
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
25135 with primary autogenous graft (includes obtaining graft)	7.0	120	3.0
25136 with homogenous or other nonautogenous graft	7.0	120	3.0
25145 Sequestrectomy for osteomyelitis or bone abscess;	BR		3.0
((25146 with suction irrigation	BR		3.0
25150 Partial excision of bone (craterization, saucerization or diaphysectomy) (e.g., for osteomyelitis), ulna	5.0	60	3.0
25151 radius	5.0	60	3.0
((25153 radius or ulna, with suction irrigation	5.5	60	3.0
(For head or neck of radius or olecranon process, see 24145((:)) = 24148)			
25170 Radical resection for tumor, radius or ulna	BR		3.0
25210 Carpectomy, one bone	7.0	60	3.0
(For carpectomy with implant, see 25441-25445)			
25215 all bones ((or)) of proximal row ...	10.0	60	3.0
25230 Radial styloidectomy (separate procedure)	5.0	60	3.0
25240 Excision distal ulna (Darrach type procedure)	6.0	60	3.0
(For implant replacement, distal ulna, see 25442)			
(For obtaining fascia for interposition, see 20920, 20922)			
INTRODUCTION OR REMOVAL			
(For K wire, pin, or rod insertion or removal, see 20650, 20670, 20680)			
25246 Injection procedure for wrist arthrography	BR		
(For wrist arthrography, see 73115)			
(For foreign body removal, superficial see 20520)			
25248 Exploration for removal of deep foreign body	BR		
25250 Removal of wrist prosthesis; (separate procedure)	BR		3.0
25251 complicated, including "total wrist" .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@		
REPAIR, REVISION OR RECONSTRUCTION				25425	Repair of defect with autogenous bone graft; radius OR ulna	14.0	120	3.0	
((For repair of deep wounds, see 20800))				25426	radius AND ulna	20.0	120	3.0	
(For neurorrhaphy or neuroplasty, see 64700 et seq.)				25440	Repair of nonunion, scaphoid (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	14.0	120	3.0	
(For tenotomy or tenoplasty, see 24310; 24320))				25441	Arthroplasty with prosthetic replacement; distal radius	18.0	120	3.0	
25260	Repair, tendon or muscle, flexor; primary, single, each tendon or muscle	7.0	90	3.0	25442	distal ulna	12.5	120	3.0
25263	secondary, single, each tendon or muscle	1.5	90	3.0	25443	scaphoid (navicular)	15.5	120	3.0
25265	secondary, with free graft (includes obtaining graft), each tendon or muscle	3.0	90	3.0	25444	lunate	15.5	120	3.0
25270	Repair, tendon or muscle, extensor; primary, single, each tendon or muscle	5.0	90	3.0	25445	trapezium	15.5	120	3.0
25272	secondary, single, each tendon or muscle	1.5	90	3.0	25446	distal radius and partial or entire carpus ("total wrist")	20.0	120	3.0
25274	Repair, tendon or muscle, extensor, secondary, with tendon graft (includes obtaining graft), each tendon or muscle	8.0	90	3.0	25447	<u>Interposition arthroplasty; intercarpal or carpometacarpal</u>	BR	120	3.0
25280	Lengthening or shortening of flexor or extensor tendon, single, each tendon	7.0	90	3.0	25449	<u>Revision of arthroplasty ((with)), including removal of implant</u>	BR	120	3.0
25290	Tenotomy, open, single, flexor or extensor tendon, each tendon	4.0	90	3.0	25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	6.0	120	3.0
25295	Tenolysis, single flexor or extensor tendon, each tendon	1.0	90	3.0	25455	distal radius AND ulna	8.0	120	3.0
25300	Tenodesis, wrist; flexors of fingers	8.0	90	3.0	25490	<u>Prophylactic treatment (nailing, pinning, plating or wiring) with or without methyl methacrylate; radius</u>	BR		
25301	extensors of fingers	6.0	90	3.0	25491	<u>ulna</u>	BR		
25310	Tendon transplantation or transfer, flexor or extensor, single, each tendon	9.5	90	3.0	25492	<u>radius and ulna</u>	BR		
25312	with tendon graft(s) (includes obtaining graft), each tendon	8.0	90	3.0	FRACTURE AND/OR DISLOCATION				
25315	Flexor origin slide for cerebral palsy;	8.0	90	3.0	25500	Treatment of closed radial shaft fracture; without manipulation	Sv.&		
25316	with tendon(s) transfer	9.0	90	3.0	25505	with manipulation	4.2	90	3.0
25317	Flexor origin slide for Volkmann contracture;	12.0	120	3.0	25510	Treatment of open radial shaft fracture, with uncomplicated soft tissue closure	5.0	90	3.0
25318	with tendon(s) transfer	13.0	120	3.0	25515	Open treatment of closed or open radial shaft fracture, with or without internal or external skeletal fixation	8.0	90	3.0
25320	Capsulorrhaphy or reconstruction, capsulectomy, wrist (includes synovectomy, resection of capsule, tendon insertions)	21.1	120	3.0	25530	Treatment of closed ulnar shaft fracture; without manipulation	Sv.&		
25330	Arthroplasty, wrist	8.0	120	3.0	25535	with manipulation	4.0	90	3.0
25331	with implant	BR		3.0	25540	Treatment of open ulnar shaft fracture with uncomplicated soft tissue closure	5.0	90	3.0
25332	pseudarthrosis type with internal fixation	BR		3.0	25545	Open treatment of closed or open ulnar shaft fracture, with or without internal or external skeletal fixation	8.0	90	3.0
(For obtaining fascia for interposition, see 20920-20922)				25560	Treatment of closed radial and ulnar shaft fractures; without manipulation	Sv.&			
25335	<u>((Transposition and realignment)) Centralization of ((hand-over)) wrist on ulna ((with or without removal of bone or bones, and with or without tendon transfer or advancement (Riordan type operation))) (e.g., radial club hand)</u>	BR		3.0	25565	with manipulation	5.4	90	3.0
25350	Osteotomy, radius, distal third	10.0	90	3.0	25570	Treatment of open radial and ulnar shaft fractures, with uncomplicated soft tissue closure	6.0	90	3.0
25355	middle or proximal third	12.0	90	3.0	25575	Open treatment of closed or open radial and ulnar shaft fractures, with or without internal or external skeletal fixation	12.0	90	3.0
25360	Osteotomy, ulna	10.0	90	3.0	25600	Treatment of closed distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, without manipulation	Sv.&		
25365	radius and ulna	14.0	90	3.0	25605	with manipulation	4.0	90	3.0
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure), radius OR ulna	12.0	90	3.0	25610	Treatment of closed, complex, distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning	6.0	90	3.0
25375	radius AND ulna	18.0	90	3.0	25611	<u>((with external skeletal fixation or)) percutaneous pinning or pins and plaster technique</u>	8.0	120	3.0
25390	Osteoplasty, radius OR ulna; shortening	BR +		3.0	25615	Treatment of open distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, without fracture of ulnar styloid, with uncomplicated soft tissue closure	5.0	90	3.0
25391	lengthening with autogenous bone graft	BR		3.0	25620	Open treatment of closed or open distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of the ulnar styloid, with or without internal or external skeletal fixation	8.0	90	3.0
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	BR		3.0					
25393	lengthening with autogenous bone graft	BR		3.0					
25400	Repair of nonunion or malunion, radius OR ulna; without graft (e.g., compression technique, etc.)	14.0	90	3.0					
25405	with iliac or other autogenous bone graft (includes obtaining graft)	17.0	120	3.0					
25415	Repair of nonunion or malunion, radius AND ulna; without graft (e.g., compression technique, etc.)	20.0	90	3.0					
25420	with iliac or other autogenous bone graft (includes obtaining graft)	23.0	120	3.0					

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26160	2.4	30	3.0	26418	4.0	120	3.0
Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion)				Extensor tendon repair, dorsum of finger, single, primary or secondary; without free graft, each tendon			
(For wrist ganglion, see 25111, 25112)				26420 with free graft (includes obtaining graft) each tendon			
(For trigger digit, see 26055)				26426 Extensor tendon repair, central slip repair, secondary (boutonniere deformity); using local tissues			
26170	BR		3.0	26428 with free graft (includes obtaining graft)			
Excision of tendon, palm, flexor, single (independent procedure), each				26432 Extensor tendon repair, distal insertion ("mallet finger"), closed, splinting with or without percutaneous pinning			
26180	BR		3.0	26433 Extensor tendon repair, open, primary or secondary repair; without graft			
26200	6.0	60	3.0	26434 with free graft (includes obtaining graft)			
26205	7.0	120	3.0	(For tenovagotomy for trigger finger, see 26055)			
((26206 with homogenous or other nonautogenous graft 7.0 120 3.0))				26437 Extensor tendon realignment (for arthritis)			
(26206 has been deleted, use 26989)				26440 Tenolysis, simple, flexor tendon, palm, OR finger, single, each tendon			
26210	5.0	60	3.0	26442 palm AND finger, each tendon			
Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx;				26445 Tenolysis, extensor tendon, dorsum of hand or finger; each tendon			
26215	6.0	120	3.0	26449 Tenolysis, complex, extensor tendon, dorsum of hand or finger, including hand and forearm			
with autogenous graft (includes obtaining graft)				(For fascia or other implant, see 20920, 20922)			
((26216 with homogenous or other nonautogenous graft 6.0 120 3.0))				26450 Tenotomy, flexor, single, palm, open each			
(26216 has been deleted, use 26989)				26455 Tenotomy, flexor, single, finger, open, each			
26230	6.0	60	3.0	26460 Tenotomy, extensor, hand or finger, single, open, each			
Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, metacarpal				26471 Tenodesis; for proximal interphalangeal joint stabilization			
26235	5.0	60	3.0	26474 for distal joint stabilization			
26236	5.0	60	3.0	26476 Tendon lengthening, extensor, single, each			
26250	12.0	120	3.0	26477 Tendon shortening, extensor, single, each			
Radical resection (ostectomy) for tumor, metacarpal;				26480 Tendon transfer or transplant, carpo-metacarpal area or dorsum of hand, single; without free graft, each			
26255	12.0	120	3.0	26483 with free tendon graft (includes obtaining graft), each tendon			
with autogenous graft (includes obtaining graft)				26485 Tendon transfer or transplant, palmar, single, each tendon, without free tendon graft			
26260	10.0	120	3.0	26489 with free tendon graft (includes obtaining graft), each tendon			
Radical resection (ostectomy) for tumor, proximal or middle phalanx				26490 Opponens plasty, sublimis tendon transfer type			
26261	10.0	120	3.0	26492 tendon transfer with graft (includes obtaining graft)			
with autogenous graft (includes obtaining graft)				26494 hypothenar muscle transfer			
26262	BR		3.0	26496 other methods			
Radical resection (ostectomy) for tumor, distal phalanx				(For thumb fusion in opposition, see 26820)			
INTRODUCTION OR REMOVAL							
((For arthrocentesis (injection or aspiration), see 20600)							
(For K wire or pin insertion or removal, see 20650, 20670, 20680))							
26320	BR		3.0	26497 ((Sublimis)) Tendon transfer to ((correct claw)) restore intrinsic function; ring and small finger((-IV and -V))			
Removal of implant from finger or hand				26498 ((-II, -III, -IV and -V)) all four fingers			
REPAIR, REVISION OR RECONSTRUCTION							
(((For neurotomy, neuroplasty or neurolysis, see 64700 et seq.)))							
26350	7.0	120	3.0	26499 Correction claw finger, other methods			
Flexor tendon repair or advancement, single, not in "no man's land"; primary or secondary without free graft, each tendon				26500 Tendon pulley reconstruction; with local tissues (separate procedure)			
26352	BR+		3.0	26502 with tendon or fascial graft (includes obtaining graft) (separate procedure)			
secondary with free graft (includes obtaining graft), each tendon				26508 Thenar muscle release for thumb contracture			
26356	7.0	120	3.0	26510 Cross intrinsic transfer			
Flexor tendon repair or advancement, single, in "no man's land"; primary, each tendon				26516 Capsulodesis for M-P joint stabilization; single digit			
26358	BR		3.0	26517 two digits			
secondary with free graft (includes obtaining graft), each tendon				26518 three or four digits			
26370	11.8	120	3.0	26520 Capsulectomy for contracture, metacarpophalangeal joint, single, each			
Profundus tendon repair or advancement, with intact sublimis; primary				26525 interphalangeal joint, single, each			
26372	BR		3.0				
secondary with free graft (includes obtaining graft)							
26373	BR		3.0				
secondary without free graft							
26390	BR		3.0				
Flexor tendon excision, implantation of plastic tube or rod for delayed tendon graft							
26392	BR		3.0				
Removal of tube or rod and insertion of tendon graft (includes obtaining graft)							
26410	3.0	120	3.0				
Extensor tendon repair, dorsum of hand, single, primary or secondary; without free graft, each tendon							
26412	BR		3.0				
with free graft (includes obtaining graft); each tendon							

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26527 Arthroplasty, carpometacarpal joint ...	BR		3.0				
26530 Arthroplasty, metacarpophalangeal joint, single, each	7.0	90	3.0	26675 fracture, single, with manipulation; without anesthesia	((*)0.72	0	
26531 with prosthetic implant, single, each	9.0	90	3.0	26676 requiring anesthesia	2.0	45	3.0
26535 Arthroplasty interphalangeal joint; single, each	8.0	90	3.0	26676 with percutaneous pinning	BR		3.0
26536 with prosthetic implant, single, each	11.3	90	3.0	26680 Treatment of open carpometacarpal dislocation, other than Bennett fracture, single, with uncomplicated soft tissue closure	3.0	45	3.0
26540 ((Reconstruction;)) Primary repair of collateral ligament, metacarpophalangeal joint	10.0	90	3.0	26685 Open treatment of closed or open carpometacarpal dislocation, other than Bennett fracture; single, with or without internal or external skeletal fixation	6.0	90	3.0
26541 with tendon or fascial graft (includes obtaining graft)	12.0	90	3.0	26686 complex, multiple or delayed reduction	BR		
26542 with local tissue	BR	90	3.0	((*)26700 Treatment of closed metacarpophalangeal dislocation, single, with manipulation; without anesthesia	((*)0.72	0	
26545 Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	8.0	90	3.0	26705 requiring anesthesia	2.0	45	3.0
26550 Pollicization of a digit	BR		3.0	26706 with percutaneous pinning	BR		3.0
26552 Reconstruction thumb with toe	BR			26710 Treatment of open metacarpophalangeal dislocation, single, with uncomplicated soft tissue closure	3.0	45	3.0
26555 Positional change of other finger	BR		3.0	26715 Open treatment of closed or open metacarpal phalangeal dislocation, single, with or without internal or external skeletal fixation	6.0	90	3.0
26557 Toe to finger transfer; first stage	BR		3.0	26720 Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	Sv. & 1.6	45	3.0
26558 each delay	BR		3.0	26725 with manipulation, each	2.0	45	3.0
26559 second stage	BR		3.0	26727 Treatment of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, requiring traction or fixation, each	2.0	45	3.0
26560 Repair of syndactyly (web finger), each web space; with skin flaps	9.5	45	3.0	26730 Treatment of open phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with uncomplicated soft tissue closure, each	2.2	45	3.0
26561 with skin flaps and grafts	12.5	45	3.0	26735 Open treatment of closed or open phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external skeletal fixation, each	4.0	60	3.0
26562 complex, involving bone, nails, etc.	BR		3.0	26740 Treatment of closed articular fracture, involving metacarpophalangeal or proximal interphalangeal joint; without manipulation, each	Sv. 2.0	60	3.0
26565 Osteotomy for correction of deformity; metacarpal	8.0	90	3.0	26743 with manipulation requiring traction for fixation, each	4.0	60	3.0
26567 phalanx	5.0	90	3.0	26744 Treatment of open articular fracture, involving metacarpophalangeal or proximal interphalangeal joint, with uncomplicated soft tissue closure, each	1.5	60	3.0
26568 Osteoplasty for lengthening of metacarpal or phalanx	BR		3.0	26746 Open treatment of closed or open articular fracture, involving metacarpophalangeal or proximal interphalangeal joint, each	6.0	60	3.0
26570 Bone graft, (includes obtaining graft); metacarpal	10.0	120	3.0	26750 Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	Sv. & ((*)0.72	0	3.0
26574 phalanx	7.0	120	3.0	26755 with manipulation, each	BR		3.0
26580 Repair cleft hand	BR			26756 with percutaneous pinning			
26585 Repair bifid digit	BR			26760 Treatment of open distal phalangeal fracture, finger or thumb, with uncomplicated soft tissue closure, each	1.2	30	3.0
26590 Repair macrodactylia	BR			26765 Open treatment of closed or open distal phalangeal fracture, finger or thumb, each	2.0	45	3.0
26591 Repair, intrinsic muscles of hand (specify)	BR		3.0	26770 Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	*0.72	0	
(For microsurgical technique, use modifier -20)				26775 requiring anesthesia	1.2	45	3.0
26593 Release, intrinsic muscles of hand (specify)	BR		3.0	26780 Treatment of open interphalangeal joint dislocation, single, with uncomplicated soft tissue closure	1.6	45	3.0
(For microsurgical technique, use modifier -20)				26785 Open treatment of closed or open interphalangeal joint dislocation, single	2.4	60	3.0
26596 Excision of constricting ring with multiple z-plasties	BR		3.0				
26597 Release of scar contracture, flexor or extensor, with skin grafts	BR		3.0				
FRACTURES AND/OR DISLOCATION							
26600 Treatment of closed metacarpal fracture, single; without manipulation, each bone	Sv. &			26820 Fusion in opposition, thumb, with autogenous graft (includes obtaining graft).	10.0	120	3.0
26605 with manipulation, each bone	2.4	90	3.0				
26607 with manipulation, with skeletal fixation, each bone	BR		3.0				
26610 Treatment of open metacarpal fracture, single, with uncomplicated soft tissue closure, each bone	3.0	90	3.0				
26615 Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone	7.0	90	3.0				
26641 Treatment of carpometacarpal dislocation, thumb, with manipulation	Sv. &						
26645 Treatment of closed carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation;	4.0	45	3.0				
26650 with skeletal fixation	6.0	45	3.0				
26655 Treatment of open carpometacarpal fracture dislocation, thumb (Bennett fracture), with uncomplicated soft tissue closure;	5.0	45	3.0				
26660 with skeletal fixation	7.0	45	3.0				
26665 Open treatment of closed or open carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external skeletal fixation	10.0	90	3.0				
((*)26670 Treatment of closed carpometacarpal dislocation, other than Bennett							

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26841 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	8.0	120	3.0	27010 Gluteal-iliotibial fasciotomy (Ober type procedure)	6.0	45	3.0
26842 with autogenous graft (includes obtaining graft)	10.0	120	3.0	27015 Iliac crest fasciotomy (Souther or Campbell type procedure), stripping of ilium	8.0	90	3.0
26843 Arthrodesis, carpometacarpal joint, digits, other than thumb;	8.0	120	3.0	27025 Ober-Yount fasciotomy, combined with spica cast, pins in tibia, wedging the cast, etc.; unilateral	10.0	90	3.0
26844 with autogenous graft (includes obtaining graft)	10.0	120	3.0	27026 bilateral	12.0	90	3.0
26850 Arthrodesis metacarpophalangeal joint, with or without internal fixation	7.0	120	3.0	27030 Arthrotomy, hip, for infection, with drainage;	14.0	90	3.0
26852 with autogenous graft (includes obtaining graft)	8.0	120	3.0	((27031 with suction irrigation)	15.0	90	3.0
26860 Arthrodesis, interphalangeal joint, with or without internal fixation	5.0	120	3.0	27033 Arthrotomy, hip, for exploration or removal of loose or foreign body	16.0	90	3.0
26861 each additional interphalangeal joint	4.0	120	3.0	27035 Hip joint denervation, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral or obturator nerves ...	17.0	60	3.0
26862 with autogenous graft (includes obtaining graft)	6.0	120	3.0				
26863 with autogenous graft (includes obtaining graft), each additional joint .	5.0	120	3.0				

AMPUTATION

(For hand through metacarpal bones, see 25927)

26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	7.0	90	3.0
(For repositioning, see 26550-26555)			
26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	3.5	45	3.0
26952 with local advancement flaps (V-Y, hood)	5.0	45	3.0
(For repair of soft tissue defect requiring split or full thickness graft or other pedicle grafts, see 15050-15750)			

MISCELLANEOUS

26989 Unlisted procedure, hands or fingers ...	BR		3.0
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-079 PELVIS AND HIP JOINT.

(Including head and neck of femur)

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
((For perineal abscess, see 45020, 46050, 46060))			
(For incision and drainage procedures, superficial, see 10000-10160)			
26990 Incision and drainage; deep abscess or hematoma	BR		3.0
26991 infected bursa	BR		3.0
26992 Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess;	BR		3.0
((26995 with suction irrigation)	BR		3.0
)27000 Tenotomy, adductor, subcutaneous, closed (separate procedure)	()1.0	0	3.0
27001 Tenotomy, adductor, subcutaneous, open; unilateral	3.0	45	3.0
27002 bilateral	4.0	45	3.0
27003 Tenotomy, adductor, subcutaneous, open; with obturator neurectomy; unilateral	5.0	45	3.0
27004 bilateral	6.0	45	3.0
27005 Tenotomy, iliopsoas, open (separate procedure)	6.0	45	3.0
27006 Tenotomy, abductors, open (separate procedure)	6.0	60	3.0
((For "hanging hip" procedure, see 27115))			

EXCISION

27040 Biopsy, soft tissues; superficial	1.2	7	3.0
27041 deep	2.4	15	3.0
27047 Excision, benign tumor; subcutaneous .	3.0	7	3.0
27048 deep, subfascial, intramuscular	4.0	15	3.0
27050 Arthrotomy, for biopsy; sacroiliac joint	6.0	90	3.0
27052 hip joint	14.0	90	3.0
27054 Arthrotomy for synovectomy, hip joint .	20.0	90	3.0
27060 Excision; ischial bursa	5.0	60	3.0
27062 trochanteric bursa or calcification ...	4.0	60	3.0

(For arthrocentesis or needling of bursa, see 20610)

27065 Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis or greater trochanter of femur) with or without autogenous bone graft .	5.0	120	3.0
27066 deep, with or without bone graft ...	9.5	120	3.0
27067 with bone graft requiring separate incision	10.0	120	3.0
27070 Partial excision of bone (craterization, saucerization), for osteomyelitis; superficial (e.g., wing of ilium, symphysis pubis or greater trochanter of femur) .	6.0	60	3.0
27071 deep	12.0	60	3.0
27075 Radical resection for tumor or infection; wing of ilium; one pubic or ischial ramus or symphysis pubis	BR		5.0
27076 ilium, including acetabulum, both pubic rami, or ischium and acetabulum	BR		3.0
27077 innominate bone, total	BR		3.0
27078 ischial tuberosity and greater trochanter of femur	BR		3.0
27079 ischial tuberosity and greater trochanter of femur, with skin flaps ...	BR		3.0

~~((For amputation, either interpelvibdominal or hip disarticulation type, see 27290, 27295))~~

27080 Coccygectomy primary	6.0	90	3.0
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INTRODUCTION AND/OR REMOVAL

27086 Removal of foreign body; subcutaneous tissue	BR		3.0
27087 deep	BR		3.0
((27088 deep, complicated)	BR		3.0
(For wire or pin insertion, see 20650))			
27090 Removal of hip prosthesis; (separate procedure)	14.0	90	3.0
27091 complicated, including "total hip" ..	BR		7.0
27093 Injection procedure for hip arthrography; without anesthesia	BR		3.0
27095 with anesthesia	BR		3.0

(For hip arthrography, see 73525)

REPAIR, REVISION OR RECONSTRUCTION

~~((For abdominal fascial transplant, bilateral (Lowman type procedure); see 22910)~~

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For repair of deep wound, see 20800))							
27097	BR		3.0	27195	Sv. &		
27098	BR		3.0	27196	BR		3.0
27100	15.0	120	5.0	27200	Sv. &		
27105	16.0	120	3.0	27201	BR		3.0
27110	18.0	120	3.0	27202	BR		3.0
27111	15.0	120	3.0	27210	Sv. &		
(27115 Muscle release, complete (hanging hip operation) BR	BR		5.0)	27211 more than one BR))			
<u>(27115 has been deleted, use 27299)</u>				27212	Sv. &		3.0
27120	24.0	120	6.0	27214	BR		4.0
27122	20.0	120	7.0	<u>(for external fixation, see 20690-20691)</u>			
27125	28.0	180	7.0	27220	Sv. &		
27126	26.0	180	6.0	27222	8.0	90	3.0
27127	34.0	180	7.0	27224	22.0	90	(5-0)
27130	40.0	180	(7-0)	27225	BR		(5-0)
(27131 complex BR	BR		7.0)	27230	Sv. &		
27135 Secondary reconstruction or revision of arthroplasty, any type BR	BR		7.0)	27232	9.5	90	3.0
27132	BR		7.0	27234	12.0	90	3.0
27134	BR		7.0	27235	20.0	180	4.0
27137	BR		7.0	27236	22.0	120	6.0
27138	BR		7.0	27238	Sv. &		
27140	12.0	90	3.0	27240	9.5	90	3.0
27146	24.0	120	4.0	27242	12.0	90	3.0
27147	27.0	120	4.0	27244	20.0	120	6.0
27151	30.0	120	4.0	27246	Sv. &		
27156	BR	120	5.0	27248	7.0	90	5.0
27157	BR	120	5.0	27250	Sv. &		
27158	BR		5.0	27252	4.8	120	3.0
27161	20.0	120	3.0	27253	15.0	180	5.0
27165	24.0	120	5.0	27254	17.0	120	5.0
27170	24.0	120	6.0	27255	22.0	180	5.0
27175	Sv. &						
27176	20.0	120	3.0				
27177	22.0	120	5.0				
27178	21.0	120	5.0				
27179	16.0	120	5.0				
27181	24.0	120	5.0				
27185	5.0	120	3.0				
27187	BR						
FRACTURES AND/OR DISLOCATIONS							
27190	Sv. &						
(27191 with manipulation BR	BR		3.0)				
27192	BR		3.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
*27256 Treatment of congenital hip dislocation, by abduction, splint or traction; any method	Sv.&		3.0	27330 Arthrotomy, knee; for synovial biopsy only	12.0	90	3.0
*27257 with manipulation requiring anesthesia	4.5	45	3.0	27331 with joint exploration, with or without biopsy, with or without removal of loose bodies	13.0	90	3.0
27258 Open treatment of congenital hip dislocation; replacement of femoral head in acetabulum (including tenotomy, etc.)	17.0	120	5.0	27332 Arthrotomy, knee, for excision of semilunar cartilage (meniscectomy); medial OR lateral	14.0	90	3.0
27259 with femoral shaft shortening	BR	120	5.0	27333 medial AND lateral	20.0	90	3.0
MANIPULATION				27334 Arthrotomy, knee, for synovectomy; anterior OR posterior	17.0	120	3.0
*27275 Manipulation, hip joint, requiring general anesthesia	*1.2	0	3.0	27335 anterior AND posterior including popliteal area	14.0	120	3.0
ARTHRODESIS				27340 Excision, prepatellar bursa	5.0	60	3.0
27280 Arthrodesis, sacroiliac joint (including obtaining graft)((; unilateral))	14.0	120	5.0	27345 Excision of synovial cyst of popliteal space (Baker's cyst)	8.0	60	3.0
((27281 bilateral	20.0	120	5.0	27350 Patellectomy or hemipatellectomy	12.0	90	3.0
<u>(27281 has been deleted, use 27280 and bilateral modifier -50)</u>				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, ((partial)) (craterization, saucerization or diaphysectomy), for (e.g., osteomyelitis, femur, proximal tibia and/or fibula); ...	10.0	60	3.0
27290 Interpelviabdominal amputation (hind quarter amputation)	29.0	120	11.0	((27361 with suction irrigation	13.0	120	3.0
27295 Disarticulation of hip	24.0	120	8.0	27365 Radical resection for tumor (bone or soft tissue)	BR+		3.0
MISCELLANEOUS				INTRODUCTION AND/OR REMOVAL			
27299 Unlisted procedure, pelvis or hip joint	BR		((5.0)) 7.0	(((For arthrocentesis or needling of bursa or joint, see 20640)			
AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)				(For removal of Rush pin, intramedullary rod, etc., see 20680))			
WAC 296-22-082 FEMUR (THIGH REGION) AND KNEE JOINT.				27370 Injection procedure for knee arthrography	0.6	0	
(Including tibial plateaus)				(For knee arthrography, see 73580, 73581)			
				27372 Removal foreign body, deep	BR		
				((27373 Arthroscopy, knee, diagnostic (separate procedure),	5.4		3.0
				27374 Arthroscopy, knee, surgical, debridement with cartilage shaving and/or drilling and/or resection of reactive synovium	17.3	30	3.0
				((27375 Arthroscopy, knee has been revised as 27373))			
				27376 with synovial biopsy	14.7	90	3.0
				27377 with removal of loose body	15.7	90	3.0
				27378 with partial meniscectomy	16.7	90	3.0
				27379 with plica resection and/or shelf resection	17.4	90	3.0
				(When knee arthroscopy is performed in conjunction with arthrotomy, see Modifier -50))			
				(For removal of knee prosthesis including total knee, see 27488)			
				((27373-27379 have been deleted, see 29870-29887))			
				REPAIR, REVISION OR RECONSTRUCTION			
				(((For repair of deep wound, see 20800))			
				27380 Suture of infrapatellar tendon; primary	11.0	90	3.0
				27381 secondary reconstruction, including fascial or tendon graft	BR		
				27385 Suture of quadriceps or hamstring muscle rupture; primary	13.0	90	3.0
				27386 secondary reconstruction, including fascial or tendon graft	15.0	90	3.0
				27390 Tenotomy, open, hamstring, knee to hip; single	6.0	45	3.0
				27391 multiple, one leg	6.0	90	3.0
				27392 multiple, bilateral	8.0	45	3.0
				27393 Lengthening of hamstring tendon; single	8.0	90	3.0
				27394 multiple, one leg	12.0	90	3.0
27323 Biopsy, soft tissues; superficial	1.2	7	3.0				
27324 deep	2.4	15	3.0				
27327 Excision, benign tumor; subcutaneous	3.0	7	3.0				
27328 deep, subfascial, or intramuscular	4.0	15	3.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27395 multiple, bilateral	16.0	120	3.0				
(For subcutaneous tenotomy, see 27300, 27302)							
27396 Transplant, hamstring tendon to patella; single	16.0	120	3.0	27445 ((prosthetic) Arthroplasty, knee, constrained, prosthesis (e.g., (Waldius) <u>Waldius</u> type)	28.0	120	3.0
27397 multiple	14.0	120	3.0	27446 Arthroplasty, knee, (total) condyle and plateau; medial OR lateral compartment	43.5	120	((3.0)) <u>5.0</u>
27400 Tendon or muscle transfer, hamstrings to femur (Eggers type procedure)	16.0	120	3.0	27447 medial AND lateral compartments with or without patella resurfacing ("total knee <u>replacement</u> ")	40.0	120	((3.0)) <u>5.0</u>
27403 Arthrotomy with open meniscus repair	14.0	120	3.0	(For revision of total knee arthroplasty, see 27487)			
27405 ((Suture) <u>Repair</u> , primary, torn (, ruptured or severed) ligament, (with or without meniscectomy) and/or capsule, knee; collateral	14.0	120	3.0	(For (removal) revision of total knee prosthesis, see 27488)			
27407 cruciate	16.0	120	3.0	27448 Osteotomy, femur, shaft or supracondylar, without fixation (, unilateral)	13.0	120	3.0
((27408 collateral, with pes anserinus transfer	14.0	120	3.0))	((27449 bilateral	15.0	120	3.0))
<u>(27408 has been deleted, use 27427)</u>				27450 ((Osteotomy, femur, shaft or supracondylar,) with fixation (, unilateral)	19.0	90	3.0
27409 collateral and cruciate ligaments	18.0	120	3.0	((27452 bilateral	24.0	120	3.0))
((27410 Suture, secondary repair, torn, ruptured, or severed ligament, with or without meniscectomy, knee, collateral OR cruciate ligament	19.0	120	3.0	27454 Osteotomy, multiple, femoral shaft, with realignment on intramedullary rod (Sofield type procedure)	20.0	90	3.0
27411 medial ligament and capsule	19.0	120	3.0	27455 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock knee)), (unilateral) before epiphyseal closure	12.0	90	3.0
27413 collateral or cruciate ligament, with pes anserinus transfer or fascial or tendon graft	23.0	120	3.0	27457 after epiphyseal closure	14.0	90	3.0
27414 Suture, secondary repair, torn, ruptured, or severed ligament with or without meniscectomy, knee, collateral AND cruciate ligaments	22.0	120	3.0	((27460 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock knee), bilateral, before epiphyseal closure	18.0	90	3.0
27415 with pes anserinus transfer or fascial or tendon graft	23.0	120	3.0	27462 after epiphyseal closure	21.0	90	3.0
27416 Advancement, pes anserinus, Slocum type procedure, (separate procedure)	14.0	120	3.0	<u>(27460 has been deleted, use 27455 with modifier -50)</u>			
<u>(27410-27416 have been deleted, use 27427-27429)</u>				<u>(27462 has been deleted, use 27457 with modifier -50)</u>			
27418 Anterior tibial tubercle plasty for chondromalacia patellae (Maquet procedure)	14.0	120	3.0	27465 Osteoplasty, femur; shortening (excluding 64876)	20.0	180	3.0
27420 Reconstruction for recurrent dislocating patella; (Hauser type procedure)	14.0	120	3.0	27466 lengthening	26.0	180	3.0
27422 with extensor realignment and/or muscle advancement or release (Campbell, Goldthwaite, etc., type procedure)	15.0	120	3.0	27468 combined, lengthening and shortening with femoral segment transfer	40.0	180	4.0
27424 with patellectomy	17.0	120	3.0	27470 Repair, nonunion or malunion, femur, distal to head and neck; without graft (e.g., compression technic, etc.)	20.0	120	3.0
27425 Lateral retinacular release (any method)	6.0	120	3.0	27472 with iliac or other autogenous bone graft (includes obtaining graft)	23.0	120	3.0
27427 Reconstruction (augmentation) knee; extra-articular	14.0	120	3.0	27475 Epiphyseal arrest by epiphysiodesis or stapling; distal femur	14.0	120	3.0
27428 intra-articular (open)	16.0	120	3.0	27477 tibia and fibula, proximal	16.0	120	3.0
27429 intra-articular (open) and extra-articular	23.0	120	3.0	27479 combined, distal femur, proximal tibia and fibula	20.0	120	3.0
<u>(When performed with primary repair, use in addition to the code for the primary repair)</u>				27485 Arrest, hemiepiphyseal, distal femur or proximal leg (e.g., for genu varus or valgus)	11.0	120	3.0
27430 Quadriceps plasty (Bennett or Thompson type)	15.0	120	3.0	27486 Revision of total knee arthroplasty; one component	BR		3.0
27435 Capsulotomy, knee, posterior capsular release	14.0	90	3.0	27487 ((Secondary reconstruction for revision of total knee arthroplasty)) all components	BR		
((27436 Arthroscopy, knee, with internal fixation of osteochondral fragment	BR		3.0	27488 Removal of knee prosthesis, including "total knee"	BR		
<u>(When knee arthroscopy is performed in conjunction with arthrotomy, see modifier=50))</u>				((27490 Arthroscopy, knee, for meniscus repair (meniscorhesis)	BR		3.0
<u>(27436 has been deleted, see 29887)</u>				<u>(When knee arthroscopy is performed in conjunction with arthrotomy, add modifier=50))</u>			
27437 Arthroplasty, patella; without prosthesis	BR		3.0	<u>(27490 has been deleted, use 29882)</u>			
27438 with prosthesis	22.0	120	3.0	27495 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methyl methacrylate, femur	BR		
27440 Arthroplasty, knee, tibial plateau;	20.0	120	3.0				
27441 with debridement and partial synovectomy	BR	120	3.0				
27442 Arthroplasty, knee, femoral condyles or tibial plateaus	24.0	120	3.0				
27443 with debridement and partial synovectomy	BR						
((27444 Arthroplasty, knee, total; fascial	28.0	120	3.0))				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
FRACTURES AND/OR DISLOCATION				((For recurrent dislocation, see 27420-27424))			
27500				MANIPULATION			
27500	Sv.&			*27570			
27502	7.0	90	3.0	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	*1.2	0	3.0
27504				ARTHRODESIS			
27506	11.0	90	3.0	27580	Fusion of knee, any technique	20.0	120 3.0
27508				AMPUTATION			
27510	19.0	90	((3-0)) 4.0	27590	Amputation, thigh, through femur, any level;	14.5	120 4.0
27512	Sv.&			27591	immediate fitting technique including first cast	BR	30 3.0
27514	8.0	90	3.0	27592	open, circular (guillotine)	14.0	120 4.0
27516				27594	secondary closure or scar revision	Sv.&	3.0
27517	12.0	90	3.0	27596	reamputation	BR+	4.0
27518				27598	Disarticulation at knee	14.0	120 4.0
27519	20.0	90	((3-0)) 4.0	MISCELLANEOUS			
27520				27599	Unlisted procedure, femur or knee	BR	((3-0)) 4.0
27522	SV			AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)			
27524	7.0	120	3.0	WAC 296-22-087 LEG (TIBIA AND FIBULA) AND ANKLE JOINT.			
27526							
27528	8.0	120	3.0				
27530							
27532	18.0	120	((3-0)) 4.0				
27534							
27536	Sv.&						
27538	4.0	90	3.0				
27540							
27542	12.0	90	3.0				
27544							
27546	5.0	90	3.0				
27548							
27550	8.0	90	3.0				
27552							
27554	14.0	90	3.0				
27556							
27558	16.0	120	3.0				
27560							
27562	Sv.&						
27564	14.0	90	3.0				
27566							
27568	3.6	45	3.0				
27570							
27572	7.0	45	3.0				
27574							
27576	15.0	90	3.0				
27578	BR	120	3.0				
27580							
27582	Sv.&						
27584							
27586							
27588							
27590							
27592							
27594							
27596							
27598							
27600							
27602							
27604							
27606							
27608							
27610							
27612							
27614							
27616							
27618							
27620							
27622							
27624							
27626							
27628							
27630							
27632							
27634							
27636							
27638							

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27640				(For osteotomy to correct genu varus (bowleg) or genu valgus (knock-knee), see 27455-27462)			
				27715			
27641	12.0	60	3.0	Osteoplasty, tibia and fibula, lengthening	24.0	90	3.0
27645	10.0	60	3.0	27720			
27646	BR		3.0	Repair of nonunion or malunion, tibia, without graft (e.g., compression technic, etc.)	18.0	90	3.0
27647	BR		3.0	27722			
INTRODUCTION OR REMOVAL				27724			
(((For arthrocentesis or needling of bursa or joint, see 20605)))				27725			
(For removal of Rush pin, intramedullary rod, Lottes nail, etc., see 20680))				27727			
27648				27730			
	BR			Epiphyseal arrest by epiphysodesis or stapling, distal tibia	12.0	120	3.0
(For ankle arthrography, see 73615)				27732			
(For ankle arthroscopy, see 27850-27853)				27734			
REPAIR, REVISION OR RECONSTRUCTION				27740			
(((For repair of deep wound, see 20000)))				27742			
27650				(For epiphyseal arrest of proximal tibia and fibula, see 27477)			
				27745			
27652	11.0	120	3.0	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methyl methacrylate, tibia	BR		
27654	14.0	120	3.0	FRACTURES AND/OR DISLOCATIONS			
27656	14.0	120	3.0	27750			
27658	6.0	45	3.0	Treatment of closed tibial shaft fracture; without manipulation	Sv. & 5.0	90	3.0
27659	6.0	90	3.0	27752			
				Treatment of open tibial shaft fracture, with uncomplicated soft tissue closure	6.5	90	3.0
27664	8.0	90	3.0	27756			
				Open treatment of closed or open tibial shaft fracture, with internal (or external) skeletal fixation; simple	12.0	90	3.0
27665	4.0	90	3.0	27758			
				complicated	17.9	120	3.0
27666	6.0	90	3.0	27760			
27675	5.0	90	3.0	Treatment of closed distal tibial fracture (medial malleolus); without manipulation	Sv. & 3.0	90	3.0
27676	6.0	90	3.0	27762			
27680	5.0	60	3.0	Treatment of open distal tibial fracture (medial malleolus) with uncomplicated soft tissue closure	4.4	90	3.0
27681	6.0	60	3.0	27766			
27685	7.0	90	3.0	Open treatment of closed or open distal tibial fracture (medial malleolus), with fixation	9.0	90	3.0
27686	8.0	120	3.0	27780			
27687	7.0	120	3.0	Treatment of closed proximal fibula or shaft fracture; without manipulation	Sv. & 3.0	90	3.0
(Toe extensors are considered as a group to be a single tendon when transplanted into midfoot)				27781			
27690				27782			
				Treatment of open proximal fibula or shaft fracture, with uncomplicated soft tissue closure	4.0	90	3.0
27691	8.0	120	3.0	27784			
				Open treatment of closed or open proximal fibula or shaft fracture, with or without internal or external skeletal fixation	8.0	90	3.0
27692	10.0	120	3.0	27786			
27695	2.0			Treatment of closed distal fibular fracture (lateral malleolus); without manipulation	Sv. & 3.0	90	3.0
27696	10.0	120	3.0	27788			
27698	14.0	120	3.0	Treatment of open distal fibular fracture (lateral malleolus), with uncomplicated soft tissue closure	4.0	90	3.0
27700	BR		3.0	27792			
27702	BR		3.0	Open treatment of closed or open distal fibular fracture (lateral malleolus), with fixation	9.0	90	3.0
27703	BR		3.0	27800			
27704	BR		3.0	Treatment of closed tibia and fibula fractures, shafts; without manipulation	Sv. & 6.5	90	3.0
27705	12.0	90	3.0	27802			
27707	7.0	90	3.0	Treatment of open tibia and fibula fractures, shafts, with uncomplicated soft tissue closure (e.g., "pins above and below")	8.0	90	3.0
27709	14.0	90	3.0	27806			
27712	18.0	90	3.0	Open treatment of closed or open tibia and fibula fractures, shafts, with or without internal or external skeletal fixation	14.5	90	3.0
				27808			
				Treatment of closed bimalleolar ankle fracture, (including Potts); without manipulation	Sv. &		

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-22-091 FOOT.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27810		90	3.0				
27812	5.0	90	3.0				
27814	6.5	90	3.0				
27816	12.0	90	3.0				
27818	Sv. & 6.0	90	3.0				
27820	7.0	90	3.0				
27822	14.5	90	3.0				
27823	18.0	120	3.0				
27830	Sv. & BR		3.0				
27831	BR		3.0				
27832	8.0	90	3.0				
27840	Sv. & *2.0	45	3.0				
*27842	3.2	45	3.0				
27844	3.2	45	3.0				
27846	12.0	90	3.0				
27848	9.0	90	3.0				
ARTHROSCOPY							
((27850) Arthroscopy, ankle, diagnostic (separate procedure)	6.0		3.0				
27851 Arthroscopy, ankle, surgical, debridement with cartilage shaving and/or drilling and/or resection of reactive synovium	BR		3.0				
27852 with synovial biopsy	8.0	90	3.0				
27853 with removal of loose body	9.0	90	3.0				
(When ankle arthroscopy is performed in conjunction with arthrotomy, see modifier -51))							
(27850 has been deleted, use 29890)							
(27851-27853 have been deleted, use 29890-29898)							
MANIPULATION							
*27860	*1.0	0	3.0				
ARTHRODESIS							
27870	17.0	120	3.0				
27871	BR	120	3.0				
AMPUTATION							
27880	12.0	90	4.0				
27881	12.0	90	4.0				
27882	10.5	90	4.0				
*27884	*Sv. & 3.0		3.0				
27886	BR		4.0				
27888	12.0	90	3.0				
27889	12.0	120	3.0				
MISCELLANEOUS							
27899	BR		((3.0)) 4.0				

INCISION

(For incision and drainage procedures, superficial, see 10000-10160)

*28001	SV						
*28002	BR		3.0				
28003	BR		3.0				
((28004) multiple areas with suction irrigation	BR		3.0				
28005	BR		3.0				
((28006) with suction irrigation	BR		3.0				
28008	2.4	60	3.0				
((*)28010	*0.8	0	3.0				
((*)28011	*1.2	0	3.0				
(For open tenotomy, see 28230, 28234)							
28020	6.0	60	3.0				
28022	3.6	60	3.0				
28024	2.4	60	3.0				
28030	BR		3.0				
28035	8.0	60	3.0				

EXCISION

(For toenail, see 11730-11750)

28043	3.0	7	3.0				
28045	4.0	15	3.0				
28050	6.0	60	3.0				
28052	3.6	60	3.0				
28054	2.4	60	3.0				
28060	6.0	60	3.0				
28062	BR		3.0				
(For plantar fasciotomy, see 28008, 28250)							
28070	6.0	90	3.0				
28072	3.6	90	3.0				
28080	3.6	30	3.0				
28086	6.0	90	3.0				
28088	6.0	90	3.0				
28090	3.6	30	3.0				
28092	2.4	30	3.0				
28100	6.0	60	3.0				
28102	7.0	120	3.0				
28103	8.0	120	3.0				
28104	4.8	60	3.0				
28106	5.6	120	3.0				
28107	6.6	120	3.0				
28108	3.6	60	3.0				
((28109) with homogenous bone graft	4.6	60	3.0				
(For ostectomy, partial (e.g., hallux valgus, Silver type procedure) see 28290)							
(28109 has been deleted, see 28899)							

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
28110	Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	2.4	60	3.0	(Kidner type procedure)	7.0	120	3.0
28111	Osteotomy, complete excision of first metatarsal head	7.0	90	3.0	(For subcutaneous tenotomy, see 28010, 28011)			
28112	other metatarsal head (second, third or fourth)	4.0	60	3.0	(For transfer or transplant of tendon with muscle redirection or rerouting, see 27690-27692)			
28113	fifth metatarsal head	1.0	90	3.0				
28114	all metatarsal heads with ((<u>partial</u>)) proximal ((<u>phalangectomies</u>)) <u>phalangectomy excluding first metatarsal head</u> (Clayton type procedure)	12.0	60	3.0	(For extensor hallucis longus transfer, great toe, IP fusion, see 28760)			
28116	Osteotomy, excision of tarsal coalition	7.0	60	3.0	28240 Tenotomy or release, abductor hallucis muscle ((<u>McCaughey type procedure</u>))	3.6	60	3.0
28118	Osteotomy, calcaneus; partial ((<u>Cotton scoop type procedure</u>))	7.0	60	3.0	28250 Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)	6.0	60	3.0
28119	for spur, with or without plantar fascial release	BR		3.0	28260 Capsulotomy, midfoot; medial release only (separate procedure)	BR		3.0
28120	Partial excision of bone (craterization, saucerization, sequestrectomy, or diaphysectomy) for osteomyelitis, talus or calcaneus;	6.0	60	3.0	28261 with tendon lengthening	BR		3.0
((28121 with suction irrigation	7.0	60	3.0	28262 extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity	BR		3.0	
28122	Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, tarsal or metatarsal bone, except talus or calcaneus;	4.8	60	3.0	28264 Capsulotomy, midtarsal (Heyman type procedure)	12.0	90	3.0
((28123 with suction irrigation	5.0	60	3.0	28270 Capsulotomy for contracture, metatarsophalangeal joint, with or without tenorrhaphy, single, each joint (separate procedure)	3.0	60	3.0	
28124	Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, phalanx	3.6	60	3.0	28272 interphalangeal joint, single, each joint (separate procedure)	1.4	60	3.0
28126	Condylectomy, phalangeal base, single toe, each	8.0	60	3.0	28280 Webbing operation (create syndactylism of toes) for soft corn (Kelikian type procedure)	3.6	46	3.0
28130	Talectomy (astragalectomy)	10.0	120	3.0	28285 Hammer toe operation, one toe (e.g., interphalangeal fusion, filleting, phalangectomy) (separate procedure)	4.8	90	3.0
28135	Calcanectomy	10.0	120	3.0	28286 for cock-up fifth toe with plastic skin closure, (Ruiz-Mora type procedure)	3.6	120	3.0
28140	Metatarsectomy	6.0	60	3.0	28288 Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, second through fifth, each metatarsal head, (separate procedure)	7.0	120	3.0
28150	Phalangectomy, single, each	3.6	30	3.0	28290 Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)	4.8	60	3.0
28153	Resection, head of phalanx	6.0	30	3.0	28292 Keller, McBride or Mayo type procedure	7.0	90	3.0
28160	Hemiphalangectomy or interphalangeal joint excision, single, each	3.0	30	3.0	28293 resection of joint with implant	8.0	120	3.0
28171	Radical resection for tumor; tarsal (except talus or calcaneus)	BR		3.0	28294 with tendon transplants (Joplin type procedure)	9.5	90	3.0
28173	metatarsal	BR		3.0	28296 with metatarsal osteotomy (Mitchell <u>Chevron</u> or ((<u>Epidus</u>)) <u>concentric type procedure</u>)	9.5	120	3.0
28175	phalanx	BR		3.0	28297 <u>Lapidus type procedure</u>	9.5	120	3.0
	(For talus or calcaneus, see 27647)				28298 ((<u>Hallux valgus (bunion) correction</u>)) by phalanx osteotomy	7.0	120	3.0
	INTRODUCTION AND/OR REMOVAL				28299 by other methods (e.g., double osteotomy)	BR		3.0
	((For arthrocenteses (injections or aspiration), see 20600-20605)				28300 Osteotomy; calcaneus (Dwyer or Chambers type procedure) with or without internal fixation	9.5	90	3.0
	(For K wire or pin insertion or removal; see 20650, 20670))				28302 talus	9.0	90	3.0
28190	(()Remove foreign body; subcutaneous	BR		3.0	28304 Osteotomy, midtarsal bones, other than calcaneus or talus;	8.0	90	3.0
28192	deep	BR		3.0	28305 with autogenous graft (includes obtaining graft) (Fowler type)	9.0	120	3.0
28193	complicated	BR		3.0	28306 Osteotomy, metatarsal, base or shaft, single, for shortening or angular correction; first metatarsal	7.0	90	3.0
	REPAIR, REVISION OR RECONSTRUCTION				28308 other than first metatarsal	5.6	90	3.0
28200	Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon	6.0	90	3.0	28309 Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)	BR	120	3.0
28202	secondary with free graft, each tendon (includes obtaining graft)	8.0	90	3.0	28310 Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	2.8	90	3.0
28208	Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon	2.8	90	3.0	28312 other phalanges, any toe	2.0	90	3.0
28210	secondary with free graft, each tendon (includes obtaining graft)	4.4	90	3.0	28315 Sesamoidectomy, first toe (separate procedure)	BR		3.0
28220	Tenolysis, flexor, single	5.0	60	3.0	28320 Repair of nonunion or malunion; tarsal bones (calcaneus, talus, etc.)	BR		3.0
28222	multiple (through same incision)((<u>each</u>))	((6-8)) BR	60	3.0	28322 metatarsal, with or without bone graft (includes obtaining graft)	4.8	120	3.0
28225	Tenolysis, extensor; single	2.8	60	3.0				
28226	multiple (through same incision)((<u>each</u>))	((3-6)) BR	60	3.0				
28230	Tenotomy, open, flexor, foot, single or multiple (separate procedure)	3.0	30	3.0				
28232	toe, single (separate procedure)	1.4	30	3.0				
28234	Tenotomy, open, extensor, foot or toe	1.0	30	3.0				
28236	Transfer of tendon, anterior tibial into tarsal bone ((<u>e.g., Lowman-Young type procedure</u>))	5.0	120	3.0				
28238	Advancement of posterior tibial tendon with excision of accessory navicular bone							

NEW SECTION

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
29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	5.4	30	3.0
29871 Arthroscopy, knee, surgical; for infection, lavage and drainage	5.8	90	3.0
29872 for infection, lavage and drainage with suction irrigation	6.0	90	3.0
29874 for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	15.7	90	3.0
29875 synovectomy, limited (e.g., plica or shelf resection)	17.0	90	3.0
29876 synovectomy, major, two or more compartments (e.g., medial or lateral)	17.4	90	3.0
29877 debridement/shaving of articular cartilage (chondroplasty)	17.3	90	3.0
29879 abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling	17.6	90	3.0
29881 with meniscectomy (medial or lateral including any meniscal shaving)	16.7	90	3.0
29882 with meniscus repair (medial or lateral)	17.6	90	3.0
29884 with lysis of adhesions with or without manipulation (separate procedure)	15.7	90	3.0
29886 drilling for intact osteochondritis dissecans lesion	17.3	90	3.0
29887 drilling for intact osteochondritis dissecans lesion with internal fixation	17.6	90	3.0
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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-015 HEAD AND NECK.

	Unit Value
((70002) Pneumoencephalography, supervision and interpretation only	16.0
70003 complete procedure	40.0
(For injection procedure only for pneumoencephalography, see 62286))	
(70002, 70003 have been deleted. To report, use 76499)	

70010 Myelography, posterior fossa supervision and interpretation only	BR
70011 complete procedure	BR
(For injection procedure, see 61052)	
70015 Cisternography, positive contrast; supervision and interpretation only	BR
70016 complete procedure	BR
(For injection procedure only for cisternography, see 61053)	
((70020) Ventriculography, air or positive contrast supervision and interpretation only	8.0
70021 positive contrast, supervision and interpretation only	24.0
(For injection procedures for ventriculography, see 61025, 61030, 61120)	
70022 Stereotaxic localization	BR))
(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
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	10.0
(For injection procedure for dacryocystography, see 68850)	
70190 Radiologic examination, optic foramina	6.0
70200 orbits, complete, minimum of four views	8.0
70210 Paranasal sinuses, less than three views	5.0
70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views ((without contrast studies))	8.8
((70230) with contrast studies, supervision and interpretation only	10.0
70231 with contrast studies, complete procedure	16.0))
(70230, 70231 have been deleted. To report, use 76499)	
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 or without stereo	12.0
70300 Radiologic examination, teeth, single view	2.0
70310 partial examination, less than full mouth	4.0
70320 complete examination, full mouth	8.0
70328 Radiologic examination, temporomandibular joints, unilateral, open and closed mouth	6.0
70330 bilateral	8.8
70332 Temporomandibular joint arthrotomography (includes a contrast arthrogram and appropriate laminographic studies); supervision and interpretation only	8.4
70333 complete procedure	21.1
(For injection procedure only for arthrotomography, see 21116)	
70350 Cephalogram (orthodontic)	4.0
70355 Orthopantomogram	10.0
70360 Radiologic examination, neck for soft tissues	4.0

	Unit Value
70370 pharynx or larynx, including fluoroscopy and/or magnification technique	8.0
70373 Laryngography, contrast; supervision and interpretation only	9.6
70374 complete procedure	24.0
(For injection procedure only for laryngography, see 31708)	
70380 Radiologic examination, salivary gland for calculus	6.4
70390 Sialography supervision and interpretation only	3.2
70391 complete procedure	8.0
(For injection procedure only for sialography, see 42550)	
70400 Orbitography, air or positive contrast; supervision and interpretation only	BR
70401 complete procedure	BR
(For injection procedure only for orbitography, see 67510)	
70450 Computerized axial tomography, head or brain; without contrast material	58.0
70460 with contrast material	64.0
70470 without intravenous contrast material, followed by contrast materials 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	64.0
70482 without contrast material, followed by contrast material 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 issue 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)	

((70550))
70540 Magnetic resonance (e.g., proton) imaging; ((brain)) orbit, face and neck

((70552))
70551 Magnetic resonance imaging (e.g., proton) imaging; brain (including brain stem)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, filed [effective] 4/1/86)

WAC 296-23-020 CHEST.

(71000 Chest minifilm has been deleted)

	Unit Value
71010 radiologic examination, chest, single view, frontal	4.0
71015 stereo, frontal	5.0
71020 radiologic examination, chest, two views, frontal and lateral;	7.0
71021 with apical lordotic procedure	7.2
71022 with oblique projections	7.2
71023 with fluoroscopy	7.2
71030 radiologic examination, chest, complete, minimum of four views;	8.0

	Unit Value
71034 with fluoroscopy	10.0
(For separate chest fluoroscopy, see 76000)	
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
(For biopsy procedure, see 32420)	
71040 Bronchography, unilateral; supervision and interpretation only	5.6
71041 complete procedure	14.0
71060 bronchography, bilateral; supervision and interpretation only	8.8
71061 complete procedure	22.0
(For injection procedure only for bronchography, see 31715, 31710)	
71090 Insertion pacemaker, fluoroscopy and radiography, supervision and interpretation only	BR
71100 Ribs, unilateral, minimum of two views	7.2
71101 including posteroanterior chest; minimum of three views	11.2
71110 bilateral, minimum of three views	10.0
71111 including posteroanterior chest, minimum of four views	14.0
71120 Sternum, minimum of two views	6.0
71130 Sternoclavicular joint(s), minimum of three views ..	6.0
71250 Computerized tomography, thorax; without contrast material	77.0
71260 with contrast material(s)	84.0
71270 without contrast material, followed by contrast material and further sections	90.0
(For coronal, sagittal, and/or oblique sections, see 76375)	
71550 Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy)	((BR)) 120.0

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

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-025 SPINE AND PELVIS.

	Unit Value
72010 Spine, entire, survey study (A-P & lateral)	16.0
72020 Radiologic examination, spine, single view, specify level	6.5
72040 cervical, A-P and lateral	6.0
72050 complete, minimum of four views	10.0
72052 including oblique and flexion and extension views	15.2
72070 thoracic, A-P and lateral	9.0
72072 thoracic, A-P and lateral, including swimmer's view of the cervicothoracic junction	12.0
72074 thoracic, complete inc. obliques, minimum of four views	16.0
72080 thoraco-lumbar, A-P and lateral	9.0
72090 scoliosis study, including supine and erect studies	6.0
72100 lumbo-sacral, A-P and lateral	9.0
72110 lumbosacral, complete, with oblique views	16.0
72114 including bending views	18.5
72120 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
(For injection procedure 72127, 72129, 72130, 72133, see 62284)	
72128 Computerized axial tomography, thoracic spine; without contrast material	62.4
72129 with contrast material	72.8

	Unit Value
((For injection procedure, see 62284))	
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 injection procedure, see 62284))	
(For coronal, sagittal, and/or oblique sections, see 76375)	
((72140 Magnetic resonance (e.g., proton) imaging, spinal cord))	
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 Pelvis, A-P only	5.0
72180 stereo	6.4
72190 complete, minimum of three views	8.0
(For pelvimetry, see 74710)	
72192 Computerized tomography, pelvis; without contrast material	
72193 with contrast material(s)	
72194 without contrast material, followed by contrast material(s) and further sections	
(For pelvimetry, see 74710)	
72200 Sacro-iliac joints, less than three views	5.0
72202 complete, minimum of three views	8.0
72220 Sacrum and coccyx, minimum of two views	6.4
72240 Myelography, cervical supervision and interpretation only	7.2
72241 complete procedure	18.0
72255 thoracic supervision and interpretation only	7.2
72256 complete procedure	18.0
72265 lumbosacral supervision and interpretation only	7.2
72266 complete procedure	18.0
72270 entire spinal canal supervision and interpretation only	12.0
72271 complete procedure	30.0
(For injection procedures for myelography, see 62284)	
72285 Diskography, cervical supervision and interpretation only	8.0
72286 complete procedure	20.0
72295 lumbar supervision and interpretation only	8.0
72296 complete procedure	20.0
(For injection procedures for diskography, see 62290, 62291)	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-030 UPPER EXTREMITIES.

	Unit Value
73000 Clavicle	4.8
73010 Scapula	6.0
73020 Shoulder, limited, one view	4.0
73030 complete, minimum of two views	6.0
73040 arthrography supervision and interpretation only	4.0
73041 complete procedure	10.0
(For injection procedure for arthrography, see 23350)	
73050 Acromio-clavicular joints, bilateral, with or without weighted distraction	7.0
73060 Humerus, minimum of two views	4.8

	Unit Value
73070 Elbow, limited, A-P and lateral	4.8
73080 complete, minimum of three views	6.0
73085 Radiologic examination, elbow, arthrography; supervision and interpretation only	4.0
73086 complete procedure	10.0
(For injection procedure only for arthrography, see 24220)	
73090 Forearm, including one joint, A-P and lateral	4.8
((73092 upper extremity, infant, minimum of two views) 3.6))	
73100 Wrist, limited, A-P and lateral	4.0
73110 complete, minimum of three views	6.0
73115 Radiologic examination, wrist, arthrography; supervision and interpretation only	4.0
73116 complete procedure	10.0
(For injection procedure only for arthrography, see 25246)	
73120 Hand, limited, minimum of two views	4.0
73130 complete, minimum of three views	6.0
73140 Finger(s), minimum of two views	3.6
73200 Computerized 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
(For coronal, sagittal and oblique sections, see 76375)	
73220 Magnetic resonance (e.g., proton) imaging, upper extremity	120.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-035 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, complete minimum of two views of each hip (including A-P of pelvis)	9.6
73525 Radiologic examination, hip, arthrography; supervision and interpretation only	BR
73526 complete procedure	BR
(For injection procedure only for arthrography, see 27093, 27094)	
73530 Radiologic examination, hip, during operative procedure (up to four studies)	16.0
((73531 each additional study, over four) 3.0)	
73540 Radiologic examination, hip and pelvis, infant or child, minimum of two views	6.4
73550 Radiologic examination, femur (thigh), A-P and lateral	6.0
73560 Radiologic examination, knee, A-P and lateral	4.4
73562 A-P and lateral, with oblique(s), minimum three views	6.4
73564 complete, including obliques, and/or tunnel, and/or patella and/or standing views	8.4
73580 Radiologic examination, knee, arthrography supervision and interpretation only	6.4
73581 complete procedure	16.0
(For injection procedure for arthrography, see 27370)	
73590 Radiologic examination, tibia and fibula (leg), including one joint, A-P and lateral	4.8
73592 lower extremity, infant, minimum of two views	4.0
73600 Radiologic examination, ankle, limited, A-P and lateral	4.4
73610 complete, minimum of three views	6.0
73615 Radiologic examination, ankle, arthrography; supervision and interpretation only	4.0
73616 complete procedure	10.0
(For injection procedure only for arthrography, see 27648)	
73620 Radiologic examination, foot, limited, A-P and lateral	4.0
73630 complete, minimum of three views	5.6

	Unit Value		Unit Value
73650 Radiologic examination, calcaneus, minimum of two views	4.4		
73660 Toe(s), minimum of two views	3.6		
73700 Computerized tomography, lower extremity; without contrast material	58.0	((74325 Diagnostic pneumoperitoneum; supervision and interpretation only	BR
73701 with contrast material(s)	64.0	74326 complete procedure	BR
73702 without contrast material, followed by contrast materials and further sections	71.0		
(For coronal, sagittal and/or oblique sections, see 76375)		(For injection procedure only for pneumoperitoneum, see 49400))	
74181 <u>Magnetic resonance (e.g., proton) imaging, lower extremity.....</u>	<u>120.0</u>	(74325,74326 have been deleted. To report use 76499)	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-040 ABDOMEN.

	Unit Value		Unit Value
74000 Abdomen, single view (KUB) A-P	6.0		
74010 with additional oblique or cone view	8.0		
74020 complete, includes ducubitus and/or erect views	11.0		
74022 complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest	BR	74327 Postoperative biliary duct stone removal, fluoroscopic monitoring and radiography	BR
74150 Computerized tomography, abdomen; without contrast material	77.0	74328 Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography	BR
74160 with contrast material	84.0	74329 Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography ..	BR
74170 without contrast material, followed by contrast material and further sections	90.0	74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography	BR
(For coronal, sagittal and/or oblique sections, see 76375)		(74331 has been deleted. For endoscopic sphincterotomy, use 43262)	
74181 <u>Magnetic resonance (e.g., proton) imaging, abdomen.....</u>	<u>120.0</u>	74340 Introduction of long gastrointestinal tube (e.g., Miller-Abbott), with multiple fluoroscopies and films	BR

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-045 GASTROINTESTINAL TRACT.

	Unit Value		Unit Value
74210 Pharynx and/or cervical esophagus	8.8		
74220 Esophagus	8.8		
74230 Swallowing function, pharynx and/or esophagus, by cineradiography and/or video	12.0		
74235 Removal of foreign body(s), esophageal, with use of ((Foley-type)) balloon catheter under fluoroscopic guidance	BR	74350 <u>Percutaneous placement of gastrostomy tube; radiological guidance only</u>	<u>BR</u>
74240 Upper gastrointestinal tract, with or without delayed films, without KUB	14.0	74351 <u>complete procedure</u>	<u>BR</u>
74241 with KUB	15.2	(For endoscopic approach, use 43246)	
74245 with small bowel, includes multiple serial films ..	17.6	74355 <u>Percutaneous placement of enteroclysis tube; radiologic guidance only</u>	<u>BR</u>
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	74356 <u>complete procedure</u>	<u>BR</u>
74247 with KUB	BR	(For surgical procedure only, use 44015)	
74249 with small bowel follow through	BR	74360 <u>Intraluminal dilation of strictures and/or obstructions (e.g., esophagus or biliary tree); radiologic guidance only</u>	<u>BR</u>
74250 Small bowel, includes multiple serial films	14.0	74361 <u>complete procedure</u>	<u>BR</u>
74260 Duodenography, hypotonic	BR	(For dilation only, use 43455 or 47555)	
74270 Colon, barium enema	12.0		
74280 Air contrast with specific high density barium with or without glucagon	14.0	AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)	
((74285 high kilovoltage technique for polyp study	BR	WAC 296-23-050 URINARY TRACT.	
74290 Cholecystography, oral contrast	9.6		
74291 repeat examination, same study or multiple exam	4.8		
74300 Cholangiography((operative)) and/or pancreatography; during surgery	10.0	74400 Urography, (pyelography) intravenous, ((including kidneys, ureters, and bladder)) with or without KUB	15.2
74301 ((operative,)) additional set during surgery	3.0	74405 with special hypertensive contrast concentration and/or clearance studies	16.0
74305 postoperative	12.0	74410 Urography, infusion, drip technique and/or bolus technique;	20.0
(For biliary duct stone extraction, percutaneous, see 47630; via basket catheter, see 74327)		74415 with nephrotomography	26.0
74310 intravenous	16.0	74420 Urography retrograde, with or without KUB	12.0
74315 oral	12.0	74425 Urography, antegrade, (pyelostogram, nephrostogram, loopogram); supervision and interpretation only	BR
74320 percutaneous, transhepatic supervision and interpretation only	6.4	74426 complete procedure	BR
74321 complete procedure	16.0	(For injection procedure only, see 50394, 50684, 50690)	
		74430 Cystography, minimum of three views, supervision and interpretation only	3.5
		74431 Cystography, complete procedure	8.8
		(For injection procedure for cystography, see 51600, 51605)	
		74440 Vasography, vesiculography, or epididymography supervision and interpretation only	3.5
		74441 complete procedure	8.8
		(For injection procedure, see 52010, 52110, 55300)	
		74445 Corpora cavernosography; supervision and interpretation only	BR

	Unit Value
74446 complete procedure	BR
(For injection procedure only, see 54230)	
74450 Urethrocytography, retrograde	3.8
74451 complete procedure	9.6
74455 voiding	5.6
74456 complete procedure	14.0
(For injection procedure only for voiding urethrocytography, see 51600)	

(74460 Retroperitoneal pneumography	4.8
74461 complete procedure	12.0
(For injection procedure for retroperitoneal pneumography, see 49430))	
(74460, 74461 have been deleted. To report use 76499)	

74470 Translumbar renal cyst study ((f)), translumbar, contrast visualization((f) or antegrade urography); supervision and interpretation only	4.0
74471 complete procedure	10.0

(For injection procedure only for translumbar renal cyst study, see 50390)

74475 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, with fluoroscopic monitoring and radiography; supervision and interpretation only	BR
74476 complete procedure	BR
(For injection procedure only, see 50392)	

74480 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, with fluoroscopic monitoring and radiography; supervision and interpretation only	BR
74481 complete procedure	BR

(For injection procedure only, see ((50393)) 50392 - 50398)

74485 Dilation of nephrostomy or ureters with fluoroscopic monitoring and radiography; supervision and interpretation only	BR
74486 complete procedure	BR

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-055 FEMALE GENITAL TRACT.

	Unit Value
(For abdomen and pelvis, see 74000-74170, 72170-72190)	
74710 Pelvimetry with or without placental localization ..	10.0
74720 Abdomen for fetal age, fetal position and/or placental localization, single view	4.0
74725 multiple views	6.0
((74730 Placentography with contrast cystography; supervision and interpretation only	BR
74731 complete procedure	BR
74740 Hysterosalpingography supervision and interpretation only	4.3
74741 complete procedure	10.8
(For injection procedure for hysterosalpingography, see 58340)	

((74760 Pelvic pneumography	4.0
74761 complete procedure	10.0

(For injection procedure for pelvic pneumography, see 49440)

74770 Radiologic examination, fetal study, intrauterine contrast visualization, supervision and interpretation only	BR
74771 complete procedure	BR
74775 Perineogram (e.g., vaginogram, for sex determination or extent of anomalies)	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-065 VASCULAR SYSTEM.

(For vascular injection procedures, see 36000-36299)

(For cardiac fluoroscopy, see 93280)

(For cardiac catheterization, see 93501-93599)

When multiple vascular radiographic procedures are performed at the same time (e.g., aortic arch study plus renal arteriogram), the total value shall be the value for the major procedure plus 50% of the value for the lesser procedure(s) unless otherwise indicated. See modifier -5. The cost of catheters, drugs and contrast media is included in the listed value for the radiographic procedure.

	Unit Value
HEART	
75500 Angiocardiology, by cineradiography supervision and interpretation only	8.8
75501 complete procedure (including catheterization) ..	22.0
75505 Angiocardiology by serialography (single plane); supervision and interpretation only	9.2
75506 complete procedure (including catheterization) ..	23.0
75507 Angiocardiology by serialography, multi-plane; supervision and interpretation only	18.4
75509 complete procedure (including catheterization) ..	46.0
(75510, 75511 CO2 or positive contrast angiocardiology have been deleted. To report, use 76499.)	
75519 Cardiac radiography, selective cardiac catheterization; right side, supervision and interpretation only ..	17.2
75520 complete procedure	43.0
75523 left side, supervision and interpretation only	8.6
75524 left side, complete procedure	21.5
75528 Cardiac radiography, selective cardiac catheterization, right and left side, complete procedure	55.0
75552 Magnetic resonance (e.g., proton) imaging, myocardium	((BR)) 12.0

AORTA AND ARTERIES

(For injection procedure only, see 36100-36299)

(For digital radiology, use modifier -25, page 290)

Aortography

75600 thoracic or abdominal, without serialography supervision and interpretation only	8.0
75601 complete procedure	20.0
75605 by serialography supervision and interpretation only	11.0
75606 complete procedure	30.0
75620 Abdominal, including lower extremities, without serialography	32.0
75622 Abdominal, catheter, without serialography	32.0
75625 Aortography, abdominal, translumbar, by serialography; supervision and interpretation only	15.2
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

	Unit Value		Unit Value
75660	17.2	75750	25.8
Angiography, external carotid, cerebral, unilateral, selective ((external)); supervision and interpretation only	40.0	75751	60.0
75661		complete procedure	
75662	21.5	75752	30.1
Angiography, external carotid, cerebral, bilateral, selective ((external)); supervision and interpretation only	50.0	75753	70.0
75663		complete procedure	
75665	17.2	75754	34.4
Angiography, carotid, cerebral, unilateral; supervision and interpretation only	40.0	75754	80.0
75667	46.0	Angiography, coronary, bilateral selective injection, including left ventricular and supra-vascular angiogram and pressure recording; supervision and interpretation only	34.4
75669		complete procedure	80.0
75671	21.5	75755	15.2
Angiography, carotid, cerebral, bilateral; supervision and interpretation only	50.0	75756	40.0
75672	54.0	75757	BR
75673		complete procedure	BR
75676	17.2	75762	BR
Angiography, carotid, cervical, unilateral; supervision and interpretation only	40.0	75764	BR
75677	46.0	75766	BR
75678		Angiography, coronary bypass, multiple selective injection; supervision and interpretation only	BR
75680	21.5	75767	BR
75681	50.0	complete procedure	
75682	54.0	((75772))	
75685	17.2	75774	BR
Angiography, vertebral; supervision and interpretation only	40.0	Angiography, ((visceral)) coronary bypass, selective, each additional vessel(s) studied after basic examination; supervision and interpretation only	BR
75686	46.0	((75773))	
75687		75775	BR
75690	17.2	complete procedure	
75691	40.0	(75772, 75773 have been deleted. To report, see 75774 - 75775)	
75692	46.0	75790	BR
75695	21.5	Angiography, arteriovenous shunt (e.g., dialysis patient)	BR
75696	50.0		
75697	54.0	VEINS AND LYMPHATICS	
75705	9.8	(For injection procedure only for venous system, see 36400-36510)	
75706	28.0	(For injection procedure only for lymphatic system, see 38790-38794)	
75710	10.5	75801	9.6
75711	30.0	Lymphangiography, extremity only, unilateral; supervision and interpretation only	25.0
75712	32.0	75802	12.0
75716	11.2	75803	35.0
75717	32.0	Lymphangiography, extremity only, bilateral; supervision and interpretation only	12.0
75718	34.0	75804	35.0
75722	17.2	75805	12.0
75723	40.0	75806	35.0
75724	25.8	75807	12.0
75725	60.0	75808	35.0
75726	19.7	75810	15.2
75727	46.0	75811	40.0
75728	48.0	complete procedure	
(For selective angiography, additional visceral vessels studied after basic examination, see 75772, 75773)		(For injection procedure for splenoportography, see 38200)	
75731	19.7	75820	8.0
75732	46.0	75821	16.0
75733	20.6	75822	10.0
75734	48.0	75823	26.0
75736	18.9	75825	16.0
75737	44.0	75826	32.0
75738	46.0	75827	12.0
75741	10.5	75828	35.0
75742	30.0	75831	15.2
75743	21.5	75832	40.0
75744	50.0	75833	19.5
75746	10.5	75834	45.0
75747	30.0	75840	10.8
75748	40.0	75841	30.0
		75842	12.2
		75843	32.0
		75845	10.6
		75846	30.0

	Unit Value		Unit Value
75847 nonselective, complete procedure	28.0		
75850 Venography, intrasosseous; supervision and interpretation only	12.2	(75972 Percutaneous transluminal angioplasty, unilateral; supervision and interpretation only	BR
75851 complete procedure	32.0	75973 complete procedure	BR
75860 Venography, sinus or jugular, catheter; supervision and interpretation only	12.2	75974 Percutaneous transluminal angioplasty, bilateral; single catheter, supervision and interpretation only	BR
75861 complete procedure	32.0	75975 complete procedure	BR
75870 Venography, superior sagittal sinus; supervision and interpretation only	12.2	75976 Percutaneous transluminal angioplasty, bilateral; dual catheters; supervision and interpretation only	BR
75871 complete procedure, including direct puncture	32.0	75977 complete procedure	BR
75872 Venography, epidural; supervision and interpretation only	BR		
75873 complete procedure	BR	(For injection procedure only for percutaneous transluminal angioplasty, see 36100-36299)	
75880 Venography, orbital; supervision and interpretation only	13.7	(For percutaneous transluminal coronary angioplasty, see 93570)	
75881 complete procedure	36.0	75980 Percutaneous transhepatic biliary drainage with monitoring; supervision and interpretation only	BR
75885 Percutaneous transhepatic portography with hemodynamic evaluation; supervision and interpretation only	13.7	75981 complete procedure	BR
75886 complete procedure	36.0	75982 Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction; supervision and interpretation only	BR
75887 Percutaneous transhepatic portography without hemodynamic evaluation; supervision and interpretation only	12.9	75983 complete procedure	BR
75888 complete procedure	34.0		
75889 Hepatic venography wedged or free, with hemodynamic evaluation; supervision and interpretation only	14.4	(For injection procedure only for percutaneous biliary drainage, see 47510)	
75890 complete procedure	38.0	75984 Change of percutaneous drainage catheter with contrast monitoring (i.e., biliary tract, urinary tract); supervision and interpretation only	BR
75891 Hepatic venography, wedged or free, without hemodynamic evaluation; supervision and interpretation only	12.9	75985 complete procedure	BR
75892 complete procedure	34.0		
75893 Venous sampling thru catheter without angiography (e.g., for parathyroid hormone, renin)	5.0	(For injection procedure only for percutaneous biliary drainage, see 47510)	
TRANSCATHETER THERAPY AND BIOPSY			
75894 Transcatheter therapy, embolization, including angiography; supervision and interpretation only	15.2	(For percutaneous nephrostolithotomy or pyelostolithotomy, see 50080, 50081)	
75895 complete procedure	40.0	75990 Drainage of abscess, percutaneous, with radiologic guidance (i.e., fluoroscopy, ultrasound, or computed tomography), with or without placement of indwelling catheter	BR
75896 Transcatheter therapy, infusion, including angiography; supervision and interpretation only	15.9		
75897 complete procedure	42.0	(75990 is neither organ nor area specific. For drainage of abscess performed without radiology or fluoroscopy, see under specific anatomic site)	
75898 Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	10.0		
75940 Percutaneous placement of IVC filter; supervision and interpretation only	BR		
75941 complete procedure	BR		
(For surgical procedure, use 37620)			
75950 Transcatheter intravascular occlusion, temporary, including angiography; supervision and interpretation only	BR		
75951 complete procedure	BR		
75955 Transcatheter intravascular occlusion, permanent, including angiography; supervision and interpretation only	BR	(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)	
75956 complete procedure	BR		
75961 Transcatheter retrieval, percutaneous, of fractured venous or arterial catheter	BR	76000 Fluoroscopy (separate procedure, other than 71023 or 71034)	3.0
75962 Percutaneous transluminal angioplasty, peripheral artery; supervision and interpretation only	BR	(76010 Radiologic examination from nose to rectum for foreign body, single film, child	BR
75963 complete procedure	BR	76003 Fluoroscopic localization for needle biopsy or aspiration	BR
75964 Percutaneous transluminal angioplasty, each additional peripheral artery; supervision and interpretation only	BR	76020 Bone age studies	6.0
75965 complete procedure	BR	76040 Bone length studies (orthoroentgenogram, scanogram)	10.0
75966 Percutaneous transluminal angioplasty, visceral artery; supervision and interpretation only	BR	76061 Radiologic examination, osseous survey; limited (e.g., for metastases)	15.2
75967 complete procedure	BR	76062 complete (axial and appendicular skeleton)	BR
75968 Percutaneous transluminal angioplasty, each additional visceral artery; supervision and interpretation only	BR	76065 osseous survey, infant	13.2
75969 complete procedure	BR	76066 Joint survey, single view, one or more joints (specify)	BR
75970 Transcatheter biopsy; supervision and interpretation only	BR	76070 Computerized tomography, bone density study	BR
75971 complete procedure	BR	76080 Fistula or sinus tract study supervision and interpretation only	4.8
(For transcatheter renal and ureteral biopsy, see 52007)		76081 complete procedure	12.0
(For percutaneous needle biopsy of pancreas, see 48102; of retroperitoneal lymph node or mass, see 49180)		76086 Mammary ductogram or galactogram, (unilateral) single duct; supervision and interpretation only	6.3
		76087 complete procedure	15.8
		76088 Mammary ductogram or galactogram, (bilateral) multiple ducts; supervision and interpretation only	10.6

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-079 MISCELLANEOUS.

	Unit Value
76089 complete procedure	26.5
(For injection procedure only for mammary ductogram or galactogram, see 19030)	
76090 Mammography, unilateral	8.8
76091 bilateral	13.2
(For xeromammography, list 76150 in addition to code for mammography)	
76096 ((Radiologic examination;)) 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
76097 each additional localization	7.3
76098 Radiological examination, breast surgical specimen	BR
76100 Laminography (tomography, planigraphy, body section radiography) (independent procedure)	13.2
76101 Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than kidney; unilateral	19.3
76102 bilateral	35.0
(For nephrotomography, see 74415)	
76105 to complement routine examination	7.0
76120 Cineradiography (independent procedure)	13.2
76125 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)	
((76130 Radiologic examination, at bedside or in operating room, not otherwise specified	2.7
76135 in home	BR
76137 after regular hours	BR
76140 Written consultation on x-ray examination made elsewhere	BR
76150 Xeroradiography	6.0
(76300 has been deleted. For thermography of the breast, use 76499)	
76350 Subtraction in conjunction with contrast studies	BR
76355 Computerized tomography guidance for stereotactic localization	BR
76360 Computerized tomography guidance for needle biopsy; supervision and interpretation only	BR
76361 complete procedure	BR
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 reconstruction	23.5
76400 Magnetic resonance (e.g., proton) imaging, bone marrow blood supply	((BR)) 120.0
76499 Unlisted diagnostic radiologic procedure	BR

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-07902 HEAD AND NECK.

	Unit Value
76500 Echoencephalography, A-mode, diencephalic midline,	7.7
(76505 has been deleted. To report complete A-mode echoencephalography, use 76999)	
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 with amplitude quantitation, A-mode	22.9

	Unit Value
76512 contact scan B-mode	22.9
((76515 tomography, with or without A or M-mode	57.2))
76516 Ophthalmic biometry by ultrasound echography; A-mode	15.4
((76517 scan B-mode	28.6))
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)	
((76535) 73536 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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-07903 HEART.

	Unit Value
((76601 Echography, chest, A-mode	9.7))
(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	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)	

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-07904 THORAX.

	Unit Value
76645 Echography, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	19.2

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-07905 ABDOMEN AND RETROPERITONEUM.

	Unit Value
76700 Echography, scan B-mode, abdominal, complete	22.9
76705 limited, (e.g., single organ, quadrant, follow-up ((or limited study)))	15.4
76770 Echography, scan B-mode, retroperitoneal (e.g., renal, aorta, nodes), complete	22.9
76775 limited	19.2

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-07906 OBSTETRICS, GYNECOLOGY AND PELVIS.

76805	Echography, <u>pregnant uterus pelvic B-scan ((B-mode, (e.g., obstetrics, gynecology, or transplants))) and/or real time with image documentation; complete</u>	21.2
76815	fetal growth rate only	9.7
76816	<u>follow-up or repeat (e.g., for follicles)</u>	9.7
76855	Echography, pelvic area (Doppler)	11.4
76856	Echography, pelvic, (nonobstetric), B-scan and/or real time with image documentation	BR
76857	<u>limited or follow-up</u>	BR

GENITALIA

76870	Echography, scrotum and contents	BR
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EXTREMITIES

76880	Echography, extremity, B-scan and/or real time with image documentation	BR
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AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-07907 VASCULAR STUDIES.

	(Doppler peripheral flow studies, 76900-76920 have been deleted. To report, see 93850-93950)	Unit Value
76925	Peripheral imaging, B-scan, Doppler or real-time scan	BR

ULTRASONIC GUIDANCE PROCEDURES

76930	<u>Ultrasonic guidance for pericardiocentesis; supervision and interpretation</u>	BR
76931	complete procedure	BR

~~((ULTRASONIC GUIDANCE PROCEDURES))~~

76934	Ultrasonic guidance for thoracentesis; supervision and interpretation only	3.0
76935	complete procedure	5.0
76938	Ultrasonic guidance for cyst (<u>any location</u>), 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	<u>Ultrasonic guidance for abscess or collection drainage; supervision and interpretation only</u>	BR
76945	<u>complete procedure</u>	BR
76946	Ultrasonic guidance for amniocentesis; supervision and interpretation only	4.0
76947	complete procedure	6.0
76950	Echography for placement of radiation therapy fields, B-scan	17.1
76960	Ultrasonic guidance for placement of radiation therapy fields except for B-scan echography	14.3

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-07908 MISCELLANEOUS.

76970	Ultrasound study follow-up specify	10.0
76980	Ultrasound examination outside regular hours	8.6
76985	Ultrasound examination at bedside or in operating room	5.7

76990	Special ultrasonic display or imaging techniques (e.g., color)	
76986	Echography, intra operative	5.7
76991	<u>Intraluminal ultrasound study (e.g., transrectal, transvesical)</u>	BR
76999	Unlisted ultrasound examination (see guidelines)	BR

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-080 RADIO THERAPY—GENERAL INFORMATION AND INSTRUCTIONS. (1) Radiation therapy as listed in this section provides 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 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, special beam considerations.

77261	Therapeutic radiology treatment planning; simple	BR
77262	intermediate	BR
77263	complex	BR
77280	((Radiation therapy simulator)) Therapeutic radiology simulation-aided field setting; (requiring 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	

	Unit Value		Unit Value
ports, the use of wedges, compensators, complex <u>rotational</u> blocking or special beam considerations)	6.0	(77470 assumes that the procedure be performed one or more times during the course of therapy, in addition to daily or weekly patient management)	
(Procedures 77320, 77325, 77330, 77335, 77340 have been deleted. To report, use 77300-77399 as appropriate)		77499 Unlisted procedure, therapeutic radiology clinical treatment management	BR
77321 Special teletherapy port plan, particles, hemi-body, total body	BR	<u>HYPERTHERMIA</u>	
77326 Brachytherapy isodose calculation; simple (calculation made from single plane, one to four source/ribbon application)	BR	<u>Hyperthermia treatments as listed in this section include external (superficial and deep) and interstitial. Radiation therapy when given concurrently is listed separately.</u>	
(For definition of source/ribbon, see page 316B)		<u>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 radiofrequency conduction, or by probes.</u>	
77327 intermediate (multiplane dosage calculations, application involving five to ten sources/ribbons)	BR	<u>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.</u>	
77328 complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction)	BR	77600 <u>Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)</u>	BR
77331 Special dosimetry (e.g., TLD, microdosimetry) (specify)	BR	77605 <u>deep (i.e., heating to depths greater than 4 cm)</u>	BR
77332 Treatment devices, design and construction; simple (simple block, simple bolus)	BR	77610 <u>Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators</u>	BR
77333 intermediate (multiple blocks, stents, bite blocks, special bolus)	BR	77615 <u>more than 5 interstitial applicators</u>	BR
77334 complex (irregular blocks, special shields, compensators, wedges, molds or casts)	BR	<u>CLINICAL BRACHY THERAPY</u>	
77336 Continuing medical radiation physics consultation in support of therapeutic radiologist, including continuing quality assurance	BR	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.	
(Procedures 77345-77360 have been deleted. To report, use 77300-77399 as appropriate)		<u>DEFINITIONS: (Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement)</u>	
77370 Special medical radiation physics consultation . . .	BR	Simple—application with one to four sources/ribbons	
77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices	BR	Intermediate—application with five to ten sources/ribbons	
		Complex—application with greater than ten sources/ribbons	
<u>CLINICAL TREATMENT MANAGEMENT</u>			
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.			
<u>DEFINITIONS: Simple—single treatment area, single port or parallel opposed ports, simple blocks.</u>			
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	(Procedures 77600-77699 have been deleted. To report, use 77332-77334 or 77399 as appropriate)	
77405 intermediate	3.0	(Procedures 77700-77749 have been deleted. To report, use 77300-77399 as appropriate)	
77410 complex	4.0	<u>((RADIUM AND RADIOISOTOPE THERAPY))</u>	
77415 Therapeutic radiology treatment port film interpretation and verification, per treatment course . .	3.0	(Professional service component only)	
77420 Weekly megavoltage treatment management; simple	4.0	77750 Infusion or instillation of radioelement solution of radioactive materials for therapy (includes handling and loading)	((5-0)) 12.5
77425 intermediate	5.0	(Procedures 77755-77785 have been deleted. To report, use 77761-77799 as appropriate)	
77430 complex	6.0	77761 Intracavitary radioelement application; simple . . .	BR
(Procedures 77435-77460 have been deleted. To report, use 77400-77499 as appropriate)		77762 intermediate	BR
(For complicated shielding devices, see treatment aids, 77600-77635)		77763 complex	BR
77465 Daily kilovoltage treatment management	2.0	77776 Interstitial radioelement application; simple	BR
77470 Special treatment procedure (e.g., total body irradiation, hemi-body irradiation, per oral, vaginal cone irradiation)	BR	77777 intermediate	BR
		77778 complex	BR
		77789 Surface application of radioelement	((9-9)) 24.75
		77790 Supervision, handling, loading of radioelement . . .	((13-4)) 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)

Unit Value

(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)

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-125 DIAGNOSTIC.

	Unit Value
ENDOCRINE SYSTEM	
78000 Thyroid uptake, single determination	6.0
78001 multiple determinations (as 6 and 24 hours, etc.)	8.0
78003 Thyroid stimulation, suppression or discharge (not including initial uptake studies)	9.0
78006 Thyroid imaging, with uptake; single determination	16.0
78007 multiple determinations	18.0
78010 Thyroid imaging only	10.0
78011 with vascular flow	BR
78015 Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)	20.0
78016 with additional studies (e.g., urinary recovery, etc.)	25.0
78017 multiple areas	BR
78018 whole body	BR
(For triiodothyronine true (TT-3), RIA, see 84480) (For triiodothyronine, free (FT-3), RIA (unbound T-3 only), see 84481) (For T-4 thyroxine, CPB or resin uptake, see 84435) (For TT-4 thyroxine, RIA, see 84436) (For T-4 thyroxine, neonatal, see 84437) (For FT-4 thyroxine, free, RIA (unbound T-4 only), see 84439) (For calcitonin, RIA, see 82308) (78070 has been deleted. To report parathyroid imaging, use 78099)	
78075 Adrenal imaging, <u>cortical</u>	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)	

78099 Unlisted endocrine 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
78103 multiple areas	BR
78104 whole body	BR
78110 ((Blood or)) Plasma volume, ((radioisotope)) <u>radionuclide-dilution technique; (separate procedure) single sampling</u>	8.0
78111 multiple sampling	BR+
(For dye method, see 84605, 84610)	
78120 Red cell ((mass)) <u>volume determination((:)) (separate procedure); single sampling</u>	12.0
78121 multiple sampling	BR+
78122 <u>Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radionuclide volume-dilution technique</u>	8.0
78130 Red cell survival study (e.g., radiochromium)	20.0
78135 plus splenic and/or hepatic sequestration	30.0
78140 Red cell splenic and/or hepatic sequestration	20.0
78160 Plasma radio-iron turnover rate	16.0
78162 Radio-iron oral absorption	BR
78170 Radio-iron red cell utilization	24.0
78172 Chelatable iron for estimation of total body iron	BR

(78180 has been deleted. To report radioiron body distribution and storage pools, use 78199)

	Unit Value		Unit Value
(For hemosiderin, RIA, see 83071)		78270 Vitamin B-12 absorption studies (e.g., Schilling test); without intrinsic factor	10.0
(For intrinsic factor antibodies, RIA, see 86340)		78271 with intrinsic factor	20.0
(For cyanocobalamin (vitamin B-12), RIA, see 82607)		78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor	25.0
(For folic acid (folate) serum, RIA, see 82746)		78276 Gastrointestinal aspirate blood loss localization . .	BR
(For human hepatitis antigen, hepatitis associated agent (Australian antigen) (HAA), RIA, see 86287)		78278 Acute gastrointestinal blood loss imaging	BR
(For hepatitis A antibody (HAAb), RIA, see 86296)		78280 Gastrointestinal blood loss study (e.g., stool counting)	16.0
(For hepatitis A virus antibody (HAVAb), see 86297)		78282 Gastrointestinal protein loss (e.g., radiochromium albumin)	12.0
(For hepatitis B core antigen (HB _c Ag), RIA, see 86288)		(78285, 78286 have been deleted. To report gastrointestinal fat or fatty acid absorption studies, use 78299)	
(For hepatitis B core antibody (HB _c Ab), RIA, see 86289)		(For gastrin, RIA, see 82941)	
(For hepatitis B surface antigen (HB _s Ag), RIA, see 86287)		(For intrinsic factor level, see 83528)	
(For hepatitis B surface antibody (HB _s Ab), RIA, see 86291)		(For carcinoembryonic antigen level (CEA), RIA, see 86151)	
(For hepatitis Be antigen (HB _e Ag), RIA, see 86293)		78290 Bowel imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	20.0
(For hepatitis Be antibody (HB _e Ab), RIA, see 86295)		78291 Peritoneal-venous shunt patency test (e.g., for LeVeen shunt)	BR
78185 Spleen imaging only; static	20.0	78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine	BR
(If combined with liver study, use procedures 78215 and 78216)		(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)	
78186 with vascular flow	25.0	MUSCULOSKELETAL SYSTEM	
78191 Platelet survival	BR	(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)	
78192 White blood cell localization; limited area scanning	BR	(For positron method or other complex instrumentation, see WAC 296-20-010, Item 10)	
78193 whole body	BR	78300 Bone imaging limited area (e.g., spine, pelvis, or skull, etc.)	25.0
78195 Lymphatics and lymph glands imaging	BR	78305 multiple areas	40.0
78199 Unlisted hematopoietic, R-E and lymphatic procedure, diagnostic nuclear medicine	BR	78306 whole body	48.2
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)		78310 vascular flow only	BR
GASTROINTESTINAL SYSTEM		78315 by three phase technique	BR
78201 Liver imaging; static <u>only</u>	20.0	78350 Bone density (mineral content) study single photon absorptiometry	BR
78202 with vascular flow	25.0	78351 dual photon absorptiometry	BR
(For spleen imaging only, use 78185 and 78186)		78380 Joint imaging; limited area	BR
78215 Liver and spleen imaging; static <u>only</u>	25.0	78381 multiple areas	BR
78216 with vascular flow of liver and/or spleen	30.0	78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine	BR
78220 Liver function study with hepatobiliary agents; with serial images	20.0	CARDIOVASCULAR SYSTEM	
(78221 has been deleted. To report liver function study with probe technique, use 78299)		(78401 has been deleted. To report, see 78402-78415)	
78223 Hepatobiliary ductal system imaging, including gallbladder	BR	78402 Cardiac blood pool imaging with vascular flow assessment (sequential imaging with or without time activity curve evaluation)	25.0
78225 Liver-lung study, imaging (e.g., subphrenic abscess)	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
78230 Salivary gland imaging; static	14.0	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
78231 with serial views	16.0	78407 with determination of ventricular volume (specify right, left, or both)	BR
78232 Salivary gland function study	BR	(78409 has been deleted. To report, use 78403)	
(78240 has been deleted. To report pancreas imaging, use 78299)			
78258 Esophageal motility	BR		
78261 Gastric mucosa imaging	BR		
78262 Gastroesophageal reflux study	BR		
78264 Gastric emptying study	BR		

	Unit Value		Unit Value	
78411		78594	multiple projections (e.g., anterior, posterior, lateral views)	BR
		78599	Unlisted respiratory procedure, diagnostic nuclear medicine	BR
78412			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
		78610	Brain imaging, vascular flow study only	10.0
		78615	<u>Cerebral blood flow, inert radionuclide gas wash-out</u>	<u>BR</u>
		78630	Cerebrospinal fluid flow, imaging; cisternography (not including introduction of material)	35.0
			(For injection procedure, see 61000-61070; 62270-62294)	
78414		78635	ventriculography ((not including introduction of material))	35.0
			(For injection procedure, see 61000-61070; 62270-62294)	
78415			((78640 myelography (not including introduction of material)	BR))
			<u>(78640 has been deleted. To report, use 78699)</u>	
78418			(For injection procedure, see 61000-61070; 62270-62294)	
78419		78645	shunt evaluation	35.0
			(For injection procedure, see 61000-61070; 62270-62294)	
78420		78650	CSF leakage <u>detection and localization</u>	32.0
			(For injection procedure, see 61000-61070; 62270-62294)	
78422			(For myelin basic protein, CSF, RIA, see 83873)	
78424		78655	Eye tumor identification with radiophosphorus	BR
78425		78660	Dacryocystography (lacrimal flow study)	BR
78428		78699	Unlisted nervous system procedure, diagnostic nuclear medicine	BR
78435			GENITOURINARY SYSTEM	
78445		78700	Kidney imaging; static <u>only</u>	18.0
78455		78701	with vascular flow	20.0
78457		78704	with function study (i.e., imaging renogram)	23.0
78458		78707	with vascular flow and function study	30.0
78470			(For introduction of radioactive substance in association with renal endoscopy, see 50558, 50559, 50578)	
		78715	Kidney vascular flow	BR
			((78720 Kidney function study (i.e., renogram)	15.0))
		78725	Kidney function study((-clearance)) <u>only</u>	BR
		78726	<u>with pharmacological intervention</u>	<u>BR</u>
			(For renin (angiotensin I), RIA, see 84244)	
			(For angiotensin II, RIA, see 82163)	
			(For beta-2 microglobulin, RIA, see 82231, 82232)	
78499		78727	Kidney transplant evaluation	BR
		78730	Urinary bladder residual study	BR
			(For introduction of radioactive substance in association with cystotomy or cystostomy, see 51020; in association with cystourethroscopy, see 52250)	
		78740	Ureteral reflux study (radionuclide voiding cystogram)	BR
			(For estradiol, RIA, see 82670)	
RESPIRATORY SYSTEM				
78580		26.0		
78581		BR		
78582				
78584		BR		
78585		BR		
78586		1.6		
78587		BR		
78591		BR		
78593		22.0		

	Unit Value		Unit Value
		(For estriol, RIA, see 82677, 84680)	
		(For progesterone, RIA, see 84144)	
		(For prostatic acid phosphatase, RIA, see 84066)	
78760	BR	Testicular imaging	
78761	BR	with vascular flow	
		(For testosterone, blood, RIA, see 84403)	
		(For testosterone, urine, RIA, see 84405)	
		(For introduction of radioactive substance in association with ureteral endoscopy, see 50958, 50959, 50978)	
		(78770, 78775 have been deleted. To report either placenta imaging or placenta localization, use 78799)	
		(For lactogen, placental (HPL) chorionic somatomammotropin, RIA, see 83632)	
		(For chorionic gonadotropin, RIA, see 82998)	
		(For chorionic gonadotropin beta subunit, RIA, see 84701)	
		(For pregnenediol, RIA, see 84135)	
		(For pregnantrial, RIA, see 84138)	
78799	BR	Unlisted genitourinary procedure, diagnostic nuclear medicine	
		(For chemical analysis, RIA tests, see WAC 296-23-212 chemistry and toxicology)	
MISCELLANEOUS STUDIES			
78800	BR	Tumor localization (e.g., gallium, selenomethionine); limited area	
		(For specific organ, see appropriate heading)	
		(For eye tumor identification, see 78655)	
78801	BR	multiple areas	
78802	BR	whole body	
78805	BR	Abscess localization; limited area	
78806	BR	whole body	
		(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)	
		(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)	
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
AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)			
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. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or "stat" reporting.			
The following unit values apply when three or more of the tests listed below are performed on the same blood or urine specimen under the conditions described under item 6, page 188.			
		(For collection and handling of specimen, see 99000 and 99001)	
		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)	

	Unit Value
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((, per additional test))	((2-8)) <u>66.8</u>
80018 17-18 clinical chemistry tests((, per additional test))	((2-8)) <u>69.6</u>
80019 ((19 or more)) 19-24 clinical chemistry tests ((indicate instrument used and number of tests performed), per additional test	2-8)) 72.4
80020 25-30 clinical chemistry tests	<u>75.2</u>
80021 31 or more clinical chemistry tests	<u>78.0</u>

THERAPEUTIC DRUG MONITORING

(e.g., antiepilepsy drugs, cardiac drugs, antibiotics, sedatives)

80031 Therapeutic quantitative drug monitoring in blood and/or urine; measurement one drug (if drug not specified by individual code number)	BR
80032 2 drugs measured	BR
80033 3 drugs measured	BR
80034 4 or more drugs measured	BR
80040 Serum radioimmunoassay for circulating antibiotic levels	BR

ORGAN OR DISEASE ORIENTED PANELS

Organ "panels" as an approach to diagnosis have been developed in response to the increased use of general screening programs that are now in use in physicians' offices, health centers, clinics, and hospitals. Also included here are profiles that combine laboratory tests together under a problem oriented classification. The lack of an expanded list of laboratory tests under each number is deliberate. Because no two laboratories utilize the same array of tests in a particular panel, each laboratory should establish its own profile and accompany each reported panel by a listing of the components of that panel performed by the laboratory.

	Unit Value
80050 General health screen panel	((31-0)) BR
((80052) Pre-marital profile)	BR
80053 Executive profile	BR
80055 Obstetric profile	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
((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 86-47, filed 1/8/87)

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

	Unit Value		Unit Value
(For albumin/globulin ratio, albumin/globulin ratio by electrophoretic method, see 84155-84200)		(Antitrypsin, alpha-1-, see 86329)	
82055 Alcohol (ethanol), blood, chemical	30.0	82172 Apolipoprotein	BR
82060 by gas-liquid chromatography	40.0	82173 Arginine tolerance test	BR
82065 urine, chemical	30.0	82175 Arsenic, blood, urine, gastric contents, hair or nails, quantitative	80.0
82070 by gas-liquid chromatography	40.0	(For heavy metal screening, see 83015)	
82072 Alcohol (ethanol) gelation	30.0	82180 Ascorbic acid (Vitamin C) blood	40.0
82075 breath	60.0	(Aspirin, see acetylsalicylic acid, 82011, 82012)	
82076 Alcohol; isopropyl	60.0	(Atherogenic index, blood, ultracentrifugation, quantitative, see 83717)	
82078 methyl	60.0	82205 Barbiturates quantitative	60.0
82085 Aldolase, blood, kinetic ultraviolet method	26.0	82210 quantitative and identification	80.0
82086 colorimetric	20.0	(For qualitative screen, see 82486, 82660, 82662, 82755, 84231)	
82087 Aldosterone; double isotope technique	120.0	82225 Barium	BR
82088 RIA blood	100.0	(Bence-Jones protein, 84185)	
82089 RIA urine	100.0	82230 Beryllium, urine	80.0
82091 saline infusion test	BR	82231 Beta-2 microglobulin, RIA; urine	BR
(Alkaline phosphatase, see 84075-84080)		82232 serum	BR
82095 Alkaloids, tissue, screening	80.0	82235 Bicarbonate excretion, urine	BR
82096 quantitative	120.0	82236 Bicarbonate loading test	BR
82100 urine, screening	80.0	(Bicarbonate, see 82374)	
82101 quantitative	120.0	82240 Bile acids, blood, fractionated	120.0
(See also 82486, 82600, 82662, 82755, 84231)		82245 Bile pigments, urine	8.0
(Alpha amino acid nitrogen, see 82126)		82250 Bilirubin, blood, total or direct	24.0
(Alpha-hydroxybutyric (HBD) dehydrogenase, see 83485, 83486)		82251 blood, total AND direct	30.0
(Alphaketoglutarate, see 83584)		82252 feces, qualitative	BR
(Alpha tocopherol (Vitamin E), see 84446)		82260 urine, quantitative	12.0
82112 Amikacin	BR	82265 amniotic fluid, quantitative	30.0
(Amikacin serum radioimmunoassay, see 80040)		82268 Bismuth	80.0
82126 Alpha amino acid nitrogen	50.0	82270 Blood, feces, occult, screening	8.0
82128 Amino acids, qualitative	40.0	82273 duodenal, gastric contents, qualitative	BR
82130 Amino acids, urine or plasma chromatographic fractionation and quantitation	180.0	(Blood urea nitrogen (BUN), see 84520-84525, 84545)	
82134 Aminohippurate, para (PAH)	30.0	(Blood volume, see 84605-84610, 78110, 78111)	
(For administration, see 36410, 99070)		82280 Boric acid, blood	100.0
82135 Aminolevulinic acid, delta (ALA)	50.0	82285 urine	100.0
82137 Aminophylline	60.0	82286 Bradykinin	BR
82138 Amitriptyline	60.0	82290 Bromides, blood	24.0
82140 Ammonia, blood	40.0	82291 urine	40.0
82141 urine	40.0	(For bromsulphthalein (BSP), see 84382)	
82142 Ammonium chloride loading test	40.0	82300 Cadmium, urine	100.0
82143 Amniotic fluid scan (spectrophotometric)	50.0	82305 Caffeine	60.0
(For L/S ratio, see 83661)		82306 Calcifediol (25-OH Vitamin D-3), chromatographical technique	BR
(Amobarbital, see 82205-82210)		82307 Calciferol (Vitamin D) RIA	BR
82145 Amphetamine, or methamphetamine, chemical, quantitative	80.0	82308 Calcitonin, RIA	80.0
82150 Amylase, serum	30.0	82310 Calcium, blood, chemical	22.0
82155 isoenzymes electrophoretic	BR+	82315 fluorometric	22.0
82156 urine (diastase)	30.0	82320 emission flame photometry	22.0
82157 Androstenedione RIA	80.0	82325 atomic absorption flame photometry	24.0
82159 Androsterone	50.0	82330 fractionated, diffusible	60.0
82160 RIA	50.0	82331 after calcium infusion test	24.0
(See also 83593-83596)		82335 urine, qualitative (Sulkowitch)	11.0
(Angiotensin I, see renin, 84244)		82340 quantitative timed specimen	32.0
82163 Angiotensin II, RIA	BR	82345 feces, quantitative timed specimen	80.0
82164 Angiotensin-converting enzyme	BR	82355 Calculus (stone) qualitative, chemical	40.0
82165 Aniline	BR	82360 quantitative, chemical	60.0
(Antidiuretic hormone, RIA, see 84588)		82365 infrared spectroscopy	60.0
82168 Antihistamines	BR	82370 X-ray diffraction	50.0
82170 Antimony, urine	80.0	(Carbamates, see individual listings)	
(Antimony, screen, see 83015)		82372 Carbamazepine, serum	BR
		82374 Carbon dioxide, combining power or content	10.0
		(See also 82801-82803, 82817)	

	Unit Value		Unit Value
82375 Carbon monoxide, (carboxyhemoglobin); quantitative	48.0		
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		
82383 blood	BR		
82384 fractionated	BR		
(For urine metabolites, see 83835, 84585)			
82390 Ceruloplasmin, chemical (copper oxidase), blood ..	40.0		
(For gel diffusion technique, see 86331; immunodiffusion technique, see 86329)			
82400 Chloral hydrate, blood	60.0		
82405 urine	40.0		
82415 Chloramphenicol, blood	40.0		
82418 Chlorazepate dipotassium	40.0		
82420 Chlordiazepoxide, blood	60.0		
82425 urine	60.0		
82435 Chlorides, blood, (specify chemical or electrometric)	°20.0		
82436 urine, (specify chemical, electrometric or Fantus test)	20.0		
82437 sweat (without iontophoresis)	20.0		
(For iontophoresis, see 89360)			
82438 spinal fluid	20.0		
82441 Chlorinated hydrocarbons, screen	20.0		
82443 Chlorothiazide-hydrochlorothiazide	60.0		
(Chlorpromazine, see 84021, 84022)			
82465 Cholesterol, serum; total	°22.0		
82470 total and esters	30.0		
82480 Cholinesterase, serum	40.0		
82482 RBC	60.0		
82484 serum and RBC	80.0		
82485 Chondroitin B sulfate, quantitative	BR		
(Chorionic gonadotropin, see gonadotropin, 82996-83002)			
82486 Chromatography; gas-liquid, compound and method not elsewhere specified	BR		
82487 paper, 1-dimensional, compound and method not elsewhere specified	BR		
82488 paper, 2-dimensional, not elsewhere specified ..	BR		
82489 thin layer, not elsewhere specified	BR		
82490 Chromium, blood	100.0		
82495 urine	100.0		
82505 Chymotrypsin, duodenal contents	30.0		
82507 Citric acid	80.0		
82512 Clonazepam	BR		
82520 Cocaine, quantitative	60.0		
(Cocaine, screen, see 82486, 82660, 82662, 82755, 84231)			
(Codeine, quantitative, see 82096, 82101)			
(Complement, see 86159-86162)			
(Compound S, see 82634)			
82525 Copper, blood	60.0		
82526 urine	60.0		
(Coprobilinogen, feces, 84575)			
(Coprotoporphyrins, see 84118-84121)			
(Corticosteroids, see 83492-83496)			
82528 Corticosterone, RIA	BR		
		(See also 83593-83597)	
		82529 Cortisol; fluorometric, plasma	36.0
		82531 CPB, plasma	75.0
		82532 CPB, urine	75.0
		82533 RIA, plasma	90.0
		82534 RIA, urine	90.0
		82536 after adrenocorticotrophic hormone (ACTH) Administration	BR
		82537 48 hours after continuous ACTH infusion	BR
		82538 after metyrapone tartrate administration	BR
		82539 dexamethasone suppression test, plasma and/or urine	BR
		82540 Creatine, blood	24.0
		82545 urine	40.0
		82546 Creatine and creatinine	50.0
		82550 Creatine phosphokinase (CPK), blood, timed kinetic ultraviolet method	26.0
		82552 isoenzymes	30.0
		82555 colorimetric	20.0
		82565 Creatinine, blood	°20.0
		82570 urine	°20.0
		82575 clearance	°40.0
		82585 Cryofibrinogen, blood	40.0
		82595 Cryoglobulin, blood	40.0
		(Crystals, pyrophosphate vs. urate, see 84208)	
		82600 Cyanide, blood	80.0
		82601 tissue	80.0
		82606 Cyanocobalamin (Vitamin B-12); bioassay	70.0
		82607 RIA	45.0
		82608 unsaturated binding capacity	60.0
		(Cyclic AMP, see 82030)	
		(Cyclic GMP, see 83008)	
		82614 Cystine, blood, qualitative	BR
		82615 Cystine, and homocystine, urine, qualitative	30.0
		82620 quantitative	40.0
		82624 Cystine aminopeptidase	BR
		(D hemoglobin, see 83053)	
		(Delta-aminolevulinic acid (ALA), see 82135)	
		82626 Dehydroepiandrosterone, RIA	BR
		(See also 83593-83596)	
		(Deoxycortisol, 11- (compound S), RIA, see 82634)	
		82628 Desipramine	BR
		82633 Desoxycorticosterone, 11-RIA	BR
		(See also 83593-83596)	
		82634 Desoxycortisol, 11-(compound S), RIA	80.0
		(See also 83492)	
		82635 Diacetic acid	18.0
		(Diagnex blue, tubeless gastric, see 82939)	
		(Diastase, urine, see 82156)	
		82636 Diazepam	50.0
		82638 Dibucaine number	34.0
		82639 Dicumarol	BR
		(Dichloroethane, see 84600)	
		(Dichloromethane, see 84600)	
		(Diethylether, see 84600)	
		82640 Digitoxin digitalis, blood RIA	BR+
		82641 urine	BR+
		82643 Digoxin, RIA	36.0
		82646 Dihydrocodinone	BR

	Unit Value		Unit Value
(Dihydrocodinone screen, see 82486-82489, 82662, 82755, 84231)		82742 Flurazepam	BR
82649 Dihydromorphinone, quantitative	75.0	82745 Folic acid, (folate), blood bioassay	BR+
(Dihydromorphinone screen, see 82486, 82489, 82662, 82755, 84231)		82746 RIA	45.0
82651 Dihydrotestosterone (DHT)	BR	(Follicle stimulating hormone (FSH), see 83000, 83001)	
82652 Dihydroxy vitamin D, 1, 25	BR	82750 Formimino-glutamic acid (FIGLU), urine	100.0
82654 Dimethadione	BR	82755 Free radical assay technique for drugs (FRAT) ...	BR
(Diphenylhydantoin, see 84045)		82756 Free thyroxine index (T-7)	BR
(Dopamine, see 82382-82384)		82757 Fructose, semen	BR
82656 Doxepin	BR	(Fructose, TLC screen, see 84375)	
82660 Drug screen (amphetamines, barbiturates, alkaloids)	65.0	82759 Galactokinase, RBC	BR
(See also 82486-82489, 82662, 82755, 84231)		82760 Galactose, blood	40.0
(Duodenal contents, see individual enzymes; for intubation and collection, see 89100)		82763 tolerance test	75.0
82662 Enzyme immunoassay technique for drugs, EMIT ..	30.0	82765 urine	40.0
82664 Electrophoretic technique, not elsewhere specified ..	45.0	82775 Galactose-1-phosphate uridyl transferase	60.0
82666 Epiandrosterone	BR	(For TLC screen, see 84375)	
(See also 83593, 83596)		82776 screen	18.0
(Epinephrine, see 82382-82384)		82780 Gallium	BR
82668 Erythropoietin, bioassay	BR	82784 Gammaglobulin, A, D, G, M nephelometric, each ..	12.0
(For HI method, see 86280)		82785 Gammaglobulin, E, (e.g., RIA, EIA)	75.0
82670 Estradiol, RIA (placental)	90.0	82786 Gammaglobulin, salt precipitation method	21.0
82671 Estrogens; fractionated	85.0	(Gammaglobulin by gel (immuno) diffusion, see 86329)	
82672 total	60.0	(Gamma-glutamyl transpeptidase (GGT), see 82977)	
82673 Estriol; fluorometric	54.0	82790 Gases, blood, oxygen saturation; by calculation	
82674 GLC	45.0	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 (Placidyl), 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)		(For arterial puncture, see 36600)	
(Evans blue, see blood volume, 84605-84610)		(For blood gas studies as a part of pulmonary function studies, see 94700-94710)	
82696 Etiocholanolone, RIA	50.0	82926 Gastric acid, free and total; single specimen	11.2
82705 Fat or lipids, feces, screening	10.0	82927 each additional specimen	9.0
82710 quantitative, 24 or 72 hour specimen	100.0	82928 Gastric acid, free or total; single specimen	9.0
82715 Fat differential, feces, quantitative	BR	82929 each additional specimen	7.5
82720 Fatty acids, blood, esterified	40.0	82931 Gastric acid, pH titration; single specimen	24.0
82725 nonesterified	40.0	82932 each additional specimen	18.0
82727 Ferric chloride, urine	BR	((82939 Gastric analysis, tubeless (Diagnex blue)	BR))
82728 Ferritin, specify method (e.g., RIA, immunoradiometric assay)	BR	(Gastric analysis, with stimulation, see 89140, 89141)	
(Fetal hemoglobin, see hemoglobin 83020, 83033, and 85460)		(Gastric analysis, pepsin, see 83974)	
(Fetoprotein, alpha-1, see 86329)		(For gastric intubation, see 89130, 74340)	
82730 Fibrinogen, quantitative	21.0	(For aspiration of specimens with insulin administration (Hollander test), see 91075)	
(See also 85371, 85377)		82938 <u>Gastrin (serum) after secretin stimulation (e.g., for gastrinoma, Zollinger-Ellison syndrome)</u>	
82735 Fluoride, blood	100.0	82941 Gastrin, RIA	48.0
82740 urine	100.0	(GGT, see 82977)	
82741 Flucytosine (5-fluorocytosine)	BR	(GLC, gas liquid chromatography, see 82486)	
		82942 Globulin, serum	10.5
		(See also 82784, 82786, 84155-84200, 86329)	
		82943 Glucagon, RIA	BR
		82944 Glucosamine	6.0
		82946 Glucagon tolerance test	BR
		82947 Glucose; except urine (e.g., blood, spinal fluid, joint fluid)	10.5

	Unit Value		Unit Value	
82948	blood, stick test	8.2	83033 F(fetal), qualitative (APT) test, fecal	56.0
82949	fermentation	22.5	83036 glycosylated (Alc)	60.0
82950	post glucose dose (includes glucose)	13.5	83040 methemoglobin, electrophoretic separation	80.0
82951	tolerance test (GTT), three specimens (includes glucose)	37.5	83045 qualitative	20.0
82952	tolerance test, each additional beyond three specimens	10.5	83050 quantitative	40.0
	(For intravenous glucose tolerance test, see 82961)		83051 plasma	40.0
82953	tolbutamide tolerance test	15.0	83052 sickle, turbidimetric	34.0
	(For insulin tolerance test, see 82937)		83053 solubility, S-D, etc.	40.0
	(For leucine tolerance test, see 83681)		83055 sulfhemoglobin, qualitative	20.0
82954	urine	20.0	83060 quantitative	40.0
	(For intubation, see 89130, 79340)		83065 thermolabile	BR
82955	Glucose-6-phosphate dehydrogenase, erythrocyte	60.0	83068 unstable, screen	BR
82960	screen	56.0	83069 urine	BR
82961	Glucose tolerance test, intravenous	BR	83070 Hemosiderin, urine	12.0
	(For glucose tolerance test with medication use 90784 in addition)		83071 Hemosiderin, RIA	25.6
82963	Glucosidase, beta	BR		(Heroin, screening, see 82660, 82486, 82662, 82755, 84231; quantitative, see 82096, 82101)
82965	Glutamate dehydrogenase, blood	40.0		(HIAA, see 83497)
	(Glutamic oxaloacetic transaminase (SGOT), see 84450-84455)		83086 Histidine; blood, qualitative	BR
	(Glutamic pyruvic transaminase (SGPT), see 84460-84465)		83087 urine, qualitative	BR
82975	Glutamine (glutamic acid amide), spinal fluid	80.0	83088 Histamine	100.0
82977	Glutamyl transpeptidase, gamma (GGT)	BR		(Hollander test, see 91075)
82978	Glutathione	BR		(Homocystine, qualitative, see 82615)
82979	Glutathione reductase, RBC	BR		(Homocystine, quantitative, see 82620)
82980	Glutethimide	56.2	83093 Homogentisic acid; blood, qualitative	BR
	(Glycohemoglobin, see 83036)		83094 Homogentisic acid, urine, qualitative	20.0
82985	Glycoprotein electrophoresis	60.0	83095 quantitative	40.0
82995	Gold, blood	100.0		(Hormones, see individual alphabetic listings in chemistry section)
82996	Gonadotropin, chorionic, bioassay, qualitative	30.0	83150 homo-vanillic acid (HVA), urine	80.0
82997	quantitative	30.0	83485 Hydroxybutyric dehydrogenase, alpha (HBD), blood; kinetic ultraviolet method	22.0
82998	Gonadotropin, chorionic, RIA	38.0	83486 colorimetric method	20.0
	(Gonadotropin, chorionic, beta subunit, RIA, see 84701)		83491 Hydroxycorticosteroids, 17- (17-OHCS); RIA	64.1
	(For immunoassay, qualitative, see 86006, 86007)		83492 Hydroxycorticosteroids, 17- (17-OHCS); gas liquid chromatography (GLC)	82.0
	(For quantitative titer, see 86008, 86009))		83493 blood, Porter-Silber type	45.0
	(82996-82998, Gonadotropin, chorionic, have been deleted, use 84702-84703)		83494 blood, fluorometric	38.0
83000	Gonadotropin, pituitary FSH; bioassay	90.0	83495 urine, Porter-Silber type	52.0
83001	RIA	90.0	83496 urine, fluorometric	52.0
83002	(LH)(ICSH)RIA	90.0		(See also 82531-82534, 82634, 84409)
83003	Growth hormone (HGH), (somatotropin) RIA	48.0	83497 Hydroxyindolacetic acid, 5-(HIAA), urine	60.0
83004	after glucose tolerance test	48.0		(For HIAA, blood, see 84260)
	(For growth hormone secretion after arginine tolerance test, see 82173)		83498 Hydroxyprogesterone, 17-d, RIA	105.0
	(For human growth hormone antibody, RIA, see 86277)		83499 Hydroxyprogesterone, 20-	BR
83005	Guanase, blood	40.0	83500 Hydroxy-proline, urine, free only	100.0
83008	Guanosine monophosphate (GMP) cyclic, RIA	BR	83505 total only	100.0
83010	Haptoglobin, chemical	60.0	83510 free and total	180.0
83011	quantitative, electrophoresis	30.0	83523 Imipramine	67.0
83012	phenotypes, electrophoresis	60.0		(Immunoglobulines, see 82784, 82785, 82786, 86329, 86335)
83015	Heavy metal screen (arsenic, bismuth, mercury, antimony); chemical (e.g., Reinsch, Gutzeit)	30.0	83524 Indican, urine	35.0
83018	chromatography, DEAE column	BR	83525 Insulin, RIA	40.0
83020	Hemoglobin, electrophoresis (includes A ₂ , S, C, etc.)	80.0	83526 Insulin tolerance	80.0
	(Hemoglobin, carboxyhemoglobin (CO), see 82375, 82376; colorimetric, see 85018, 85031)			(For proinsulin, see 84206)
83030	F (fetal), chemical	40.0	83528 Intrinsic factor level	BR
				(For intrinsic factor antibodies, RIA, see 86340)
			83530 Inulin clearance	40.0
				(For administration, see 36410, 99070)
				(83533, 83534 protein bound iodine have been deleted. To report, use 84999)
				(For thyroxine, see 84435-84439)

	Unit Value		Unit Value
(For triiodothyronine (true T-3), RIA, see 84480)		83705	fractionated (cholesterol, triglycerides, phospholipids) 60.0
(For T-3 or T-4 radioactive resin uptake, see RT3U, 84250; for RT3U+thyroxine, see 84251)		(For feces, see 82705-82715)	
83540	Iron, serum, chemical 20.0	83715	Lipoprotein, blood; electrophoretic separation and quantitation phenotyping 60.0
83545	automated 12.0	83717	analytic ultracentrifugation separation and quantitation (atherogenic index) 100.0
83546	radioactive uptake method 30.0	83718	Lipoprotein high density cholesterol (HDL cholesterol) by precipitation method) BR
83550	binding capacity, serum chemical 20.0	83719	Lipoprotein very low density cholesterol (VLDL cholesterol) by ultracentrifugation BR
83555	automated 12.0	83720	Lipoprotein cholesterol fractionation calculation by formula BR
83565	radioactive uptake method 30.0	83725	Lithium, blood, quantitative 60.0
83570	Isocitric dehydrogenase (IDH), blood, kinetic ultraviolet 26.0	(Luteinizing hormone (LH), see 83002)	
83571	colorimetric 20.0	83727	Luteinizing releasing factor (LRH), RIA 60.0
(Isopropyl alcohol, see alcohol 82076)		83728	Lysergic acid diethylamide (LSD) RIA BR
83576	Isonicotinic acid hydrazide (INH) 105.0	83730	(Macroglobulins (sia test) 30.0
83578	Kanamycin 49.0	83735	Magnesium, blood, chemical 20.0
83582	Ketogenic steroids, urine; 17-(17-KGS) 45.0	83740	fluorometric 20.0
83583	11-desoxy: 11-oxy ratio 75.0	83750	atomic absorption 40.0
83584	Ketoglutarate, alpha 40.0	83755	urine, chemical 40.0
(Ketone bodies, see 82005-82010; urine, see 81000-81005)		83760	fluorometric 40.0
83586	Ketosteroids, 17-(17-KS), blood; total 38.0	83765	atomic absorption 40.0
83587	fractionation, alpha/beta 75.0	83775	Malate dehydrogenase, kinetic ultraviolet method 30.0
83588	RIA 54.0	(Maltose tolerance, see 82951, 82952)	
83589	Ketosteroids, 17-(17-KS), urine; total 36.0	(Mammothropin, see 84146)	
83590	fractionation, alpha/beta 60.0	83785	Manganese, blood or urine 60.0
83593	chromatographic fractionation 75.0	83790	Mannitol clearance BR
(83596 D/A/E ratio has been deleted.)		(Marijuana, see tetrahydrocannabinol THC, 84408)	
83597	11-desoxy: 11-oxy ratio 75.0	83795	Melanin, urine, quantitative 60.0
(See also 82528, 82632, 82633, 82666, 82694)		83799	Meperidine, quantitative 54.0
83599	Ketosteroids, 17-OH, RIA 64.1	(For screen, see 82486, 82489, 82662, 82755, 84231)	
83600	Kynurenic acid 90.0	83805	Meprobamate, blood or urine 60.0
83605	Lactate, lactic acid 40.0	(For screen, see 82486, 82489, 84231)	
83610	Lactic dehydrogenase (LDH), RIA 33.7	83825	Mercury quantitative, blood 70.0
83615	Lactic dehydrogenase (LDH), blood, kinetic ultraviolet method 26.0	83830	urine 70.0
83620	colorimetric or fluorometric 20.0	(Mercury screen, see 83015)	
83624	heat or urea inhibition (total not included) 24.0	83835	Metanephrines, urine 52.0
83625	isozymes, electrophoretic separation and quantitation 60.0	(For catecholamines, see 82382-82384)	
83626	chemical separation 20.0	83840	Methadone 60.0
83628	Lactic dehydrogenase, liver (LLDH) 20.0	(Methamphetamine, see 82145)	
83629	Lactic dehydrogenase (LDH), urine 20.0	(Methanol, see 82078)	
83631	Lactic dehydrogenase (LDH), CSF 20.0	83842	Methapyrilene 50.0
(For hydroxybutyric dehydrogenase (HBD), see 83485)		83845	Methaqualone 90.0
83632	Lactogen, human placental (HPL) chorionic somatomammothropin, RIA 30.0	(For metals, heavy, screening (Reinsch test), see 82177)	
83633	Lactose, urine; qualitative 20.0	83857	Methemalbumin 32.0
83634	quantitative 20.0	(Methemoglobin, see hemoglobin 83045-83050)	
(For tolerance, see 82951-82952)		83858	Methsuximide, serum 90.0
(For TLC screen, see 84375)		(Methyl alcohol, see 82078)	
83645	Lead, screening, blood 20.0	83859	Methypylon 90.0
83650	urine 20.0	83860	Morphine, screening 80.0
83655	quantitative, blood 60.0	83861	quantitative 120.0
83660	urine 60.0	83862	RIA 82.0
83661	Lecithin-sphingomyelin ratio (L/S ratio), amniotic fluid 75.0	83864	Mucopolysaccharides, acid, blood 60.0
83670	Leucine amino-peptidase (LAP), blood, kinetic ultraviolet method 26.0	83865	Mucopolysaccharides, acid, urine quantitative 60.0
83675	colorimetric 20.0	83866	screen 21.0
83680	urine 26.0	83870	Mucoprotein, blood (seromucoid) 40.0
83681	Leucine tolerance test 26.0	83872	Mucin, synovial fluid (rope test) 21.0
83685	Lidocaine 20.0	83873	Myeline basic protein, CSF, RIA BR
83690	Lipase, blood 30.0		
83700	Lipids, blood, total 30.0		

	Unit Value		Unit Value	
(For oligoclonal bands, see 83916)				
83874 Myoglobin, electrophoresis	30.0	84040 Phenylpyruvic acid, urine	20.0	
83875 Myoglobin, urine	40.0	(For qualitative chemical tests, urine, see 81005)		
83880 Nalorphine	60.0	84045 Phenytoin	61.0	
83885 Nickel, urine	100.0	84060 Phosphatase, acid, blood	24.0	
83887 Nicotine	75.0	84065 (prostatic) fraction	40.0	
83895 Nitrogen, urine, total, 24 hour specimen	60.0	84066 prostatic fraction, RIA	60.0	
83900 feces, 24 hour specimen	100.0	84075 alkaline, blood	24.0	
83910 Nonprotein nitrogen, blood	20.0	84078 heat stable (total not included)	16.0	
(Norepinephrine, see 82382-82384)				
83915 Nucleotidase 5'-	25.0	84080 isoenzymes, electrophoretic method	BR	
83916 Oligoclonal immune globulin (Ig), CSF, by electrophoresis	BR	84081 Phosphatidylglycerol	BR	
(For myelin basic protein, CSF, see 83873)				
83917 Organic acids; screen, qualitative	30.0	84082 Phosphates, tubular reabsorption of (TRP)	60.0	
83918 quantitative	30.0	(Phosphates, inorganic, see 84100-84105)		
83920 Ornithine carbonyl transferase, (OCT)	24.0	(Phosphates, organic, see 82480-82484)		
83930 Osmolality, blood	20.0	84083 Phosphoglucomutase, isoenzymes	60.0	
83935 urine	20.0	84085 Phosphogluconate, 6-, dehydrogenase, RBC	18.0	
83938 Ouabain	BR	84087 Phosphohexose isomerase	30.0	
83945 Oxalate, urine	40.0	84090 Phospholipids, blood	30.0	
(For alpha oxoglutarate, see 82120)				
83946 Oxazepam	40.0	(See also 83705)		
83947 Oxybutyric acid, beta	40.0	(For lecithin/sphingomyelin ratio, see 83661)		
83948 Oxycodone	52.0	84100 Phosphorus, blood	°24.0	
(Oxygen, see gases, blood, 82790-82817)				
83949 Oxytocinase, RIA	52.0	84105 urine	°24.0	
(Para-aminohippuric acid, see 82134)				
83965 Paraldehyde, blood, quantitative	60.0	(Pituitary gonadotropins, see 83000-83002)		
83970 Parathormone (parathyroid hormone), RIA	165.0	(PKU, see 81005, 84030, 84031)		
(PBI, see 83533)				
83971 Penicillin, urine	50.0	84106 Porphobilinogen, urine; qualitative	20.0	
83972 Pentazocine	60.0	84110 Porphobilinogen, urine, quantitative	20.0	
83973 Pentose, urine, qualitative	13.5	84118 Porphyrins, copro-, urine; quantitative	30.0	
(For TLC screen, see 84375)				
83974 Pepsin, gastric	23.0	84119 qualitative	24.0	
83975 Pepsinogen, blood	40.0	84120 Porphyrins, urine, fractionated (uroporphyrin and coproporphyrin)	64.0	
83985 Pesticide, other than chlorinated hydrocarbons, blood, urine or other material	BR+	84121 uro-, copro-, and porphobilinogen, urine	80.0	
(Pesticide, chlorinated hydrocarbons, see 82441)				
83986 pH, body fluid, except blood	BR	(For porphyrin precursors, see 82630)		
(For blood, see 82800, 82802, 82803, 82817)				
83992 Phencyclidine (PCP)	38.0	84126 feces, quantitative	100.0	
83995 Phenol, blood or urine	60.0	84128 Porphyrins, plasma	82.0	
84005 Phenolsulphonphthalein (PSP), urine	20.0	(For protoporphyrin, RBC, see 84202, 84203)		
(For injection procedure, see 36410 for provision of materials, see 99070)				
84021 Phenothiazine, urine	100.0	84132 Potassium, blood	°24.0	
(See also 82486 et seq.)				
84022 quantitative, chemical	BR	84133 urine	°24.0	
(For also individual drugs)				
84030 Phenylalanine, blood, Guthrie	12.0	84135 Pregnanediol; RIA	BR	
(Phenylalanine-tyrosine ratio, see 84030, 84510)				
84031 fluorometric	12.0	84136 other method (specify)	BR	
84033 Phenylbutazone	20.0	84138 Pregnanetriol; RIA	BR	
84035 Phenylketones; blood, qualitative	20.0	84139 other method (specify)	BR	
84037 urine, qualitative	20.0	84141 Primidone	60.0	
84038 Phenylpropranolamine	20.0	84142 Procainamide	60.0	
84039 Phenylpyruvic acid; blood	20.0	84144 Progesterone, any method	105.0	
(For proinsulin, RIA, see 84206)				
(For screen, see 82486 et seq.)				
(For serum albumin, see 82040, for serum globulin, 82942)				
84146 Prolactin (mammotropin), RIA				225.0
84147 Propoxyphene				60.0
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 total and albumin/globulin ratio				°40.0
84175 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

	Unit Value		Unit Value
84200 electrophoretic fractionation and quantitation. (For protein bound iodine (PBI), see 83533)	80.0	(T-4, see 84435-84439) (84401 has been deleted.)	
84201 Protirelin, thyrotropin releasing hormone (TRH) test	BR	84403 Testosterone, blood, RIA	105.0
84202 Protoporphyrin, RBC; quantitative	30.0	84405 Testosterone, urine, RIA	120.0
84203 screen	20.0	84406 Testosterone, binding protein	BR
84205 Protiptylene	68.0	84407 Tetracaine	BR
84206 Proinsulin, RIA	60.0	84408 Tetrahydrocannabinol THC (marijuana)	BR
84207 Pyridoxine (Vitamin B-6)	BR	84409 Tetrahydrocortisone or tetrahydrocortisol	105.0
84208 Pyrophosphate vs. urate, crystals (polarization)	12.0	(See also 83492-83497)	
84210 Pyruvate, blood	30.0	84410 Thallium, blood or urine	100.0
84220 Pyruvic-kinase, RBC	30.0	84420 Theophylline, blood or saliva	60.0
84228 Quinine	30.0	84425 Thiamine (Vitamin B-1)	BR
84230 Quinidine, blood	40.0	84430 Thiocyanate, blood	30.0
84231 Radioimmunoassay (RIA) not elsewhere specified	BR	84434 Thioridazine	40.0
(Reinsch test, see 83015)		(Thyrotropin releasing hormone (TRH) test, see 84201)	
84232 Releasing factor	BR	84435 Thyroxine, (T-4), CPB or resin uptake	33.0
84233 Receptor assay; estrogen (estradiol)	BR	84436 Thyroxine, true (TT-4), RIA	21.0
84234 progesterone	BR	84437 Thyroxine (T-4), neonatal	20.0
84235 endocrine, other than estrogen or progesterone (specify hormone)	BR	84439 Thyroxine, free (FT-4), RIA (unbound T-4 only)	45.0
84236 progesterone and estrogen	BR	(84441 Thyroxine (T-4) method unspecified has been deleted. To report, use 84435-84439)	
84238 nonendocrine (e.g., acetylcholine) (specify receptor)	BR	84441 Thyroxine (T-4), specify method (e.g., CPB, RIA)	40.0
84244 Renin (Angiotensin I); (RIA)	60.0	84442 Thyroxine binding globulin (TBG)	52.0
(See also 82163, angiotensin II)		(Thyroxine, free thyroxine index, T-7, see 82756)	
84246 furosemide test	BR	(Thyroid hormones, PBI, thyroxine, etc., see 84480, 84441, 84250)	
(84250, 84251 resine uptake have been deleted. To report, use 84479, 84435)		84443 Thyroid stimulating hormone (TSH), RIA or EIA	60.0
84252 Riboflavin (Vitamin B-2)	BR	84444 Thyrotropin releasing factor (TRF), RIA; plus long acting (LATS)	BR
(Salicylates, see 82011, 82012)		84446 Tocopherol alpha (Vitamin E)	38.0
(Saline infusion test, see 82091)		(Tolbutamide tolerance, see 82951-82952)	
(Secretin test, see 99070, 89100 and appropriate analyses)		84447 Toxicology, screen; general	BR
84255 Selenium, blood, urine or tissue	100.0	84448 sedative (acid and neutral drugs, volatiles)	45.0
84260 Serotonin, blood	120.0	84450 Transaminase, blood, glutamic oxaloacetic (SGOT), timed kinetic ultraviolet method	24.0
(For urine metabolites, see 83497)		°84455 colorimetric or fluorometric	°20.0
84275 Sialic acid, blood	50.0	84460 glutamic pyruvic (SGPT), blood timed kinetic ultraviolet	24.0
(Sickle hemoglobin, see 83020, 83052, 83053, 85660)		°84465 colorimetric or fluorometric	°20.0
84285 Silica, blood, urine or tissue	100.0	(Transferrin, see 86329)	
84295 Sodium, blood	°24.0	84472 Trichloroethanol	60.0
84300 urine	°24.0	84474 Trichloroacetic acid	36.0
(Somatomammotropin, see 83632)		(Trichloroacetaldehyde, see 82400-82405)	
(Somatotropin, see 83003; chorionic, see 83632)		84476 Trifluoperazine	36.0
84310 Sorbitol dehydrogenase, serum	26.0	84478 Triglycerides, blood	30.0
84315 specific gravity (except urine)	8.0	(See also 83705)	
84317 Starch, feces, screening	8.0	84479 Triiodothyronine (T-3), resin uptake	
84318 Stercobilin, qualitative, feces	BR	84480 Triiodothyronine, true (TT-3), RIA	36.0
(For stone analysis see 82355-82370)		84481 Triiodothyronine, free (FT-3), RIA (unbound T-3 only)	BR
84324 Strychnine	75.0	84483 Trimethadione	36.0
(Sugar, see under glucose)		84485 Trypsin, duodenal fluid	30.0
84375 sugars chromatographic separation	80.0	84488 Trypsin, feces, quantitative, 24 hour specimen	30.0
(Sulfhemoglobin, see hemoglobin, 83055-83060)		84490 quantitative	30.0
(84382 has been deleted)		(Tubular reabsorption of phosphate, blood and urine, see 84082)	
(For injection, see 36410, 99070)		84510 Tyrosin, blood	40.0
84395 Sulfonamide, blood chemical	20.0	(Ultracentrifugation, lipoprotein, see 82190)	
(84397 has been deleted.)		(Urate vs. pyrophosphate crystals, see 84208)	
(T-3, see 84479-84481)		84520 Urea nitrogen, blood (BUN); quantitative	°22.0

	Unit Value
84525 stick test	8.0
84540 urine	°20.0
84545 clearance	°40.0
84550 Uric acid, blood, chemical	°20.0
84555 uricase, ultraviolet method	26.0
84560 urine	20.0
84565 Urobilin, urine, qualitative	12.0
84570 quantitative, timed specimen	24.0
84575 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)	
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 (see also 82380)	60.0
(Vitamin B-1, see 84425)	
(Vitamin B-2, see 84252)	
(Vitamin B-6, see 84207)	
(Vitamin B-12, blood, see 82606, 82607)	
(Vitamin B-12, absorption (Schilling), see 78270, 78271)	
(Vitamin C, see 82180)	
(Vitamin E, see 84446)	
84597 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 volume	50.0
(Volume, blood, RISA or Cr-51, see 78110, 78111)	
84613 Warfarin	BR
84615 Xanthurenic acid	BR
84620 Xylose tolerance test, blood	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)	
84681 C-peptide, any method	BR
84695 Gentamicin	38.5
((84701 Gonadotropin, chorionic, beta subunit, RIA	66.7))
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 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-216 HEMATOLOGY.

(Includes blood clotting (coagulation) procedures. For blood banking procedures, see under Immunology.)	
(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 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 hemogram, automated, and differential WBC count (CBC) with platelet count	17.0))
(85028 has been deleted. To report, see 85023-85025)	
(((For additional laboratory testing utilizing automated hemogram techniques, use Modifier -22, Unusual Services)))	
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
(See also 85021-85031, 89050)	
85044 reticulocyte count	12.0
85048 white blood cell (WBC)	8.0
(See also 85021-85034)	
((85060 Blood smear, peripheral, interpretation by physician with written report))	

	Unit Value		Unit Value
85095 Bone marrow smear and/or cell block; aspiration only.....	45.0	85360 Euglobulin lysis	40.0
(85096 has been deleted. For interpretation of smear, use 85097; for cell block interpretation, see 88304, 88305)		(Fetal hemoglobin, see 83030-83033, 85460)	
((85097— smear interpretation only))		85362 Fibrin degradation (split) products (FDP)(FSP); agglutination, slide	12.0
85100 Bone marrow, aspiration, staining, and interpretation of smears	140.0	85363 ethanol gel	10.0
(For special stains, see 85535, 85540, 85560, 88312-88313)		85364 hemagglutination inhibition (Merskey), microtiter	36.0
85101 aspiration and staining only (smears)	75.0	85365 immunoelectrophoresis	BR
85102 biopsy core (needle)	75.0	85367 precipitation	18.0
(For trocar, see 20220)		85368 protamine paracoagulation (PPP)	BR
85103 cell block or biopsy, stain and interpretation.....	60.0	85369 staphylococcal clumping	12.0
((85105— interpretation only	100.0))	(Fibrinogen, quantitative, see 82730)	
85109 staining and preparation only	30.0	85371 Fibrinogen, semiquantitative; latex	40.0
(85120 bone marrow transplant has been deleted. To report see 38230-38240)		85372 turbidimetric	22.5
85150 Calcium clotting time	40.0	85376 Fibrinogen; thrombin with plasma dilution	24.0
85160 Calcium saturation clotting test	40.0	85377 thrombin time dilution	36.0
85165 Capillary fragility test (Rumpel-Leede) (independent procedure)	20.0	85390 Fibrinolysins, screening	20.0
85170 Clot retraction	8.0	85392 with EACA control	BR
85171 quantitative	45.0	85395 semi-quantitative	30.0
85172 inhibition by drugs	BR	((85396— lysis of homologous clot	105.0))
85175 Clot lysis time, whole blood dilution	40.0	(85396 has been deleted, use 85999)	
(Clotting factor I (fibrinogen), see 82730, 85371-85377)		85398 Fibrinolysis, quantitative	45.0
85210 factor II (prothrombin assay)	40.0	85400 Fibrinolytic mechanisms, plasmin	BR
(See also 85610-85618)		85410 alpha-2 anti-plasmin	BR
85220 factor V (AcG or pro-accelerin) labile factor	40.0	85420 plasminogen	BR
85230 factor VII (proconvertin stable factor)	40.0	85421 plasminogen, antigenic assay	BR
85240 factor VIII (AHG) one stage	40.0	85426 von Willebrand factor assay	BR
85242 factor VIII (AHG), two stage	40.0	(For plasminogen activator, see 85665)	
85244 factor VIII related antigen quantitation	BR	(Fragility, red blood cell, see 85547, 85555-85557)	
85250 factor IX (PTC or Christmas)	40.0	85441 Heinz bodies; direct	9.0
85260 factor X (Stuart-Prower)	40.0	85445 induced, acetyl phenylhydrazine	19.5
85270 factor XI (PTA)	40.0	(For hematocrit (pcv), see 85014, 85021-85031)	
85280 factor XII (Hagemann)	40.0	(For hemoglobin, see 83020-83060, 85050)	
85290 factor XIII (fibrin stabilizing)	40.0	85460 Hemoglobin, fetal, differential lysis (Kleihauer)	26.0
85291 factor XIII (fibrin stabilizing), screen solubility ..	40.0	(See also 83030, 83033)	
85292 prekallikrein assay (Fletcher factor assay)	BR	(Hemogram, see 85021-85031)	
85293 high molecular weight kinninogen assay (Fitzgerald factor assay)	BR	(Hemolysins, see 86006, 86281, 86282)	
85300 Clotting inhibitors or anti-coagulants, anti-thrombin	40.0	85520 Heparin assay	60.0
85301 antithrombin III, antigen assay	BR	85530 Heparin-protamine tolerance test	60.0
85302 protein C assay	BR	85535 Iron stain (RBC or bone marrow smears)	18.0
85310 anti-thromboplastins	40.0	(Ivy bleeding time, see 85002)	
85311 anti-prothrombinase	40.0	85538 Leder stain (esterase) blood or bone marrow	30.0
85320 anti-prothromboplastins	40.0	85540 Leucocyte alkaline phosphatase	20.0
85330 anti-factor VIII	40.0	85544 Lupus erythematosus (LE) cell prep	20.0
85340 cross recalcification time (mixtures)	40.0	(Lysozyme, see 85549)	
85341 PTT inhibition test	BR	85547 Mechanical fragility, RBC	30.0
85345 Coagulation time (Lee and White)	30.0	85548 Morphology of red blood cells, only	9.0
85347 Coagulation time, activated	20.0	85549 Muramidase, serum	52.0
85348 other methods	BR	85550 Nitroblue tetrazolium test (NBT)	36.0
(Complete blood count, see 85021-85031)		85555 Osmotic fragility, RBC;	15.0
(Differential count, see 85007 et seq.)		85556 incubated, qualitative	18.0
(Drug inhibition, clot retraction, see 85172)		85557 incubated, quantitative	60.0
(Duke bleeding time, see 85000)		(Packed cell volume, see 85014)	
(Eosinophil count, direct, see 85012)		(Partial thromboplastin time, see 85730-85732)	
(Eosinophils, microscopic examination for, in various body fluids, see 89180)		(Parasites, blood, e.g., malaria smears, see 87207)	
(Ethanol gel, see 85363)		85560 Peroxidase stain, WBC	15.0
		(Plasmin, see 85400)	
		(Plasminogen, see 85420)	
		(Plasminogen activator, see 85665)	

	Unit Value		Unit Value
85575 Platelet; adhesiveness (in vivo)	45.0	86000 Agglutinins febrile, each	14.0
85576 aggregation (in vitro), any agent	BR	86002 panel (typhoid O & H, paratyphoid A & B, brucella and Proteus OX-19	45.0
85577 retention (in vitro), glass bead	30.0	86004 warm	36.0
85580 Platelet, count (Rees-Ecker)	14.0		
85585 estimation on smear, only	10.0	(Agglutinins and autohemolysins, see 86004, 86011-86013, 86281-86283, 86006-86009)	
(See also 85007)		(Agglutinins, auto, see 86282-86283, 86011, 86013)	
85590 phase microscopy	20.0	(Agglutinins, cold, see 86006, 86013, 86282, 86283)	
85595 electronic technique	20.0	(Alpha-1 antitrypsin, see 86329)	
85610 Prothrombin time	16.0	(Alpha-1 fetoprotein, see 86329)	
(See also 85618)		(Amebiasis, see 86171, 86280)	
85612 Russell viper venom type (includes venom)	36.0	86006 Antibody, qualitative, not otherwise specified; first antigen, slide or tube	12.0
85614 two stage	30.0	86007 each additional antigen	7.5
85615 Prothrombin utilization (consumption)	40.0	86008 Antibody, quantitative titer, not otherwise specified; first antigen	18.0
85618 Prothrombin-Proconvertin, P & P (Owren)	18.0	86009 each additional antigen	12.0
(Red blood cell count, see 85021-85031)		86011 Antibody, detection, leukocyte antibody	44.0
85630 Red blood cell size (Price-Jones)	40.0	86012 Antibody absorption, cold auto absorption; per serum	30.0
85632 Red blood cell peroxide hemolysis	30.0	(For elution, see 86019)	
85635 Reptilase test	33.0	86013 differential	45.0
(Reticulocyte count, see 85044)		86014 Antibody, platelet antibodies (agglutinins)	45.0
(Rumpel-Leede test, see 85165)		86016 Antibodies, RBC, saline; high protein and antihuman globulin technique	30.0
85640 Reticulocyte count	14.0	(See also 86032)	
85650 Sedimentation rate (esr) Wintrobe type	14.0	86017 with ABO + Rh(D) typing (for holding blood instead of complete crossmatch)	24.0
85651 Westergren type	10.5	86018 enzyme technique including antihuman globulin	17.0
85660 Sickling of red blood cells reduction slide method	14.0	86019 elution, any method	45.0
(Sickling, electrophoresis, see 83020)		86021 Antibody identification; leukocyte antibodies	60.0
(Sickling, solubility, S-D, see 83053)		86022 platelet antibodies	75.0
(Sickling, turbidimetric (Sickledex dithionate), see 83052)		86024 RBC antibodies (8-10 cell panel) standard techniques	38.0
(Siderocytes, see 85535)		86026 RBC antibodies (8-10 cell panel), with enzyme technique including antihuman globulin	52.0
(Smears for parasites, malaria, etc., see 87207)		(For absorption and elution, see 86012-86013, 86019)	
(Staphylococcal clumping test, see 85369)		86028 saline or high protein, each (Rh, AB, etc.)	12.0
85665 Streptokinase titer (plasminogen activator)	BR	(Anti-DNA, see 86225)	
85670 Thrombin time, plasma	20.0	(Anti-deoxyribonuclease titer, see 86215)	
85675 titer	12.0	86031 Antihuman globulin test; direct (Coombs) 1-3 dilutions	12.0
85680 Thrombo test	20.0	86032 indirect, qualitative (broad, gamma or nongamma, each)	15.0
85700 Thromboplastin generation test, screening (Hicks-Pitney)	40.0	86033 indirect, titer (broad, gamma or nongamma each)	12.0
85710 definitive, with platelet substitute	45.0	86034 enzyme technique, qualitative	30.0
85711 with patient's platelets	45.0	86035 drug sensitization, identification (e.g., penicillin)	75.0
85720 all factors	BR+	(For antibody detection (screening), see 86016, 86017)	
(For individual clotting factors, see 85210 et seq.)		(Antihyaluronidase titer, see 86315)	
85730 Thromboplastin time, partial (PTT) plasma or whole blood	30.0	86038 Antinuclear antibodies (ANA), RIA	55.0
85732 substitution plasma	30.0	(Antinuclear antibodies, fluorescent technique, see 86255, 86256)	
(For thromboplastin inhibition test, see 85341)		86045 Antistreptococcal carbohydrate, anti-A CHO	40.0
(For tourniquet test, see 85165)		(Antistreptococcal antibody, anti-DNAse, see 86215)	
85810 Viscosity, blood	40.0	(Antistreptokinase titer, see 86590)	
85820 serum or plasma	40.0	86060 Anti-streptolysin O titre	20.0
(WBC count, see 85021-85031, 85048, 89050)		86063 screen	10.0
85999 Unlisted hematology procedure	BR	86064 Antitrypsin, alpha-1; RIA	20.0
AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)		86066 Pi (Protease inhibitor) typing	20.0
WAC 296-23-221 IMMUNOLOGY.		86067 other method (specify)	20.0
(Includes serology, immuno-hematology and blood banking)			
(Acid hemolysins, see 86281)			
(Actinomycosis, see 86000-86009, 86450)			

	Unit Value		Unit Value
(Autoagglutinins, see 86282, 86283)		86162 total (CH 50)	70.0
(Autoantibodies, see specific antigens)		86163 C's esterase	<u>BR</u>
(Blastomycosis, see 86006-86009, 86460)		86164 C'4 esterase	<u>BR</u>
86068 Blood, cross match, complete standard technique, includes typing and antibody screening of recipient and donor; first unit	60.0	(For complement fractions, quantitative, see 86329)	
86069 each additional unit	45.0	86171 Complement fixation tests, each (e.g., cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis) - specify test ..	40.0
86072 Blood crossmatch; enzyme technique	10.5	(Coombs test, see 86031-86035)	
86073 screening for compatible unit saline and/or high protein	26.0	86185 Counterelectrophoresis, each antigen	24.0
86074 antiglobulin technique	15.0	(For HAA, see 86285, 86286)	
(For enzyme technique, see 86018)		(Crossmatch, see 86068-86076)	
86075 Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening; first unit	44.0	(86201 and 86202 have been deleted)	
86076 each additional unit	27.0	(Cryptococcosis, see 86008, 86009, 86255, 86256)	
((86077) Blood bank physician services, difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	BR	(Cysticercosis, see 86280)	
86078 investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	BR	((86209) Cytotoxic testing	BR))
86079 authorization for deviation from standard blood banking procedures (e.g., use of outdated blood, transfusion of RH incompatible units), with written report	BR))	86215 Deoxyribonuclease, antibody	36.0
(For incompatibility problems, see 86004, 86011-86014, 86016-86026, 86031-86035, 86068-86076)		86225 Deoxyribonucleic acid (DNA) antibody	36.0
(For typing, antibody screening and blood in lieu of crossmatch, see 86017)		(Diphtheria, see 86280)	
(For blood transfusion, see 36430-36460, 36510, 36660)		(Direct antiglobulin test (Coombs), see 86031)	
86080 Blood typing; ABO only	12.0	(Donath-Landsteiner screen, see 86008, 86009)	
86082 ABO and Rho(D)	18.0	(Drug sensitization, RBC, see 86035)	
86090 M N	20.0	(Echinococcosis, see 86171, 86280, 86500)	
86095 Blood typing, RBC antigens other than ABO or Rho(D); antiglobulin technique, each antigen	10.5	86227 Enzyme immunoassay for infectious agent antigen ..	<u>BR</u>
86096 direct, slide or tube, including Rh subtypes, each antigen	10.5	(For precipitin or agglutination rapid test for infectious agent, use 86403)	
86100 Blood typing; Rho(D) only	12.0	(For enzyme immunoassay for drugs, use 82662)	
86105 Rh genotyping, complete	45.0	86228 Enzyme immunoassay for infectious agent antibody ..	<u>BR</u>
(For Rho variant Du, see 86095)		(For HTLV-III antibody tests, see 86312-86314)	
86115 anti-Rh immuno-globulin testing (Rhogam type) special (Kell, Duffy, etc.)	68.0	86229 Enzyme immunoassay for chemical constituent	<u>BR</u>
86120 special (Kell, Duffy, etc.)	<u>BR</u>	(Eosinophils, ((microscopic examination for, in various body fluids, see 89180)) nasal smear, use 89190)	
86128 Blood autotransfusion, including collection, processing and storage	45.0	86235 ((Extractable)) Antibody to specific nuclear antigen ((ENA), antibody), any method, each	30.0
(For therapeutic phlebotomy, see 99195)		(86240 and 86241 have been deleted)	
(86129, 86131, 86134, 86138, and 86139 have been deleted)		((For cryoprecipitate, see 86201, 86202))	
(Bovine milk antibody, see 86008, 86009)		86243 Fc receptor assay, specify method	<u>BR</u>
(Brucellosis, see 86000-86002, 86470)		86244 Feto-protein, alpha-1, RIA or EIA	57.0
86140 C-reactive protein	20.0	((Feto-protein, immunodiffusion method, alpha-1, see 86329))	
(Candidiasis, see 86008)		(86245 has been deleted)	
86149 Carcinoembryonic antigen; gel diffusion	60.0	(Filariasis, see 86280)	
86151 RIA or EIA	60.0	86255 Fluorescent antibody; screen	24.0
(Cat scratch disease, see 86171, 86480)		86256 titer	36.0
86155 Chemotaxis assay, specify method	<u>BR</u>	(Fluorescent technique for antigen identification in tissue, see ((88345)) 88346)	
(Coccidioidomycosis, see 86006-86009, 86171, 86490)		((Frei test, see 86530))	
(Cold agglutinin or hemolysin, see 86006-86013, 86282, 86283)		86265 Frozen blood, preparation for freezing, each unit including processing and collection;	<u>BR</u>
86158 Complement; C'1 esterase	52.0	86266 with thawing	<u>BR</u>
86159 C'2 esterase	52.0	86267 with freezing and thawing	<u>BR</u>
		(FTA, see 86650)	
		(Gc grouping, see 86335)	
		(Gel (agar) diffusion tests, see 86331)	

	Unit Value		Unit Value
(Gm grouping, see 86335)		(IgE, RIA, see 82785; RIST, see 86423)	
(Gonadotropins, chorionic, see 82996-82998)		86335 Immunoglobulin typing (Gc, Gm, Inv), each	BR
(86272 and 86273 have been deleted)		(Insulin antibody, see 86016)	
(86274 has been deleted. For passive immunization with specific hyperimmune serum, see 90742)		86337 Insulin antibodies, RIA	BR
(Gm grouping, see 86335)		86338 Insulin factor antibodies, RIA	32.0
(Gonadotropins, chorionic, see 82996-82998)		86340 Intrinsic factor antibodies, RIA	32.0
86277 Growth hormone, human (HGH), antibody, RIA	BR	(Intrinsic factor, antibody (fluorescent), see 86255, 86256)	
(HAA, see 86285-86287)		(Inv grouping, see 86335)	
(Ham test, see 86281)		((Kvcim test, see 86565))	
86280 Hemagglutination inhibition tests (HAI), each (e.g., amebiasis, rubella, viral)	60.0	(Latex fixation, see individual antigen or antibody; also 86006, 86007)	
86281 Hemolysins, acid (for paroxysmal hemoglobinuria) (Ham test)	24.0	(LE cell preparation, see 85544)	
86282 Hemolysins and agglutinins, auto, screen, each;	30.0	(LE factor, see 86006, 86007, 86255, 86256)	
86283 incubated with glucose (e.g., ATP)	75.0	(Leishmaniasis, see 86280)	
(Cold, see 86006-86009, warm 86004, acid 86281)		(Leptospirosis, see 86006-86009, 86171)	
86285 Hepatitis B surface antigen (HB _s Ag) (Australian antigen, HAA); counter-electrophoresis method	18.0	(Leukoagglutinins, see 86013, 86021)	
86286 counter-electrophoresis with concentration of serum	24.0	86343 Leukocyte histamine release test (LHR)	BR
86287 RIA ((method)) or EIA	36.0	86344 Leukocyte phagocytosis	BR
(For gel diffusion technique, see 86331; CF, see 86171; HAI, see 86280)		(86345, 86346, and 86347 have been deleted)	
86288 Hepatitis B core antigen (HB _c Ag), RIA	BR	86349 Leukocyte transfusion (leukapheresis)	BR
86289 Hepatitis B core antibody (HB _c Ab), RIA or EIA	BR	(Lymphocyte culture, see 86353)	
86290 IgM antibody (e.g., RIA, EIA, RPHA)		(86351 has been deleted)	
86291 Hepatitis B surface antibody (HB _s Ab), (e.g., RIA, EIA, RPHA)	BR	86353 Lymphocyte transformation, PHA or other	120.0
86293 Hepatitis Be antigen (HB _e Ag), (e.g., RIA, EIA)	BR	86357 Lymphocytes; T & B differentiation	165.0
86295 Hepatitis Be antibody (HB _e Ab), (e.g., RIA, EIA)	BR	86358 B-cell evaluation	BR
86296 Hepatitis A antibody (HAAb), (e.g., RIA, EIA)	BR	(Malaria, see 87207)	
(86297 Hepatitis A virus antibody has been deleted. To report, use 86296)		(86365 has been deleted)	
86298 IgG antibody	BR	(Meloidosis, see 86280)	
86299 IgM antibody	BR	86376 Microsomal antibody (thyroid); RIA	BR
86300 Heterophile antibodies, screening (includes mono-type test) slide or tube	20.0	86377 other method (specify)	30.0
86305 quantitative titer	30.0	86378 Migration inhibitory factor test (MIF)	BR
86310 plus titers after absorption, beef cells and guinea pig kidney	30.0	(Milk antibody, anti-bovine, see 86008-86009)	
(Histoplasmosis, see 86006-86009, 86171)		(Mitochondrial antibody, liver, see 86255)	
(HLA typing, see 86597)		(Mononucleosis screening slide, see 86006-86007)	
(For hormones, see individual alphabetic listing in chemistry section)		86382 Neutralization test, viral	BR
86312 HTLV-III antibody detection; ELISA	BR	86384 Nitroblue tetrazolium dye test (NTD)	BR
86314 confirmatory test (e.g., Western blot)	BR	(Ouchterlony diffusion, see 86331)	
(Human growth hormone antibody, RIA, see 86277)		(Parietal cell antibody, see 86255, 86256)	
(86315 has been deleted)		86385 Paternity testing, ABO + Rh factors + MN (per individual);	37.5
86320 Immuno-electrophoresis, serum, each specimen (plate)	100.0	86386 each additional antigen system	15.0
86325 other fluids (e.g., urine) with concentration, each specimen	100.0	(Penicillin antibody RBC, see 86035)	
86327 crossed (2 dimensional assay)	BR	(86388, 86389, and 86391 have been deleted)	
86329 Immunodiffusion; quantitative, each IgA, IgG, IgM, ceruloplasmin, transferrin, alpha-2, macroglobulin, complement fractions, alpha-1 antitrypsin, or other (specify)	30.0	(Platelet antibodies (agglutinins), see 86014)	
86331 gel diffusion, qualitative (Ouchterlony)	30.0	(86392, 86393, and 86398 have been deleted)	
(For ceruloplasmin by chemical method, see 83290)		86402 Precipitin determination, gel diffusion, in aspergillosis, bagassosis, farmer lung, pigeon breeder disease, silo filler disease, other alveolitis (specify)	BR
		86403 Precipitin (e.g., latex bead) or agglutination rapid test for infectious agent antigen	BR
		86405 Precipitin test for blood (species identification)	BR
		(Pregnancy test, see 82996, 82997, 86006-86009)	
		(86415 and 86416 have been deleted)	

	Unit Value
87088 identification, in addition to quantitative or commercial kit	12.0
87101 Culture, fungi, isolation; skin	15.0
87102 other source	18.0
87106 definitive identification, by culture, per organism, in addition to skin or other source	30.0
87109 Culture, mycoplasma, any source	75.0
87116 Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria); any source, isolation only	18.0
87117 concentration plus isolation	30.0
87118 definitive identification, per organism, (does not include isolation and/or concentration)	30.0
87140 culture, typing fluorescent method each antiserum ..	20.0
87143 gas liquid chromatography (GLC) method	45.0
87145 phage method	40.0
87147 serological method agglutination grouping, per antiserum	20.0
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
87164 Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection	60.0
87166 without collection	30.0
87173 Endotoxin, bacterial (pyrogens); animal inoculation ..	36.0
87174 chemical	24.0
87176 homogenization, tissue, for culture	15.0
87177 Ova and parasites, direct smears, concentration and identification	36.0
(Individual smears and procedures, see 87015, 87208-87211)	
(Trichrome, iron hemotoxylin and other special stains, see 88312)	
87181 Sensitivity studies antibiotic, agar diffusion method, per antibiotic	40.0
87184 disc method, per plate (12 or less discs)	24.0
87186 microtiter, minimum inhibitory concentration (MIC), (8 or less) any number of antibiotics ..	45.0
87188 tube dilution method, each antibiotic	30.0
87190 Sensitivity study of tubercle bacillus, (TB, AFB), each drug	60.0
87205 Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types	12.0
87206 fluorescent and/or acid fast stain for bacteria, fungi, or cell types	18.0
87207 special stain for inclusion bodies or intracellular parasites (e.g., malaria, kala azar, herpes)	24.0
87208 direct or concentrated, dry, for ova and parasites ..	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 wet mount with simple stain, for bacteria, fungi, ova, and/or parasites	12.0
87211 wet and dry mount, for ova and parasites	18.0
87220 Tissue examination for fungi (e.g., KOH slide)	BR
87250 Virus, inoculation of embryonated eggs, suitable tissue culture, or small animal, includes observation and dissection	12.0
(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 Unlisted microbiology procedure	BR

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-228 ANATOMIC PATHOLOGY.

	Unit Value
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	BR
88037 single organ	BR +
88040 Necropsy (autopsy); forensic examination	BR
88045 coroner's call	BR
88099 Unlisted necropsy (autopsy) procedure	BR
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., Saccomanno technique)	BR
(88109 has been deleted. For interpretation of smear, use 88104; for cell block interpretation, see 88304, 88305)	
(For cervical or vaginal smears, see 88150)	
(((For cell block only, see 88302)))	
(For gastric intubation with lavage, see 89130-89141, 91055)	
(For x-ray localization, see 74340)	
88125 Cytopathology, forensic (e.g., sperm)	75.0
88130 Sex chromatin identification; (Barr bodies)	40.0
88140 peripheral blood smear, polymorphonuclear "drum sticks"	40.0
(For guard stain, see 88313)	
88150 Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), screening ((and interpretation)) by technician under physician supervision, up to three smears;	((26.5))
88151 requiring interpretation by physician	BR
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	BR
88162 extended study involving over 5 slides and/or multiple stains	BR
(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)	

	Unit Value		Unit Value
88170		(88316 preparation of duplicate slides has been deleted. To report, use 99070)	
88171	BR	((88317 Interpretation and report by treating physician of previously diagnosed histologic slide (without consultation)	BR)
		(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic guidance use 76000)	
88172	BR	88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)	BR
88173	BR	88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each	BR
88180	BR	((88321 consultation and report on referred slides prepared elsewhere	140.0)
88182	BR	88323 Consultation and report on referred material requiring preparation of slides	BR
88199	BR	((88325 Consultation, comprehensive, with review of records and specimens, with report on referred material	BR
		(For electron microscopy, see 88348, 88349)	
		88329 consultation during surgery	100.0)
		88331 with frozen section(s), single specimen	90.0
		88332 each additional tissue block with frozen section(s)	30.0
CYTOGENETIC STUDIES			
88260	180.0	88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody	BR
88261	375.0		
88262	525.0	(88345 has been deleted. To report, use 88346)	
88265	225.0	88346 Immunofluorescent study, each antibody	BR
88267	600.0	88348 Electron microscopy; diagnostic	BR
88268	600.0	88349 scanning	BR
88270	BR	88350 Morphometric analysis; skeletal muscle	BR
88280	75.0	<u>88356 nerve</u>	<u>BR</u>
88285	15.0		
88299	BR	(88360 whole organ sections has been deleted. To report use 88399)	
		(88370 has been deleted. To report, use 88342)	
		(For physician interpretation of peripheral blood smear, use 85060)	
SURGICAL PATHOLOGY			
		(Procedures 88300 through 88399 include accession, handling and reporting)	
88300	20.0	88399 Unlisted surgical pathology procedure	BR
		AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)	
		WAC 296-23-232 MISCELLANEOUS.	
			Unit Value
		(Basal metabolic rate has been deleted. If necessary to report, use 89399)	
		(89005-89007 have been deleted)	
88302	60.0	89050 Cell count, miscellaneous body fluids (except blood) (e.g., CSF, joint fluid, etc.)	12.0
88304	75.0	89051 with differential count	20.0
88305	105.0	<u>89060 Crystal identification by compensated polarizing lens analysis, synovial fluid</u>	<u>BR</u>
88307	150.0		
88309	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)	
88311	12.0	89125 Fat stain, feces, urine, sputum	15.0
88312	25.0		
88313	12.0		
		(For immunocytochemistry and immunoperoxidase tissue studies, use 88342)	
88314	BR		

	Unit Value
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	
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)	

~~(89323 Sperm immobilization~~ BR)
 89325 Sperm (agglutination, with antibody titer) evaluation; hamster penetration test

(For medicolegal identification of sperm, see 88125)

89330 cervical mucus penetration test, with or without spinn barkeit test

(For complete spinal fluid examination, see 89070)

(89345 has been deleted)

89350 Sputum, obtaining specimen, aerosol induced technique (separate procedure)	20.0
89355 Starch granules, feces	10.5
(89360 Sweat test by iontophoresis 50.0)	

(For chloride and sodium analysis, see 82437, 84295)

(Tissue culture, see 86595)

(Tissue typing, see 86810-86822)

89365 Water load test	BR
89399 Unlisted miscellaneous pathology test	BR

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-715 MODALITIES.

Unit
Value

Physician or therapist is required to be in constant attendance.

(97000 has been deleted. To report, use 97010-97039)

P97010 Physical medicine treatment to one area, <u>initial 30 minutes; hot or cold packs</u>	12.0
P97012 traction, mechanical	12.0
P97014 electrical stimulation (unattended)	12.0
P97016 vasopneumatic devices	12.0
P97018 paraffin bath	12.0
P97020 microwave	12.0
P97022 whirlpool	12.0

	Unit Value
P97024 diathermy	12.0
P97026 infrared	12.0
P97028 ultraviolet	12.0
P97039 unlisted modality (specify)	12.0
P97040 <u>modality; each additional 15 minutes</u>	3.75
P97050 Two or more modalities to the same area	13.0

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

WAC 296-23-720 PROCEDURES. (Therapist is required to be in constant attendance.)

Unit
Value

(97100 has been deleted. To report, use 97110-97139)
 (97101 has been deleted. To report, use 97145)

P97110 Physical medicine treatment to one area, initial 30 minutes; therapeutic exercises	16.0
P97112 neuromuscular reeducation	16.0
P97114 functional activities	16.0
P97116 gait training	16.0
P97118 electrical stimulation (manual)	16.0
P97122 traction, manual	16.0
P97124 massage	16.0
P97126 contrast baths	16.0
P97128 ultrasound	16.0
P97139 unlisted procedure (specify)	16.0
P97145 Physical medicine treatment to one area, each additional 15 minutes	5.0
P97200 Combination of any modality(s) and procedure(s), initial 30 minutes	16.0
P97201 Each additional 15 minutes	5.0
P97220 Hubbard tank, initial 30 minutes	24.0
P97221 Each additional 15 minutes (maximum allowance, one hour)	5.0
P97240 Pool therapy or hubbard tank with therapeutic exercises, initial 30 minutes	30.0
P97241 Each additional 15 minutes (maximum allowance, one hour)	6.0
P97250 Sterile technique (severe burn cases and open draining areas requiring sterile bandages and dressings)	6.0
P97260 <u>Joint mobilization (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure); one area</u>	16.0
P97500 Orthotics training (dynamic bracing, splinting, etc.) upper extremities, initial 30 minutes	24.0
P97501 each additional 15 minutes	12.0
P97520 Prosthetic training, initial 30 minutes	24.0
P97521 each additional 15 minutes	12.0
P97530 Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit ..	24.0
P97531 each additional 15 minutes	12.0
P97540 Activities of daily living (ADL) and diversional activities, initial 30 minutes, each visit	24.0
P97541 each additional 15 minutes	12.0

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 296-23-115 SPECIAL ADJUNCTIVE SERVICES.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-615 OFFICE VISITS AND SPECIAL SERVICES.

DEFINITIONS:

Routine office visit: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam, i.e.:

- (1) Palpation, exam and adjustment of one or more areas.
- (2) Brief exam and no adjustment.

Extended office visit: A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.

Comprehensive office visit: A level of service pertaining to an in-depth evaluation of a patient with a new or existing problem, requiring development or complete re-evaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review; and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

REPORTING:

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

CHIROPRACTIC MODIFIERS:

-22 Unusual services: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report is required; the modifier -22 should be added to the procedure number.

-52 Reduced services: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced and modifier -52 should be added to the procedure number.

MATERIAL SUPPLIED BY DOCTOR:

Department or self-insurer will reimburse the doctor for materials supplied, i.e. cervical collars, heel lifts, etc., at cost only. In addition, a handling fee, not to exceed five percent of the wholesale cost of the item, will be paid. See RCW 19.68.010, professional license statutes. Use procedure number C99070.

SPECIAL SERVICES:

The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the chiropractor for materials, for his time or that of his employees. These services are generally provided as an adjunct to common chiropractic 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
C90001 Completion of report of accident	12.0
C90097 Completion of reopening application	12.0
C99032 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile	2.0
C99040 Completion of disability card	2.0
<u>C99044 Doctor's estimate of physical capacities</u>	<u>10.0</u>
C99052 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
C99054 Services requested on Sundays and holidays in addition to basic services provided office is closed	12.0
C99070 Supplies, materials provided by doctor. Bill at cost	BR
C99080 Special report requested by the agency or 60-day report (see WAC 296-20-06101)	BR
INITIAL VISIT	
C90000 Routine examination, history, chiropractic adjustment and submission of a report	20.0
C90017 Extended office visit including treatment - report required	30.0
C90020 Comprehensive office visit including treatment - report required in addition to the report of accident	40.0

Unit
Value

FOLLOW-UP VISITS

C90050 Office visit including chiropractic adjustment	16.0
C90070 Extended office visit including treatment - report required	30.0

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-23-811 OFFICE VISITS AND SPECIAL SERVICES.

Definitions:

Routine office visit: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam.

Extended office visit: A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.

Comprehensive office visit: A level of service pertaining to an in-depth evaluation of a patient with a new or existing problem, requiring development or complete re-evaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review; and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

Reporting:

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

Drugless therapeutic modifiers:

-22 Unusual services: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report may be required. The modifier -22 should be added to the procedure number.

-52 Reduced services: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced by 10 units and modifier -52 should be added to the procedure number.

Material supplied by doctor:

Department or self-insurer will reimburse the doctor for materials supplied, i.e. cervical collars, heel lifts, etc., at cost only. In addition, a handling fee not to exceed five percent of the wholesale cost of the item, will be paid. See RCW 19.68.010, Professional License Statutes. Procedure Number D99070 should be used to bill these charges.

Special services:

The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the drugless therapeutic practitioner for materials, for his time or that of his employees. These services are generally provided as an adjunct to common drugless therapeutic 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
D90001 Completion of report of accident	12.0
D90097 Completion of reopening application	12.0
D99032 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile	2.0
D99040 Completion of disability card	2.0
<u>D99044 Doctor's estimate of physical capacities</u>	<u>10.0</u>
D99052 Services requested between 6:00 p.m. and 8:00 a.m. in addition to basic services, provided the office is closed during this period of time	12.0

	Unit Value
D99054 Services requested on Sundays and holidays in addition to basic services provided office is closed.....	12.0
D99070 Supplies, materials provided by doctor - bill at cost	BR
D99080 Special report requested by the agency or 60 day report. See WAC 296-20-06101	BR
INITIAL VISIT	
D90000 Routine examination, history, and/or treatment (routine procedure), and submission of a report	20.0
D90017 Extended office visit including treatment - report required.....	30.0
D90020 Comprehensive office visit including treatment - report required in addition to the Report of Accident.....	40.0
Follow-up treatment	
D90050 Routine office visit including evaluation and/or treatment	16.0
D90070 Extended office visit including treatment - report required.....	30.0

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-100 GENERAL INFORMATION. Hospital services will be paid when necessary for treatment of the accepted industrial illness or injury. General information and rules pertaining to the care of injured workers are explained in the section beginning WAC 296-20-010 through 296-20-17003.

To avoid a delay in paying hospital bills be sure the claim number is listed in the space provided on the bill form. If the department's accident report form is completed at the hospital, then a preassigned claim number will be on the form. In other circumstances, the hospital may not be able to obtain the claim number from the injured worker or the attending physician prior to hospitalization and/or outpatient services. When this occurs, contact the local service location or call the department's provider toll-free line in Olympia. Self-insurers may be contacted directly to obtain claim numbers on self-insured claims. See Appendix B in the medical aid rules and maximum fee schedules for a list of self-insured employers.

Do not substitute the date of injury with either the date of admission or the date of service.

We urge you to submit bills to the department or self-insurer ((~~at the end of each month for the services rendered during that month~~)) on a monthly basis.

The department or self-insurer will pay hospital inpatient charges for bed rest, physical therapy and/or administration of injectable drugs only under the conditions specified in WAC 296-20-075.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-150 BILLING PROCEDURES. Bills for hospital services must be submitted on UB-82 bill forms, transmitted electronically on department provided software, or transmitted electronically using department file format specifications. Providers using the UB-82 bill form must follow the billing instructions provided by the Washington state hospital association. Providers using any of the electronic transfer options must follow department instructions for electronic billing in addition to instructions provided by the Washington state hospital association. The self-insurer may accept other bill forms.

(1) The following information must appear on the UB-82 for hospital inpatient services:

- (a) Provider name;
- (b) Patient control number;
- (c) Type of bill;
- (d) Department of labor and industries provider number;
- (e) Patient name;
- (f) Patient address;
- (g) Birth date;
- (h) Sex;
- (i) Admission date;
- (j) Patient status;

- (k) Statement covers period;
- (l) Date of injury;
- (m) Description (include daily rate with room accommodation revenue code);
- (n) Revenue code;
- (o) Units;
- (p) Total charges;
- (q) Payer;
- (r) Social security number;
- (s) Claim number;
- (t) Employer name;
- (u) Narrative of principal and other diagnoses;
- (v) Principal and other ICD diagnosis code(s) when applicable;
- (w) Narrative of principal and other procedure(s);
- (x) Principal and other ICD procedure code(s) when applicable; and
- (y) Procedure date(s) for ICD procedure code(s) when applicable.

(2) The following information must appear on the UB-82 for hospital outpatient services:

- (a) Provider name;
 - (b) Patient control number;
 - (c) Type of bill;
 - (d) Department of labor and industries provider number;
 - (e) Patient name;
 - (f) Patient address;
 - (g) Birth date;
 - (h) Sex;
 - (i) Statement covers period;
 - (j) Date of injury;
 - (k) Description;
 - (l) Revenue code when applicable;
 - (m) Department of labor and industries procedure codes for radiology, pathology and laboratory, and physical therapy services;
 - (n) Units;
 - (o) Total charges;
 - (p) Payer;
 - (q) Social security number;
 - (r) Claim number;
 - (s) Employer name;
 - (t) Narrative of principal and other diagnoses with side of body; and
 - (u) Principal and other ICD diagnosis code(s) when applicable.
- Summarize inpatient charges by revenue codes as specified in the UB-82 instructions.

(3) Supporting documentation for inpatient and outpatient services must be attached to the billings. Place the claim number on the upper right hand corner of each attachment. (a) through (j) of this subsection are needed for inpatient services, and (d) through (j) of this subsection are needed for outpatient services:

- (a) Admission history and physical examination;
- (b) Discharge summary for stays over forty-eight hours;
- (c) Itemized detail of summary charges;
- (d) X-ray reports;
- (e) Laboratory and pathology reports;
- (f) Diagnostic studies reports;
- (g) Emergency room reports;
- (h) Operative reports;
- (i) Physical therapy notes; and
- (j) Occupational therapy notes.

Providers using any of the electronic transfer options provided by the department must send the department the required documentation normally associated with a bill, as outlined in subsection (3) of this section, within thirty days of the date billing information was sent to the department on electronic medium. (~~The documents must be batched in the same order as the bills were transmitted onto electronic medium and submitted with a cover sheet identifying the file name, which is the first seven characters of the provider's labor and industries submitter identification number followed by a period, followed by the submission date in Julian form.~~) When billing electronically, supporting documentation for inpatient and outpatient services must be batched separately and alphabetized by patient name within the batch. Providers must attach a completed UB-82 backup documentation cover sheet, which is available from the department. The cover sheet and supporting documentation must be complete, or bill payment will be delayed. Place the claim number on the upper right hand corner of each supporting document submitted.

(4) For a bill to be considered for payment, it should be received by the department or self-insurer within ninety days from the date of service.

(5) The department or the self-insurer may reject bills for services rendered in violation of the medical aid rules and maximum fee schedules.

(6) Charges for professional services provided by hospital staff physicians must be submitted on the Health Insurance Claim Form, HCFA-1500. Hospitals using any of the electronic transfer options must follow department instructions for electronic billing in addition to department instructions for completing the Health Insurance Claim Form, HCFA-1500. 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.

(7) Call-back services between 6 p.m. and 8 a.m., of surgical staff not normally on duty during this period of time, should be billed using the appropriate revenue codes.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-244 SPINE AND PELVIS.

	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
72070 Radiologic examination, spine; thoracic, anteroposterior 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 Magnetic resonance (e.g., proton) imaging, spinal cord (including spine)	120.0
(72140 has been deleted. To report see 72141-72144)	
72141 <u>Magnetic resonance (e.g., proton) imaging, spinal canal and contents (two sequences or standard examination); cervical</u>	<u>120.0</u>
72142 <u>thoracic</u>	<u>120.0</u>
72144 <u>lumbar</u>	<u>120.0</u>

Unit Value

	(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)	
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

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

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	((BR)) 120.0

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-252 GASTROINTESTINAL TRACT.

	Unit Value
74210 Radiologic examination; pharynx and/or cervical esophagus	8.8
74220 esophagus	8.8
74230 ((Cineradiography)) Swallowing function, pharynx and/or esophagus, with cineradiography and/or video	12.0
74235 Removal of foreign body(s), esophageal, with use of ((Foley-type)) 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
74321 Cholangiography, percutaneous, transhepatic; complete procedure	16.0
(74325, 74326 have been deleted. To report, use 76499)	
74327 Postoperative biliary duct stone removal, percutaneous via T-tube tract, basket or snare (e.g., Burhenne technique) fluoroscopic monitoring and radiography	BR
74328 Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography .	BR
74329 Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography	BR
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography	BR
74340 Introduction of long gastrointestinal tube, (e.g., Miller-Abbott), with multiple fluoroscopies and films	BR
74351 Percutaneous placement of gastrostomy tube; complete procedure	BR
74356 Percutaneous placement of enteroclysis tube; complete procedure	BR
74361 Intraluminal dilation of strictures and/or obstructions (e.g., esophagus or biliary tree); complete procedure	BR

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-254 URINARY TRACT.

	Unit Value
74400 Urography (pyelography) intravenous, ((including kidneys, ureters and bladder)) with or without KUB	15.2
74405 with special hypertensive contrast concentration and/or clearance studies	16.0
74410 Urography, infusion, drip technique and/or bolus technique	20.0
74415 with nephrotomography	26.0
74420 Urography, retrograde, with or without kidneys, ureters, and bladder	12.0
74426 Urography, antegrade, (pyelostogram, nephrostogram, loopogram); complete procedure	BR
74431 Cystography, minimum of three views; complete procedure	8.8
74441 Vasography, vesiculography, or epididymography; complete procedure	8.8
74446 Corpora cavernosography; complete procedure . . .	BR
74451 Urethrocytography, retrograde; complete procedure	9.6
74456 Urethrocytography, voiding; complete procedure	14.0
(74460, 74461 have been deleted. To report, use 76499)	
74471 Radiologic examination, renal cyst study, trans-lumbar, contrast visualization; complete procedure	10.0
74476 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, with fluoroscopic monitoring and radiography; complete procedure	BR
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
74486 <u>Dilation of nephrostomy or ureters with fluoroscopic monitoring and radiography; complete procedure.....</u>	<u>BR</u>

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-256 GYNECOLOGICAL AND OBSTETRICAL.

	Unit Value
(For abdomen and pelvis, see 74000-74170, 72170-72190)	
74710 Pelvimetry, with or without placental localization	10.0
74720 Radiologic examination, abdomen, for fetal age, fetal position and/or placental localization; single view	4.0
74725 multiple views	6.0
74731 Placentography with contrast cystography; complete procedure	BR
74741 Hysterosalpingography; complete procedure	10.8
(74460, 74461 have been deleted. To report, use 76499)	
((74771 Radiologic examination, fetal study, intrauterine contrast visualization; complete procedure.....	BR))
74775 Perinogram (e.g., vaginogram, for sex determination or extent of anomalies)	BR

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

WAC 296-23A-258 VASCULAR SYSTEM.

	Unit Value		Unit Value
HEART			
75501	22.0	75706	28.0
75506	23.0	75711	30.0
75509	46.0	75712	32.0
		75717	32.0
		75718	34.0
		75723	40.0
		75725	60.0
		75727	46.0
		75728	48.0
			(For selective angiography, additional visceral vessels studied after basic examination, see 75773)
75520	43.0	75732	46.0
75524	21.5	75734	48.0
75528	55.0	75737	44.0
75552	120.0	75738	46.0
AORTA AND ARTERIES			
75601	20.0	75742	30.0
75606	30.0	75744	50.0
75621	32.0	75747	30.0
75623	32.0	75748	40.0
75626	40.0	75751	60.0
75628	48.0	75753	70.0
75631	BR	75755	80.0
75651	40.0	75757	40.0
75653	36.0	75764	BR
75655	38.0	75767	BR
75657	40.0		((75773)) 75775 Angiography, ((visceral)) coronary by-pass, selective, each additional vessel((s)) studied after basic examination; complete procedure
75659	40.0	75790	BR
75661	40.0		
75663	50.0	VEINS AND LYMPHATICS	
75667	40.0	75802	25.0
75669	46.0	75804	35.0
75672	50.0	75806	35.0
75673	54.0	75808	35.0
75677	40.0	75811	40.0
75678	46.0	75821	16.0
75681	50.0	75823	26.0
75682	54.0	75826	32.0
75686	40.0		
75687	46.0		
75691	40.0		
75692	46.0		
75696	50.0		
75697	54.0		

	Unit Value		Unit Value
75828		Venography, caval, superior, with serialography; complete procedure	35.0
75832		Venography, renal, unilateral, selective; complete procedure	40.0
75834		Venography, renal, bilateral, selective; complete procedure	45.0
75841		Venography, adrenal, unilateral, selective; complete procedure	30.0
75843		Venography, adrenal, bilateral, selective; complete procedure	32.0
75846		Venography, azygos; selective, complete procedure	30.0
75847		nonselective, complete procedure	28.0
75851		Venography, intraosseous; complete procedure	32.0
75861		Venography, sinus or jugular, catheter; complete procedure	32.0
75871		Venography, superior sagittal sinus; complete procedure, including direct puncture	32.0
75873		Venography, epidural; complete procedure	BR
75881		Venography, orbital; complete procedure	36.0
75886		Percutaneous transhepatic portography with hemodynamic evaluation; complete procedure	36.0
75888		Percutaneous transhepatic portography without hemodynamic evaluation; complete procedure	34.0
75890		Hepatic venography wedged or free, with hemodynamic evaluation; complete procedure	38.0
75892		Hepatic venography, wedged or free, without hemodynamic evaluation; complete procedure	34.0
75893		Venous sampling through catheter without angiography (e.g., for parathyroid hormone, renin)	5.0
TRANSCATHETER THERAPY AND BIOPSY			
75895		Transcatheter therapy, embolization, including angiography; complete procedure	40.0
75897		Transcatheter therapy, infusion, including angiography; complete procedure	42.0
75898		Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	10.0
75941		<u>Percutaneous placement of IVC filter; complete procedure</u>	<u>BR</u>
75951		<u>Transcatheter intravascular occlusion, temporary, including angiography; complete procedure</u>	<u>BR</u>
75956		<u>Transcatheter intravascular occlusion, permanent, including angiography; complete procedure</u>	<u>BR</u>
75961		<u>Transcatheter retrieval, percutaneous, of fractured venous or arterial catheter</u>	<u>BR</u>
75963		<u>Percutaneous transluminal angioplasty, peripheral artery; complete procedure</u>	<u>BR</u>
75965		<u>Percutaneous transluminal angioplasty, each additional peripheral artery; complete procedure</u>	<u>BR</u>
75967		<u>Percutaneous transluminal angioplasty, visceral artery; complete procedure</u>	<u>BR</u>
75969		<u>Percutaneous transluminal angioplasty, each additional visceral artery; complete procedure</u>	<u>BR</u>
75971		<u>Transcatheter biopsy; complete procedure</u>	<u>BR</u>
75973		Percutaneous transluminal angioplasty, unilateral; complete procedure	BR
75975		Percutaneous transluminal angioplasty, bilateral, single catheter; complete procedure	BR
75977		Percutaneous transluminal angioplasty, bilateral, dual catheters; complete procedure	BR
75981		Percutaneous transhepatic biliary drainage with contrast monitoring; complete procedure	BR
75983		Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction; complete procedure	BR
75985		Change of percutaneous drainage catheter with contrast monitoring (i.e., biliary tract, urinary tract); complete procedure	BR
75990		Drainage of abscess, percutaneous, with radiologic guidance (i.e., fluoroscopy, ultrasound, or computed tomography), with or without placement of indwelling catheter	BR
		(75990 is neither organ nor area specific. For drainage of abscess performed without radiology or fluoroscopy, see under specific anatomic site.)	
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			
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		Fluoroscopy (separate procedure), other than 71023 or 71034	3.0
76003		Fluoroscopic localization for needle biopsy or fine needle aspiration	BR
76020		Bone age studies	6.0
76040		Bone length studies (orthoroentgenogram, scanogram)	10.0
		(76060 Osseous survey has been expanded into 76061, 76062)	
76061		Radiological examination, osseous survey; limited (e.g., for metastases)	15.2
76062		complete (axial and appendicular skeleton)	BR
76065		Radiologic examination; osseous survey, infant	13.2
76066		Joint survey, single view, one or more joints (specify)	BR
76070		<u>Computerized tomography, bone density study</u>	<u>BR</u>
76081		Radiologic examination, fistula or sinus tract study; complete procedure	12.0
76087		Mammary ductogram or galactogram, ((unilateral)) <u>single duct</u> ; complete procedure	15.8
76089		Mammary ductogram or galactogram, ((bilateral)) <u>multiple ducts</u> ; complete procedure	26.5
76090		Mammography, unilateral	8.8
76091		bilateral	13.2
		(For xeromammography, list 76150 in addition to code for mammography)	
76096		((Radiologic examination)) 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
76097		each additional localization	7.3
76098		<u>Radiologic examination, breast surgical specimen</u>	<u>BR</u>
76100		Radiologic examination, single plane body section, (e.g., tomography), other than kidney	13.2
76101		Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than kidney; unilateral	19.3
76102		bilateral	35.0
		(For nephrotomography, see 74415)	
76120		Cineradiography, except where specifically included	13.2
76125		Cineradiography 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)	
		(76130-76137 have been deleted. To report, use code for specific radiologic examination)	
76150		Xeroradiography	6.0

	Unit Value		Unit Value
		HEART	
(76300 has been deleted. For thermography of the breast, use 76499)		(76601 has been deleted. To report, use 76999)	
76350	BR	76604	11.4
76355	BR		
76361	BR	76620	15.4
76366	BR	76625	7.7
76370	BR	76627	11.4
76375	23.5	76628	9.7
76400	120.0	76629	BR
76499	BR	76632	BR
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)		(76640 has been deleted. To report A-mode echography of the breast, use 76999)	
WAC 296-23A-262 DIAGNOSTIC ULTRASOUND.		76645	19.2
Notes		ABDOMEN AND RETROPERITONEUM	
A-mode: Implies a one-dimensional ultrasonic measurement procedure		76700	22.9
M-mode: Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures		76705	15.4
B-scan: Implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display		76770	22.9
Real-time scan: Implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time		76775	19.2
		PELVIS	
HEAD AND NECK		76805	21.2
76500	7.7	76815	9.7
(76505 has been deleted. To report complete A-mode echoencephalography, use 76999)		76816	BR
76506		75818	BR
Echocardiography, fetal heart in utero		76825	BR
Echography, pelvic area (Doppler)		76855	11.4
Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete		76856	BR
limited or follow-up		76857	BR
		GENITALIA	
76511	BR	76870	BR
Ophthalmic ultrasound, echography; A-mode spectral analysis with amplitude quantitation		EXTREMITIES	
76512	22.9	76880	BR
contact B-scan		VASCULAR STUDIES	
(76515 has been deleted. To report, use 76999)		76925	BR
76516	15.4	Peripheral imaging, B-scan, Doppler or real-time scan	
(76517 has been deleted. To report, use 76999)		ULTRASONIC GUIDANCE PROCEDURES	
76519	BR	76931	BR
76529	BR	76935	5.0
(76530 has been deleted. To report A-mode echography of thyroid, use 76999)		76939	2.0
(76535 has been deleted. To report, use 76536)		76943	6.0
76536	BR	76945	BR
Echography, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation		76947	6.0
		76950	17.1
		Echography for placement of radiation therapy fields, B-scan	

	Unit Value		Unit Value
76960	14.3	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	(For aldosterone, double isotope technique, see 82087)
		MISCELLANEOUS	(For aldosterone, RIA, blood, see 82088)
76970	10.0	Ultrasound study follow-up (specify) (76980 has been deleted. To report, use code for specific ultrasound examination) (76985 has been deleted. To report, use 76986)	(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)
76986	BR	Echography, intraoperative (76990 has been deleted. To report, use 76999)	(For insulin, RIA, see 83525) (For insulin antibodies, RIA, see 86337)
76991	BR	Intraluminal ultrasound study (e.g., transrectal, transvesical)	(For insulin factor antibodies, RIA, see 86338)
76999	BR	Unlisted ultrasonic procedure	(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 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)
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			
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	
ENDOCRINE SYSTEM			
78000	6.0	Thyroid uptake, single determination	
78001	8.0	multiple determinations	(For plus long-acting thyroid stimulator (LATS), see 84445)
78003	9.0	stimulation suppression or discharge (not including initial uptake studies)	(For follicle stimulating hormone (FSH component of pituitary gonadotropin), RIA, see 83001)
78006	16.0	Thyroid imaging, with uptake; single determination	(For luteinizing hormone (LH component of pituitary gonadotropin), (ICSH), RIA, see 83002)
78007	18.0	multiple determinations	(For luteinizing releasing factor (LRH), RIA, see 83727)
78010	10.0	Thyroid imaging; only	(For prolactin level (mammotropin), RIA, see 84146)
78011	BR	with vascular flow	(For oxytocin level, (oxytocinase), RIA, see 83949)
78015	20.0	Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)	(For vasopressin level (antidiuretic hormone), RIA, see 84588)
78016	25.0	with additional studies (e.g., urinary recovery)	(For estradiol, RIA, see 82670)
78017	BR	multiple areas	(For progesterone, RIA, see 84144)
78018	BR	whole body	(For testosterone, blood, RIA, see 84403) (For testosterone, urine, RIA, see 84405) (For etiocholanolone, RIA, see 82696)
		(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)	78099
		(78070 has been deleted. To report parathyroid imaging, use 78099)	Unlisted endocrine procedure, diagnostic nuclear medicine
		(For parathormone (parathyroid hormone), RIA, see 83970)	(For chemical analysis, RIA tests, see Chemistry and Toxicology section)
78075	BR	Adrenal <u>cortical</u> imaging (For adrenal cortex antibodies, RIA, see 86681) (For cortisol, RIA, plasma, see 82533) (For cortisol, RIA, urine, see 82534)	HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM
			78102
			Bone marrow imaging; limited area
			78103
			multiple areas
			78104
			whole body
			78110
			Blood or plasma volume, ((radioisotope)) <u>radio-nuclide-dilution</u> technique; (<u>separate procedure</u>) single sampling
			78111
			multiple samplings

	Unit Value		Unit Value
		(78221 has been deleted. To report liver function study with probe technique, use 78299)	
(For dye method, see 84605, 84610)			
78120 <u>Red cell ((mass) volume determination(±) (separate procedure) single sampling</u>	12.0	78223 Hepatobiliary ductal system imaging, including gallbladder	BR
78121 <u>multiple samplings</u>	BR	78225 Liver-lung imaging (e.g., subphrenic abscess) . . .	BR
78122 <u>Whole blood volume determination including separate measurement of plasma volume and red cell volume (radionuclide volume-dilution technique)</u>	8.0	78230 Salivary gland imaging	14.0
(For dye method, see 84610)		78231 with serial images	16.0
78130 Red cell survival study	20.0	78232 Salivary gland function study	BR
78135 with splenic and/or hepatic sequestration	30.0		
78140 Red cell splenic and/or hepatic sequestration	20.0	(78240 has been deleted. To report pancreas imaging, use 78299)	
78160 Plasma radioiron disappearance (turnover) rate	16.0	78258 <u>Esophageal motility</u>	BR
78162 Radioiron oral absorption	BR	78261 Gastric mucosa imaging	BR
78170 Radioiron red cell utilization	24.0	78262 Gastroesophageal reflux study	BR
78172 <u>Chelatable iron for estimation of total body iron</u>	BR	78264 Gastric emptying study	BR
(78180 has been deleted. To report radioiron body distribution and storage pools, use 78199)		78270 Vitamin B-12 absorption studies (e.g., Schilling test); without intrinsic factor (e.g., Schilling test)	10.0
(For hemosiderin, RIA, see 83071)		78271 with intrinsic factor (e.g., Schilling test)	20.0
(For intrinsic factor antibodies, RIA, see 86340)		78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor	25.0
(For cyanocobalamin (vitamin B-12), RIA, see 82607)		78276 Gastrointestinal aspirate blood loss localization	BR
(For folic acid (folate) serum, RIA, see 82746)		78278 Acute gastrointestinal blood loss imaging	BR
(For human hepatitis antigen, hepatitis associated agent (Australian antigen) (HAA), RIA, see 86287)		78280 Gastrointestinal blood loss study	16.0
(For hepatitis A antibody (HAAb), RIA, see 86296)		78282 Gastrointestinal protein loss	12.0
(For hepatitis A virus antibody (HAVAb), see 86297)			
(For hepatitis B core antigen (HB _c Ag), RIA, see 86288)		(78285, 78286 have been deleted. To report gastrointestinal fat or fatty acid absorption studies, use 78299)	
(For hepatitis B core antibody (HB _c Ab), RIA, see 86289)		(For gastrin, RIA, see 82941)	
(For hepatitis B surface antigen (HB _s Ab), RIA, see 86287)		(For intrinsic factor level, see 83528)	
(For hepatitis B surface antibody (HB _s Ab), RIA, see 86291)		(For carcinoembryonic antigen level (CEA), RIA, see 86151)	
(For hepatitis Be antigen (HB _e Ag), RIA, see 86293)		78290 Bowel imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	20.0
(For hepatitis Be antibody (HB _e Ab), RIA, see 86295)		78291 Peritoneal-venous shunt patency test (e.g., for LeVeen shunt)	BR
78185 Spleen imaging only	20.0	78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine	BR
(If combined with liver study, use procedures 78215 and 78216)		(For chemical analysis, RIA tests, see Chemistry and Toxicology section)	
78186 with vascular flow	25.0		
78191 Platelet survival	BR	MUSCULOSKELETAL SYSTEM	
78192 <u>White cell localization; limited area scanning</u>	BR	(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)	
78193 <u>whole body</u>	BR	78300 Bone imaging, limited area (e.g., skull, pelvis)	25.0
78195 Lymphatics and lymph glands imaging	BR	78305 multiple areas	40.0
78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	BR	78306 whole body	48.2
(For chemical analysis, RIA tests, see Chemistry and Toxicology section)		78310 vascular flow only	BR
		78315 <u>by three phase technique</u>	BR
GASTROINTESTINAL SYSTEM		78350 Bone density (bone mineral content) study; single photon absorptionmetry	BR
78201 Liver imaging; <u>static only</u>	20.0	78351 dual photon absorptionmetry	BR
78202 with vascular flow	25.0	78380 Joint imaging; limited area	BR
(For spleen imaging only, use 78185 and 78186)		78381 multiple areas	BR
78215 Liver and spleen imaging; <u>static only</u>	25.0	78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine	BR
78216 with vascular flow	30.0		
78220 Liver function study with hepatobiliary agents; with serial images	20.0	CARDIOVASCULAR SYSTEM	
		(78401 has been deleted. To report, see 78402-78415)	
		78402 Cardiac blood pool imaging with vascular flow assessment (sequential imaging with or without time activity curve evaluation)	25.0
		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

	Unit Value		Unit Value
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		
78407		with determination of ventricular volume (specify right, left, or both)	
	BR		
		(78409 has been deleted. To report, use 78403)	
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		
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		
		(78413 has been deleted. To report, use 78411)	
		(78405, 78406 Myocardium imaging has been deleted. To report, use 78418-78424)	
78414		Determination of ventricular ejection fraction with probe technique	
	BR		
78415		Cardiac blood pool imaging, functional imaging (e.g., phase and amplitude analysis)	
	BR		
78418		Myocardium imaging, regional myocardial perfusion at rest	
	BR		
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		
78420		Myocardium imaging; with quantitative evaluation (e.g., pharmacokinetic temporal assessment)	
	BR		
78422		for evaluation of infarction (infarct avid imaging)	
	BR		
78424		regional myocardial perfusion (redistribution resting or postexercise study)	
	BR		
78425		Cardiac regurgitant index	
	BR		
78428		Cardiac shunt detection	
	BR		
78435		Cardiac flow imaging (i.e., angiocardigraphy)	
	BR		
78445		Vascular flow imaging (i.e., angiography, venography)	
	BR		
78455		Venous thrombosis study (e.g., radioactive fibrinogen)	
	BR		
78457		Venous thrombosis imaging (e.g., venogram); unilateral	
	BR		
78458		bilateral	
	BR		
78470		Cardiac output	
	BR		
		(78490 has been deleted. To report tissue clearance studies, use 78499)	
		(For digoxin, RIA, see 82643)	
		(For digitoxin (digitalis), RIA, see 82640)	
		(For cerebral blood flow study, see 78615)	
78499		Unlisted cardiovascular procedure, diagnostic nuclear medicine	
	BR		
		(For chemical analysis, RIA tests, see Chemistry and Toxicology section)	
RESPIRATORY SYSTEM			
78580		Pulmonary perfusion imaging; particulate	26.0
78581		gaseous	BR
78582		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
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	26.0
78601		with vascular flow	31.0
78605		Brain imaging, complete study	30.0
78606		with vascular flow	35.0
78610		Brain imaging, vascular flow only	10.0
78615		Cerebral blood flow, inert radionuclide gas washout	BR
78630		Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	35.0
78635		ventriculography	35.0
78640		myelography	BR
78645		shunt evaluation	35.0
78650		CSF leakage <u>detection and localization</u>	32.0
		(For myelin basic protein, CSF, RIA, see 83873)	
78655		Eye tumor identification	BR
78660		Dacryocystography (lacrimonal flow study)	BR
78699		Unlisted nervous system procedure, diagnostic nuclear medicine	BR
GENITOURINARY SYSTEM			
78700		Kidney imaging; 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
78715		Kidney vascular flow only	BR
		(78720 Kidney function study only, (i.e., renogram) 15.0)	
78725		Kidney function study only ((i.e., blood clearance))	BR
78726		<u>with pharmacological intervention</u>	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
78740		Ureteral reflux study (radionuclide voiding cystogram)	BR
		(For estradiol, RIA, see 82670)	
		(For estriol, RIA, see 82677)	
		(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)	
		(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)	

	Unit Value		Unit Value
(For chorionic gonadotropin beta subunit, RIA, see 84701)		(For kanamycin, see 83578)	
(For pregnanediol, RIA, see 84135)		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
(For pregnanetriol, RIA, see 84138)		78891 complex manipulations and interpretation, exceeding 30 minutes	BR
78799 Unlisted genitourinary procedure, diagnostic nuclear medicine	BR	(use 78890 or 78891 in addition to primary procedure)	
(For chemical analysis, RIA tests, see Chemistry and Toxicology section)		78895 Bedside unit required	BR
MISCELLANEOUS STUDIES		(use 78895 in addition to primary procedure)	
(For specific organ, see appropriate heading)		78990 Provision of diagnostic radionuclide(s)	12.0
(For radiophosphorus tumor identification, ocular, see 78655)		78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine	BR
78800 Tumor localization; limited area	BR		
(For specific organ, see appropriate heading)		AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)	
(For eye tumor identification, see 78655)		WAC 296-23A-325 PANEL OR PROFILE TESTS.	
78801 multiple areas	BR	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. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or "stat" reporting.	
78802 whole body	BR	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.	
78805 Abscess localization; limited area	BR	Albumin	
78806 whole body	BR	Albumin/globulin ratio	
(For imaging bone infectious inflammatory disease, see 78300-78381)		Bilirubin, direct	
(For Rast, see 86421, 86422)		Bilirubin, total	
(For gamma-E immunoglobulin, RIA, see 82785)		Calcium	
(For gamma-G immunoglobulin, see 82784)		Carbon dioxide content	
(For alpha-1 antitrypsin, RIA, see 86064)		Chlorides	
(For alpha-1 fetoprotein, RIA, see 86244)		Cholesterol	
(For antinuclear antibodies, RIA, see 86038)		Creatinine	
(For lactic dehydrogenase, RIA, see 83610)		Globulin	
(For amikacin, see 82112)		Glucose (sugar)	
(For aminophylline, see 82137)		Lactic dehydrogenase (LDH)	
(For amitriptyline, see 82138)		Phosphatase, alkaline	
(For amphetamine, chemical quantitative, see 82145)		Phosphorus (organic phosphate)	
(For chlordiazepoxide, see 82420, 82425)		Potassium	
(For chlorpromazine, see phenothiazine, urine, 84021, 84022)		Protein, total	
(For clonazepam, see 82510)		Sodium	
(For cocaine, quantitative, see 82520)		Transaminase, glutamic oxaloacetic (SGOT)	
(For diazepam, see 82636)		Transaminase, glutamic pyruvic (SGPT)	
(For dihydromorphinone, quantitative, see 82649)		Urea nitrogen (BUN)	
(For phenytoin (diphenylhydantoin), see 84045)		Uric acid	
(For flucytosine, see 82741)			
(For gentamicin, see 84695)		80002 Automated multichannel test; 1 or 2 clinical chemistry test(s)	21.0
(For lysergic acid diethylamide (LSD), RIA, see 83728)		80003 3 clinical chemistry tests	28.0
(For morphine (Heroin), RIA, see 83862)		80004 4 clinical chemistry tests	32.0
(For phencyclidine (PCP), see 83992)		80005 5 clinical chemistry tests	36.0
(For phenobarbital, see barbiturates, 82205, 82210)		80006 6 clinical chemistry tests	40.0
(For tobramycin, see 84840)		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

	Unit Value		Unit Value
THERAPEUTIC DRUG MONITORING			
(e.g., antiepilepsy drugs, cardiac drugs, antibiotics, sedatives)			
80031	Therapeutic quantitative drug monitoring in blood and/or urine; measurement one drug (if drug not specified by individual code number)	BR	82000 Acetaldehyde, blood 40.0
80032	2 drugs measured	BR	82003 Acetaminophen, urine 40.0
80033	3 drugs measured	BR	(Acetic anhydride, see volatiles, 84600)
80034	4 or more drugs measured	BR	82005 Acetoacetic acid 40.0
80040	Serum radioimmunoassay for circulating antibiotic levels	BR	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
			82091 saline infusion test BR
			(Alkaline phosphatase, see 84075-84080)
			82095 Alkaloids, tissue; screening 80.0
			82096 quantitative 120.0
			82100 Alkaloids, 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)
			82112 Amikacin BR
			(Amikacin serum radioimmunoassay, see 80040)
			82126 amino acid nitrogen, alpha 50.0
			82128 Amino acids, qualitative 40.0
			82130 Amino acids, urine or plasma, chromatographic fractionation and quantitation 180.0
			82134 Aminohippurate, para (PAH) 30.0
			82135 Aminolevulinic acid, delta (ALA) 50.0
			82137 Aminophylline 60.0
			82138 Amitriptyline 60.0
			82140 Ammonia; blood 40.0
			82141 urine 40.0
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			
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		Unit Value
82142 Ammonium chloride loading test	40.0	82291 urine	40.0
82143 Amniotic fluid scan (spectrophotometric)	50.0	82300 Cadmium, urine	100.0
(For L/S ratio, see 83661)		82305 Caffeine	60.0
(Amobarbital, see 82205-82210)		82306 Calcifediol (25-OH Vitamin D-3), chromatographic technique	BR
82145 Amphetamine or methamphetamine, chemical, quantitative	80.0	82307 Calciferol (Vitamin D), RIA	BR
82150 Amylase, serum	30.0	(For 1, 25-Dihydroxyvitamin D, use 82652)	
82155 isoenzymes electrophoretic	BR	82308 Calcitonin, RIA	80.0
82156 Amylase, urine (diastase)	30.0	82310 Calcium, blood; chemical	22.0
82157 Androstenedione RIA	80.0	82315 fluorometric	22.0
82159 Androsterone	50.0	82320 emission flame photometry	22.0
82160 RIA	50.0	82325 atomic absorption flame photometry	24.0
(See also 83593-83596)		82330 fractionated, diffusible	60.0
(Angiotensin I, see renin, 84244)		82331 after calcium infusion test	24.0
82163 Angiotensin II, RIA	BR	82335 Calcium, urine; qualitative (Sulkowitch)	11.0
82164 Angiotensin-converting enzyme	BR	82340 quantitative, timed specimen	32.0
82165 Aniline	BR	82345 Calcium, feces, quantitative, timed specimen	80.0
(Antidiuretic hormone, RIA, see 84588)		82355 Calculus (stone), qualitative; chemical	40.0
82168 Antihistamines	BR	82360 Calculus (stone), quantitative; chemical	60.0
82170 Antimony, urine	80.0	82365 infrared spectroscopy	60.0
(Antimony, screen, see 83015)		82370 X-ray diffraction	50.0
(Antitrypsin, alpha-1-, see 86329)		(Carbamates, see individual listings)	
82172 Apolipoprotein	BR	82372 Carbamazepine, serum	BR
82173 Arginine tolerance test	BR	82374 Carbon dioxide, combining power or content	10.0
82175 Arsenic, blood, urine, gastric contents, hair or nails, quantitative	80.0	(See also 82801-82803, 82817)	
(For heavy metal screening, see 83015)		82375 Carbon monoxide, (carboxyhemoglobin); quantitative	48.0
82180 Ascorbic acid (Vitamin C), blood	40.0	82376 qualitative	48.0
(Aspirin, see acetylsalicylic acid, 82011, 82012)		(Carbon tetrachloride, see 84600)	
(Atherogenic index, blood, ultracentrifugation, quantitative, see 83717)		(Carboxyhemoglobin, see 82375, 82376)	
82205 Barbiturates; quantitative	60.0	82380 Carotene, blood	40.0
82210 quantitative and identification	80.0	(Carotene plus Vitamin A, see 84595)	
(For qualitative screen, see 82486, 82660, 82755, 84231)		82382 Catecholamines (dopamine, norepinephrine, epinephrine); total urine	BR
82225 Barium	BR	82383 blood	BR
(Bence-Jones protein, 84185)		82384 fractionated	BR
82230 Beryllium, urine	80.0	(For urine metabolites, see 83835, 84585)	
(Beta-glucosidase, see 82963)		82390 Ceruloplasmin, chemical (copper oxidase), blood ..	40.0
82231 Beta-2 microglobulin, RIA; urine	BR	(For gel diffusion technique, see 86331; immunodiffusion technique, see 86329)	
82232 serum	BR	82400 Chloral hydrate; blood	60.0
82235 Bicarbonate excretion, urine	BR	82405 urine	40.0
82236 Bicarbonate loading test	BR	82415 Chloramphenicol; blood	40.0
(Bicarbonate, see 82374)		82418 Chlorazepate dipotassium	40.0
82240 Bile acids, blood, fractionated	120.0	82420 Chlordiazepoxide; blood	60.0
82245 Bile pigments, urine	8.0	82425 urine	60.0
82250 Bilirubin; blood, total or direct	24.0	82435 Chlorides; blood (specify chemical or electrometric)	20.0
82251 blood, total and direct	30.0	82436 urine (specify chemical, electrometric or Fantus test)	20.0
82252 feces, qualitative	BR	82437 sweat (without iontophoresis)	20.0
82260 urine, quantitative	12.0	82438 spinal fluid	20.0
82265 amniotic fluid, quantitative	30.0	82441 Chlorinated hydrocarbons, screen	20.0
82268 Bismuth	80.0	82443 Chlorothiazide-hydrochlorothiazide	60.0
82270 Blood; occult, feces, screening	8.0	(Chlorpromazine, see 84021, 84022)	
82273 duodenal, gastric contents, qualitative	BR	82465 Cholesterol, serum; total	22.0
(Blood urea nitrogen (BUN), see 84520-84525, 84545)		82470 total and esters	30.0
(Blood volume, see 84605-84610, 78110, 78111)		82480 Cholinesterase; serum	40.0
82280 Boric acid; blood	100.0	82482 RBC	60.0
82285 urine	100.0	82484 serum and RBC	80.0
82286 Bradykinin	BR	82485 Chondroitin B sulfate, quantitative	BR
82290 Bromides; blood	24.0	(Chorionic gonadotropin, see gonadotropin, 82996-83002)	
		82486 Chromatography; gas-liquid, compound and method not elsewhere specified	BR

	Unit Value		Unit Value
82487		paper, 1-dimensional, compound and method not elsewhere specified	BR
82488		paper, 2-dimensional, not elsewhere specified	BR
82489		thin layer, not elsewhere specified	BR
82490	100.0	Chromium; blood	
82495	100.0	urine	
82505	30.0	Chymotrypsin, duodenal contents	
82507	80.0	Citrate	
82512	BR	Clonazepam	
82520	60.0	Cocaine, quantitative	
		(Cocaine, screen, see 82486, 82660, 82662, 82755, 84231)	
		(Codeine, screen, see 82486, 82660, 82662, 82755, 84231)	
		(Codeine, quantitative, see 82096, 82101)	
		(Complement, see 86159-86162)	
		(Compound S, see 82634)	
82525	60.0	Copper; blood	
82526	60.0	urine	
		(Coprobilinogen, feces, 84575)	
		(Coprotoporphyrins, see 84118-84121)	
		(Corticosteroids, see 83492-83496)	
82528	BR	Corticosterone, RIA	
		(See also 83593-83597)	
82529	36.0	Cortisol; fluorometric, plasma	
82531	75.0	CPB, plasma	
82532	75.0	CPB, urine	
82533	90.0	RIA, plasma	
82534	90.0	RIA, urine	
82536	BR	after adrenocorticotrophic hormone (ACTH) administration	
82537	BR	48 hours after continuous ACTH infusion	
82538	BR	after metyrapone tartrate administration	
82539	BR	dexamethasone suppression test, plasma and/or urine	
82540	24.0	Creatine; blood	
82545	40.0	urine	
82546	50.0	Creatine and creatinine	
82550	26.0	Creatine phosphokinase (CPK), blood; timed kinetic ultraviolet method	
82552	30.0	isoenzymes	
82555	20.0	colorimetric	
82565	20.0	Creatinine; blood	
82570	20.0	urine	
82575	40.0	clearance	
82585	40.0	Cryofibrinogen, blood	
82595	40.0	Cryoglobulin, blood	
		(Crystals, pyrophosphate vs. urate, see 84208)	
82600	80.0	Cyanide; blood	
82601	80.0	tissue	
82606	70.0	Cyanocobalamin (Vitamin B-12); bioassay	
82607	45.0	RIA	
82608	60.0	unsaturated binding capacity	
		(Cyclic AMP, see 82030)	
		(Cyclic GMP, see 83008)	
82614	BR	Cystine, blood, qualitative	
82615	30.0	Cystine and homocystine, urine; qualitative	
82620	40.0	quantitative	
82624	BR	Cystine aminopeptidase	
		(D hemoglobin, see 83053)	
		(Delta-aminolevulinic acid (ALA), see 82135)	
82626	BR	Dehydroepiandrosterone (DHEA), RIA	
		(See also 83593)	
		(Deoxycortisol, 11-(compound S), RIA, see 82634)	
82628	BR	Desipramine	
82633	BR	Desoxycorticosterone, 11-RIA	
82634	80.0	Desoxycortisol, 11-(compound S), RIA	
		(see also 83492)	
		(Dexamethasone suppression test, see 82539)	
82635	18.0	Diabetic acid	
		(Diastase, urine, see 82156)	
82636	50.0	Diazepam	
82638	34.0	Dibucaine number	
82639	BR	Dicumaryl	
		(Dichloroethane, see 84600)	
		(Dichloromethane, see 84600)	
		(Diethylether, see 84600)	
82640	BR	Digitoxin (digitalis); blood, RIA	
82641	BR	urine	
82643	36.0	Digoxin, RIA	
82646	BR	Dihydrocodinone	
		(Dihydrocodinone screen, see 82486-82489, 82662, 82755, 84231)	
82649	75.0	Dihydromorphinone, quantitative	
		(Dihydromorphinone screen, see 82486, 82489, 82662, 82755, 84231)	
82651	BR	Dihydrotestosterone (DHT)	
82652	BR	Dihydroxyvitamin D, 1, 25-	
82654	BR	Dimethadione	
		(Diphenylhydantoin, see 84045)	
		(Dopamine, see 82382-82384)	
82656	BR	Doxepin	
82660	65.0	Drug screen (amphetamines, barbiturates, alkaloids)	
		(See also 82486-82489, 82662, 82755, 84231)	
		(Duodenal contents, see individual enzymes; for intubation and collection, see 89100)	
		(Endocrine receptor assays, see 84233-84235)	
82662	30.0	Enzyme immunoassay technique for drugs, EMIT	
		(For enzyme immunoassay for bacteria, use 86227)	
82664	45.0	Electrophoretic technique, not elsewhere specified	
82666	BR	Epiandrosterone	
		(See also 83593, 83596)	
		(Epinephrine, see 82382-82384)	
82668	BR	Erythropoietin, bioassay	
		(For HI method, see 86280)	
82670	90.0	Estradiol, RIA (placental)	
82671	85.0	Estrogens; fractionated	
82672	60.0	total	
82673	54.0	Estriol; fluorometric	
82674	45.0	GLC	
82676	75.0	Chemical	
82677	105.0	RIA	
		(Estrogen receptor assay, see 84233)	
82678	75.0	Estrone; chemical	
82679	90.0	RIA	
		(Ethanol, see 82055-82075)	
82690	60.0	Ethchlorvynol; blood	
82691	60.0	urine	
82692	BR	Ethosuximide	

	Unit Value		Unit Value
(Ethyl alcohol, see 82055-82075)		82932 each additional specimen	18.0
82694 Etiocholanolone	BR	(82939 has been deleted. If necessary to report use 84999)	
(See also 83593, 83596)		(Gastric analysis, with stimulation, see 89140, 89141, 91052)	
(Evans Blue, see blood volume, 84605-84610)		(Gastric analysis, pepsin, see 83974)	
82696 Etiocholanolone, RIA	50.0	(For gastric intubation, see 89130, 74340)	
82705 Fat or lipids, feces; screening	10.0	82938 Gastrin (serum) after secretin stimulation (e.g., for gastrinoma, Zollinger-Ellison syndrome)	BR
82710 quantitative, 24 or 72 hour specimen	100.0	82941 Gastrin, RIA	48.0
82715 Fat differential, feces, quantitative	BR	(Gentamicin, see 84695)	
82720 Fatty acids, blood; esterified	40.0	(GGT, see 82977)	
82725 nonesterified	40.0	(Gentamicin serum radioimmunoassay, see 80040)	
82727 Ferric chloride, urine	BR	(GLC, gas liquid chromatography, see 82486)	
82728 Ferritin, specify method (e.g., RIA, immunoradiometric assay)	BR	82942 Globulin, serum	10.5
(Fetal hemoglobin, see hemoglobin 83020, 83033, and 85460)		(See also 82784, 82786, 84155-84200, 86329)	
(Fetoprotein, alpha-1, see 86329)		82943 Glucagon, RIA	BR
82730 Fibrinogen, quantitative	21.0	82944 Glucosamine	6.0
(See also 85371, 85377)		82946 Glucagon tolerance test	BR
82735 Fluoride; blood	100.0	82947 Glucose; except urine (e.g., blood, spinal fluid, joint fluid)	10.5
82740 urine	100.0	82948 blood, stick test	8.2
82741 Flucytosine (5-fluorocytosine)	BR	82949 fermentation	22.5
82742 Flurazepam	BR	82950 post glucose dose (includes glucose)	13.5
82745 Folic acid (folate), blood; bioassay	BR	82951 tolerance test (GTT), three specimens (includes glucose)	37.5
82746 RIA	45.0	82952 tolerance test, each additional beyond three specimens	10.5
(Follicle stimulating hormones (FSH), see 83000, 83001)		(For intravenous glucose tolerance test, see 82961)	
82750 Formiminoglutamic acid (FIGLU), urine	100.0	82953 tolbutamide tolerance test	15.0
82755 Free radical assay technique for drugs (FRAT)	BR	(For insulin tolerance test, see 82937)	
82756 Free thyroxine index (T-7)	BR	(For leucine tolerance test, see 83681)	
82757 Fructose, semen	BR	82954 Glucose, urine	20.0
(Fructose, TLC screen, see 84375)		82955 Glucose-6-phosphate dehydrogenase (G6PD); quantitative	60.0
(Furosemide test, see 84246)		82960 screen	56.0
82759 Galactokinase, RBC	BR	82961 Glucose tolerance test, intravenous	BR
82760 Galactose; blood	40.0	82963 Glucosidase, beta	BR
82763 tolerance test	75.0	82965 Glutamate dehydrogenase, blood	40.0
82765 urine	40.0	(Glutamic oxaloacetic transaminase (SGOT), see 84450-84455)	
(For TLC screen, see 84375)		(Glutamic pyruvic transaminase (SGPT), see 84460-84465)	
82775 Galactose-1-phosphate uridyl transferase; quantitative	60.0	82975 Glutamine (glutamic acid amide), spinal fluid	80.0
82776 screen	18.0	82977 Glutamyl transpeptidase, gamma (GGT)	BR
82780 Gallium	BR	82978 Glutathione	BR
82784 Gammaglobulin, A, D, G, M nephelometric, each	12.0	82979 Glutathione reductase, RBC	BR
82785 Gammaglobulin, E, (e.g., RIA, EIA)	75.0	82980 Glutethimide	56.2
82786 Gammaglobulin, salt precipitation method	21.0	(Glycohemoglobin, see 83036)	
(Gammaglobulin by gel (immuno) diffusion, see 86329)		82985 Glycoprotein, electrophoresis	60.0
(Gamma-glutamyl transpeptidase (GGT), see 82977)		82995 Gold, blood	100.0
82790 Gases, blood, oxygen saturation; by calculation from pO ₂	40.0	(82996 Gonadotropin, chorionic, bioassay, qualitative)	30.0
82791 by manometry	40.0	82997 quantitative	30.0
82792 by oximetry	20.0	82998 Gonadotropin, chorionic, RIA	38.0
82793 by spectrophotometry	40.0	(82996-82998, Gonadotropin, chorionic, ((beta subunit, RIA)) have been deleted, see ((8470+)) 84702-84703)	
82795 by calculation from pCO ₂	6.0	((For immunoassay, qualitative, see 86006, 86007)	
82800 Gases, blood; pH, only	20.0	(For quantitative titer, see 86008, 86009))	
82801 pCO ₂	24.0	83000 Gonadotropin, pituitary, follicle stimulating hormone (FSH); bioassay	90.0
82802 pH, pCO ₂ by electrode	42.0		
82803 pH, pCO ₂ , pO ₂ simultaneous	54.0		
82804 pO ₂ by electrode	40.0		
82812 pO ₂ by manometry	24.0		
82817 pH, pCO ₂ by tonometry	24.0		
82926 Gastric acid, free and total; single specimen	11.2		
82927 each additional specimen	9.0		
82928 Gastric acid, free or total; single specimen	9.0		
82929 each additional specimen	7.5		
82931 Gastric acid, pH titration; single specimen	24.0		

	Unit Value		Unit Value
83001 RIA	90.0	83498 Hydroxyprogesterone, 17-d, RIA	105.0
83002 Gonadotropin, pituitary, luteinizing hormone (LH)(ICSH), RIA	90.0	83499 Hydroxyprogesterone, 20-	BR
(For luteinizing releasing factor (LRH), see 83727)		83500 Hydroxyproline, urine; free only	100.0
83003 Growth hormone human (HGH), (somatotropin); RIA	48.0	83505 total only	100.0
83004 after glucose tolerance test	48.0	83510 free and total	180.0
(For growth hormone secretion after arginine tolerance test, see 82173)		83523 Imipramine	67.0
(For human growth hormone antibody, RIA, see 86277)		(Immunoglobulins, see 82784, 82785, 82786, 86329, 86335)	
83005 Guanase, blood	40.0	83524 Indican, urine	35.0
83008 Guanosine monophosphate (GMP), cyclic, RIA ..	BR	83525 Insulin, RIA	40.0
83010 Haptoglobin; chemical	60.0	(For proinsulin, see 84206)	
83011 quantitative, electrophoresis	30.0	83526 Insulin tolerance test	80.0
83012 phenotypes, electrophoresis	60.0	83528 Intrinsic factor level	BR
83015 Heavy metal screen (arsenic, bismuth, mercury, antimony); chemical (e.g., Reinsch, Gutzeit)	30.0	(For intrinsic factor antibodies, RIA, see 86340)	
83018 chromatography, DEAE column	BR	83530 Inulin clearance	40.0
83020 Hemoglobin; electrophoresis (includes A ₂ , S, C, etc.)	80.0	(83533, 83534 Protein bound iodine have been deleted. To report, use 84999)	
(Hemoglobin, carboxyhemoglobin (CO), see 82375, 82376; colorimetric, see 85018, 85031)		(For thyroxine, see 84435-84439)	
83030 F (fetal), chemical	40.0	(For triiodothyronine (true T-3), RIA, see 84480)	
83033 F (fetal), qualitative (APT) test, fecal	56.0	83540 Iron, serum; chemical	20.0
83036 glycosylated (Alc)	60.0	83545 automated	12.0
83040 methemoglobin, electrophoretic separation	80.0	83546 radioactive uptake method	30.0
83045 methemoglobin, qualitative	20.0	83550 Iron binding capacity, serum; chemical	20.0
83050 methemoglobin, quantitative	40.0	83555 automated	12.0
83051 plasma	40.0	83565 radioactive uptake method	30.0
83052 sickle, turbidimetric	34.0	83570 Isocitric dehydrogenase (IDH), blood; kinetic ultraviolet	26.0
83053 solubility, S-D, etc.	40.0	83571 colorimetric	20.0
83055 sulfhemoglobin, qualitative	20.0	(Isopropyl alcohol, see alcohol 82076)	
83060 sulfhemoglobin, quantitative	40.0	83576 Isonicotinic acid hydrazide (INH)	105.0
83065 thermolabile	BR	83578 Kanamycin	49.0
83068 unstable, screen	BR	83582 Ketogenic steroids, urine; 17-(17-KGS)	45.0
83069 urine	BR	83583 11-desoxy: 11-oxy ratio	75.0
83070 Hemosiderin, urine	12.0	83584 Ketoglutarate, alpha	40.0
83071 Hemosiderin, RIA	25.6	(Ketone bodies, see 82005-82010; urine, see 81000-81005)	
(Heroin, screening, see 82660, 82486, 82662, 82755, 84231; quantitative, see 82096, 82101)		83586 Ketosteroids 17-(17-KS), blood; total	38.0
(HIAA, see 83497)		83587 fractionation, alpha/beta	75.0
83086 Histidine; blood, qualitative	BR	83588 RIA	54.0
83087 urine, qualitative	BR	83589 Ketosteroids, 17-(17-KS), urine; total	36.0
83088 Histamine	100.0	83590 fractionation, alpha/beta	60.0
(Homocystine, qualitative, see 82615)		83593 chromatographic fractionation	75.0
(Homocystine, quantitative, see 82620)		(83596 D/A/E ratio has been deleted)	
83093 Homogentisic acid; blood, qualitative	BR	83597 11-desoxy: 11-oxy ratio	75.0
83094 urine, qualitative	20.0	(See also 82528, 82632, 82633, 82666, 82694)	
83095 urine, quantitative	40.0	83599 Ketosteroids, 17-OH, RIA	64.1
83150 Homovanillic acid (HVA), urine	80.0	83600 Kynurenic acid	90.0
(Hormones, see individual alphabetic listings in chemistry section)		83605 Lactate, (lactic acid)	40.0
83485 Hydroxybutyric dehydrogenase, alpha (HBD), blood; kinetic ultraviolet method	22.0	83610 Lactic dehydrogenase (LDH), RIA	33.7
83486 colorimetric method	20.0	83615 Lactic dehydrogenase (LDH), blood; kinetic ultraviolet method	26.0
83491 Hydroxycorticosteroids, 17-(17-OHCS); RIA ..	64.1	83620 colorimetric or fluorometric	20.0
83492 gas liquid chromatography (GLC)	82.0	83624 heat or urea inhibition (total not included)	24.0
83493 blood, Porter-Silber type	45.0	83625 isoenzymes, electrophoretic separation and quantitation	60.0
83494 blood, fluorometric	38.0	83626 isoenzymes, chemical separation	20.0
83495 urine, Porter-Silber type	52.0	83628 Lactic dehydrogenase, liver (LLDH)	20.0
83496 urine, fluorometric	52.0	83629 Lactic dehydrogenase (LDH), urine	20.0
(See also 82531-82534, 82634, 84409)		83631 Lactic dehydrogenase (LDH), CSF	20.0
83497 Hydroxyindolacetic acid, 5-(HIAA), urine	60.0	(For hydroxybutyric dehydrogenase (HBD), see 83485)	
(For HIAA, blood, see 84260)		83632 Lactogen, human placental (HPL) chorionic somatomammotropin, RIA	30.0
		83633 Lactose, urine; qualitative	20.0

	Unit Value		Unit Value
83634	quantitative	20.0	
(For tolerance, see 82951-82952)			
(For TLC screen, see 84375)			
83645	Lead, screening; blood	20.0	
83650	urine	20.0	
83655	Lead, quantitative; blood	60.0	
83660	urine	60.0	
83661	Lecithin - sphingomyelin (L/S ratio), amniotic fluid	75.0	
83670	Leucine aminopeptidase (LAP), blood; kinetic ultraviolet method	26.0	
83675	colorimetric	20.0	
83680	Leucine aminopeptidase (LAP), urine	26.0	
83681	Leucine tolerance test	26.0	
83685	Lidocaine	20.0	
83690	Lipase, blood	30.0	
83700	Lipids, blood; total	30.0	
83705	fractionated (cholesterol, triglycerides, phospholipids)	60.0	
(For feces, see 82705-82715)			
83715	Lipoprotein, blood; electrophoretic separation and quantitation (phenotyping)	60.0	
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	
83720	Lipoprotein cholesterol fractionation calculation by formula	BR	
83725	Lithium, blood, quantitative	60.0	
(Luteinizing hormone (LH), see 83002)			
83727	Luteinizing releasing factor (LRH), RIA	60.0	
83728	Lysergic acid diethylamide (LSD), RIA	BR	
83730	(Macroglobulins (Sia) test)	30.0	
(Macroglobulins, alpha-2-Sia, see 86329)			
83735	Magnesium, blood; chemical	20.0	
83740	fluorometric	20.0	
83750	atomic absorption	40.0	
83755	Magnesium, urine, chemical	40.0	
83760	fluorometric	40.0	
83765	atomic absorption	40.0	
83775	Malate dehydrogenase, kinetic ultraviolet method	30.0	
(Maltose tolerance, see 82951, 82952)			
(Mammothropin, see 84146)			
83785	Manganese, blood or urine	60.0	
83790	Mannitol clearance	BR	
(Marijuana, see tetrahydrocannabinol THC, 84408)			
83795	Melanin, urine, qualitative	60.0	
83799	Meperidine, quantitative	54.0	
(For screen, see 82486, 82489, 82662, 82755, 84231)			
83805	Meprobamate, blood or urine	60.0	
(For screen, see 82486, 82489, 84231)			
83825	Mercury, quantitative; blood	70.0	
83830	urine	70.0	
(Mercury screen, see 83015)			
83835	Metanephrines, urine	52.0	
(For catecholamines, see 82382-82384)			
83840	Methadone	60.0	
(Methamphetamine, see 82145)			
(Methanol, see 82078)			
83842	Methapyrilene		50.0
83845	Methaqualone		90.0
83857	Methemalbumin		32.0
(Methemoglobin, see hemoglobin 83045-83050)			
83858	Methsuximide, serum		90.0
(Methyl alcohol, see 82078)			
83859	Methyprylon		90.0
(Microglobulin, beta-2, RIA, see 82231, 82232)			
83860	Morphine, screening		80.0
83861	quantitative		120.0
83862	RIA		82.0
83864	Mucopolysaccharides, acid, blood		60.0
83865	Mucopolysaccharides, acid, urine; quantitative		60.0
83866	screen		21.0
(83870 Mucoprotein, blood has been deleted. To report use 84999)			
83872	Mucin, synovial fluid (Ropes test)		21.0
83873	Myeline basic protein, CSF, RIA		BR
(For oligoclonal bands, see 83916)			
83874	Myoglobin, electrophoresis		30.0
83875	Myoglobin, urine		40.0
83880	Nalorphine		60.0
83885	Nickel, urine		100.0
83887	Nicotine		75.0
83895	Nitrogen, total; urine, 24-hour specimen		60.0
83900	feces, 24-hour specimen		100.0
83910	Nonprotein nitrogen (NPN), blood		20.0
(Norepinephrine, see 82382-82384)			
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 carbamyl 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 83584)			
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

	Unit Value		Unit Value
(For blood, see 82800, 82802, 82803, 82817)		(For proinsulin, RIA, see 84206)	
83992 Phencyclidine (PCP)	38.0	84146 Prolactin (mammotropin), RIA	225.0
(Phenobarbital, see barbiturates 82205-82210)		84147 Propoxyphene	60.0
83995 Phenol, blood or urine	60.0	(For screen, see 82486 et seq.)	
84005 Phenolsulphonphthalein (PSP), test, urine	20.0	84149 Propranolol	BR
84021 Phenothiazine, urine; qualitative, chemical	100.0	84150 Prostaglandin, any one, RIA	BR
(See also 82486 et seq.)		84155 Protein, total, serum; chemical	20.0
84022 quantitative, chemical	BR	84160 refractometric	12.0
(See also individual drugs)		84165 electrophoretic fractionation and quantitation	60.0
84030 Phenylalanine (PKU), blood; Guthrie	12.0	84170 Protein, total and albumin/globulin ratio	40.0
(Phenylalanine-tyrosine ratio, see 84030, 84510)		(For serum albumin, see 82040; serum globulin, see 82942)	
84031 fluorometric	12.0	84175 Protein, other sources, quantitative	24.0
84033 Phenylbutazone	20.0	84176 Protein, special studies (e.g., monoclonal protein analysis)	BR
84035 Phenylketones; blood, qualitative	20.0	84180 Protein, urine; quantitative, 24-hour specimen	24.0
84037 urine, qualitative	20.0	84185 Bence-Jones	12.0
84038 Phenylpropanolamine	20.0	84190 electrophoretic fractionation and quantitation	80.0
84039 Phenylpyruvic acid; blood	20.0	84195 Protein, spinal fluid; semi-quantitative (Pandy)	20.0
84040 urine	20.0	84200 electrophoretic fractionation and quantitation	80.0
(For qualitative chemical tests, urine, see 81005)		84201 Protirelin, thyrotropin releasing hormone (TRH) test	BR
84045 Phenytoin	61.0	84202 Protoporphyrin, RBC; quantitative	30.0
84060 Phosphatase, acid; blood	24.0	84203 screen	20.0
84065 prostatic fraction	40.0	84205 Protiptylene	68.0
84066 prostatic fraction, RIA	60.0	84206 Proinsulin, RIA	60.0
84075 Phosphatase, alkaline, blood	24.0	84207 Pyridoxine (Vitamin B-6)	BR
84078 heat stable (total not included)	16.0	84208 Pyrophosphate vs. urate, crystals (polarization)	12.0
84080 isoenzymes, electrophoretic method	BR	84210 Pyruvate, blood	30.0
84081 Phosphatidylglycerol	BR	84220 Pyruvic kinase, RBC	30.0
84082 Phosphates, tubular reabsorption of (TRP)	60.0	84228 Quinine	30.0
(Phosphates, inorganic, see 84100-84105)		84230 Quinidine, blood	40.0
(Phosphates, organic, see 82480-82484)		84231 Radioimmunoassay (RIA) not elsewhere specified	BR
84083 Phosphoglucomutase, isoenzymes	60.0	(Reinsch test, see 83015)	
84085 Phosphogluconate, 6-, dehydrogenase, RBC	18.0	84232 Releasing factor	BR
84087 Phosphohexose isomerase	30.0	84233 Receptor assay; estrogen (estradiol)	BR
84090 Phospholipids, blood	30.0	84234 progesterone	BR
(See also 83705)		84235 endocrine, other than estrogen or progesterone (specify hormone)	BR
(For lecithin/sphingomyelin ratio, see 83661)		84236 progesterone and estrogen	BR
84100 Phosphorus (phosphate); blood	24.0	84238 nonendocrine (e.g., acetylcholine) (specify receptor)	BR
84105 urine	24.0	84244 Renin (angiotensin I); (RIA)	60.0
(Pituitary gonadotropins, see 83000-83002)		(See also 82163, angiotensin II)	
(PKU, see 81005, 84030, 84031)		84246 furosemide test	BR
84106 Porphobilinogen, urine; qualitative	20.0	(Renin converting enzyme, see 82164)	
84110 quantitative	20.0	(84250, 84251 resine uptake have been deleted. To report, use 84479, 84435)	
84118 Porphyrins, copro-, urine; quantitative	30.0	84252 Riboflavin (Vitamin B-2)	BR
84119 qualitative	24.0	(Salicylates, see 82011, 82012)	
84120 Porphyrins; copro- and uro-, fractionated, urine	64.0	(Saline infusion test, see 82091)	
84121 uro-, copro-, and porphobilinogen, urine	80.0	(Secretin test, see 89100 and appropriate analyses)	
84126 Porphyrins, feces, quantitative	100.0	84255 Selenium, blood, urine or tissue	100.0
84128 Porphyrins, plasma	82.0	84260 Serotonin, blood	120.0
(Porphyrin precursors, see 82135)		(For urine metabolites, see 83497)	
(For protoporphyrin, RBC, see 84202, 84203)		84275 Sialic acid, blood	50.0
84132 Potassium; blood	24.0	(Sickle hemoglobin, see 83020, 83052, 83053, 85660)	
84133 urine	24.0	84285 Silica, blood, urine or tissue	100.0
84135 Pregnanediol; RIA	BR	84295 Sodium; blood	24.0
84136 other method (specify)	BR	84300 urine	24.0
84138 Pregnanetriol; RIA	BR	(Somatomammotropin, see 83632)	
84139 other method (specify)	BR		
84141 Primidone	60.0		
84142 Procainamide	60.0		
84144 Progesterone, any method	105.0		
(Progesterone receptor assay, see 84234)			

	Unit Value		Unit Value
(Somatotropin, see 83003; chorionic, see 83632)		84460 Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	24.0
84310 Sorbitol dehydrogenase, serum	26.0	84465 colorimetric or fluorometric	20.0
84315 Specific gravity (except urine)	8.0	(Transferrin, see 86329)	
(For urine specific gravity, see 81000)		84472 Trichloroethanol	60.0
84317 Starch, feces, screening	8.0	84474 Trichloroacetic acid	36.0
84318 Stercobilin, qualitative, feces	BR	(Trichloroacetaldehyde, see 82400-82405)	
(Stone analysis, see 82355-82370)		84476 Trifluoperazine	36.0
84324 Strychnine	75.0	84478 Triglycerides, blood	30.0
(Sugar, see under glucose)		(See also 83705)	
84375 Sugars, chromatographic, TLC or paper chroma- tography	80.0	84479 Triiodothyronine (T-3), resin uptake	BR
(Sulfhemoglobin, see hemoglobin, 83055-83060)		84480 Triiodothyronine true (TT-3), RIA	36.0
(84382 has been deleted)		84481 Triiodothyronine, free (FT-3), RIA (unbound T-3 only)	BR
84395 Sulfonamide, blood, chemical	20.0	84483 Trimethadione	36.0
(84397 has been deleted)		84485 Trypsin, duodenal fluid	30.0
(T-3, see 84435, 84479, 84480)		84488 Trypsin, feces; qualitative, 24-hour specimen	30.0
(T-4, see 84435-84439)		84490 quantitative	30.0
(84401 has been deleted)		(Tubular reabsorption of phosphate, blood and urine, see 84082)	
84403 Testosterone, blood, RIA	105.0	84510 Tyrosine, blood	40.0
(84404 has been deleted)		(Ultracentrifugation, lipoprotein, see 83717)	
84405 Testosterone, urine, RIA	120.0	(Urate vs. pyrophosphate crystals, see 84208)	
84406 Testosterone, binding protein	BR	84520 Urea nitrogen, blood (BUN); quantitative	22.0
84407 Tetracaine	BR	stick test	8.0
84408 Tetrahydrocannabinol THC (marijuana)	BR	84540 Urea nitrogen urine	20.0
84409 Tetrahydrocortisone or tetrahydrocortisol	105.0	84545 Urea nitrogen clearance	40.0
(See also 83491-83497)		84550 Uric acid; blood, chemical	20.0
84410 Thallium, blood or urine	100.0	84555 uricase, ultraviolet method	26.0
84420 Theophylline, blood or saliva	60.0	84560 Uric acid, urine	20.0
84425 Thiamine (Vitamin B-1)	BR	84565 Urobilin, urine; qualitative	12.0
84430 Thiocyanate, blood	30.0	quantitative, timed specimen	24.0
84434 Thioridazine	40.0	84575 Urobilin, feces, quantitative	60.0
(Thyrotropin releasing hormone (TRH) test, see 84201)		84577 Urobilinogen, feces, quantitative	30.0
84435 Thyroxine, (T-4), CPB or resin uptake	33.0	84578 Urobilinogen, urine; qualitative	24.0
84436 Thyroxine, true (TT-4), RIA	21.0	quantitative, timed specimen	24.0
84437 Thyroxine (T-4), neonatal	20.0	84583 semiquantitative	20.0
84439 Thyroxine, free (FT-4), RIA (unbound T-4 only).	45.0	84584 Uropepsin, urine	24.0
(84441 Thyroxine (T-4) method has been deleted. To re- port, use 84435-84439)		(Uroporphyrins, see 84120, 84121)	
84442 Thyroxine binding globulin (TBG)	52.0	(Valproic acid, see 80031)	
(Thyroxine, free thyroxine index, T-7, see 82756)		84585 Vanillylmandelic acid (VMA), urine	24.0
(Thyroid hormones, PBI, thyroxine, etc., see 84480, 84250)		84588 Vasopressin (antidiuretic hormone), RIA	BR
84443 Thyroid stimulating hormone (TSH), RIA	60.0	84589 Viscosity, fluid	10.0
(Thyroid stimulating hormone (TSH), neonatal, see 84800)		84590 Vitamin A, blood	40.0
84444 Thyrotropin releasing factor (TRF), RIA	BR	84595 including carotene	60.0
84445 plus long acting (LATS)	BR	(See also 82380)	
(Tobramycin, see 84840)		(Vitamin B-1, see 84425)	
84446 Tocopherol alpha (Vitamin E)	38.0	(Vitamin B-2, see 84252)	
(Tolbutamide tolerance, see 82951-82952)		(Vitamin B-6, see 84207)	
84447 Toxicology, screen; general	BR	(Vitamin B-12, blood, see 82606, 82607)	
84448 sedative (acid and neutral drugs, volatiles)	45.0	(Vitamin B-12, absorption (Schilling), see 78270, 78271)	
84450 Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method	24.0	(Vitamin C, see 82180)	
84455 colorimetric or fluorometric	20.0	(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)	

	Unit Value		Unit Value		
84605	Volume, blood, dye method (Evans blue)	30.0	85022	hemogram, automated, and <u>manual differential WBC count (CBC)</u>	15.0
84610	including total plasma and total blood cell volume	50.0	85023	<u>hemogram and platelet count, automated, and manual differential WBC count (CBC)</u>	17.0
	(Volume, blood, RISA or Cr-51, see 78110, 78111)		85024	<u>hemogram and platelet count, automated, and automated partial differential WBC (CBC)</u>	17.0
84613	Warfarin	BR	85025	<u>hemogram and platelet count, automated, and automated complete differential WBC (CBC)</u>	17.0
84615	Xanthurenic acid	BR	85027	hemogram, automated, with platelet count	12.0
84620	Xylose tolerance test, blood	40.0	((85028)	hemogram, automated, and differential WBC count (CBC) with platelet count	17.0
84630	Zinc, quantitative; blood	100.0		(85028 has been deleted. To report, see 85023-85025)	
84635	urine	100.0	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, three part differential); one to three indices	BR
84645	Zinc sulphate turbidity	20.0		four or more indices	BR
	(84680 has been deleted. To report use 82677)		85030	Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)	16.5
84681	<u>C-peptide, any method</u>	BR	85041	red blood cell count (RBC) only	8.0
84695	Gentamicin	38.5		(See also 85021-85031, 89050)	
((84701)	Gonadotropin, chorionic, beta subunit, RIA	66.7	85044	reticulocyte count	12.0
84702	<u>Gonadotropin, chorionic; quantitative</u>	30.0	85048	white blood cell (WBC)	8.0
84703	<u>qualitative</u>	30.0		(See also 85021-85031)	
84800	Thyroid stimulating hormone (TSH), neonatal	60.0	85095	Bone marrow smear and/or cell block; aspiration only	45.0
84810	Tobramycin	BR		(85096 has been deleted. For interpretation of smear, use 85097; for cell block interpretation, see 88304, 88305)	
84999	Unlisted chemistry or toxicology procedure	BR	85100	aspiration, staining and interpretation	140.0
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.)		85101	aspiration and staining only	75.0
				(For special stains, see 85535, 85540, 85560, 88312-88313)	
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			85102	Bone marrow needle biopsy	75.0
WAC 296-23A-340 HEMATOLOGY.			85103	staining and interpretation	60.0
(Includes blood clotting (coagulation) procedures. For blood banking procedures, see under Immunology)			85109	staining and preparation only	30.0
(Agglutinins, see Immunology)			85150	Calcium clotting time	40.0
(Antifactor (specific coagulation factors), see 85300-85341)			85160	Calcium saturation clotting test	40.0
(Anti-plasmin, see 85410)			85165	Capillary fragility test, Rumpel-Leede separate procedure	20.0
(Antiprothrombinase, see 85311)			85170	Clot retraction; screen	8.0
(Antithrombin III, see 85300)			85171	quantitative	45.0
(Basophil count, see 85005)			85172	inhibition by drugs	BR
			85175	Clot lysis time, whole blood dilution	40.0
85000	Bleeding time; Duke	10.0		(Clotting factor I (fibrinogen), see 82730, 85371-85377)	
85002	Ivy or template	24.0	85210	Clotting factor II prothrombin, specific	40.0
	(85003 Adelson-Crosby immersion method has been deleted. To report, use 85999)			(See also 85610-85618)	
(Blood cell morphology only, see 85548)			85220	factor V (AcG or proaccelerin) labile factor	40.0
85005	Blood count; basophil count, direct	10.0	85230	factor VII (proconvertin, stable factor)	40.0
85007	differential WBC count (includes RBC morphology and platelet estimation)	7.5	85240	factor VIII (AHG), one stage	40.0
	(See also 85548, 85585)		85242	factor VIII (AHG), two stage	40.0
(For other fluids, e.g., CSF, see 89051, 89190)			85244	factor VIII related antigen quantitation	BR
85009	differential WBC count, buffy coat	12.0	85250	factor IX (PTC or Christmas)	40.0
85012	eosinophil count, direct	10.0	85260	factor X (Stuart-Prower)	40.0
	(For nasal smear, see 89180)		85270	factor XI (PTA)	40.0
85014	hematocrit	8.0	85280	factor XII (Hageman)	40.0
85018	hemoglobin, colorimetric	8.0	85290	factor XIII (fibrin stabilizing)	40.0
	(For other hemoglobin determination, see 83020-83068)		85291	factor XIII (fibrin stabilizing), screen solubility	40.0
85021	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)	10.5	85292	preallikrein assay (Fletcher factor assay)	BR
			85293	high molecular weight kinninogen assay (Fitzgerald factor assay)	BR
			85300	Clotting inhibitors or anticoagulants; antithrombin III, except antigen assay	40.0
			85301	antithrombin III, antigen assay	BR
			85302	protein C assay	BR
			85310	antithromboplastin	40.0

	Unit Value		Unit Value
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
85362 Fibrin degradation (split) products (FDP)(FSP); agglutination, slide	12.0	85576 aggregation (in vitro), any agent	BR
85363 ethanol gel	10.0	85577 retention (in vitro), glass bead	30.0
85364 hemagglutination inhibition (Merskey), microtiter	36.0	85580 count (Rees-Ecker)	14.0
85365 immunoelectrophoresis	BR	85585 estimation on smear, only	10.0
85367 precipitation	18.0	(See also 85007)	
85368 protamine paracoagulation (PPP)	BR	85590 phase microscopy	20.0
85369 staphylococcal clumping	12.0	85595 electronic technique	20.0
(Fibrinogen, quantitative, see 82730)		(Protamine paracoagulation (PPP), see 85368)	
85371 Fibrinogen, semiquantitative; latex	40.0	85610 Prothrombin time	16.0
85372 turbidimetric	22.5	(See also 85618)	
85376 Fibrinogen; thrombin with plasma dilution	24.0	85612 Russell viper venom type (includes venom)	36.0
85377 thrombin time dilution	36.0	85614 two stage	30.0
85390 Fibrinolysins; screening	20.0	85615 Prothrombin utilization (consumption)	40.0
85392 with EACA control	BR	85618 Prothrombin - Proconvertin, P & P (Owren)	18.0
85395 semiquantitative	30.0	(Red blood cell count, see 85021-85031)	
((85396 lysis of homologous clot	105.0)	85630 Red blood cell size (Price-Jones)	40.0
(85396 has been deleted, use 85999)		85632 Red blood cell peroxide hemolysis	30.0
85398 Fibrinolysis, quantitative	45.0	85635 Reptilase test	33.0
85400 Fibrinolytic mechanisms; plasmin	BR	(Reticulocyte count, see 85044)	
85410 antiplasmin	BR	(Rumpel-Leede test, see 85165)	
85420 plasminogen, except antigenic assay	BR	85650 Sedimentation rate (ESR); Wintrobe type	14.0
(For plasminogen activator, see 85665)		85651 Westergren type	10.5
85421 plasminogen, antigenic assay	BR	85660 Sickling of RBC, reduction, slide method	14.0
85426 von Willebrand factor assay	BR	(Sickling, electrophoresis, see 83020)	
(Fragility, red blood cell, see 85547, 85555-85557)		(Sickling, solubility, S-D, see 83053)	
85441 Heinz bodies; direct	9.0	(Sickling, turbidimetric (Sickledex dithionate), see 83052)	
85445 induced, acetyl phenylhydrazine	19.5	(Siderocytes, see 85535)	
(Hematocrit (PCV), see 85014, 85021-85031)		(Smears for parasites, malaria, etc., see 87207)	
(Hemoglobin, see 83020-83068, 85018-85031)		(Staphylococcal clumping test, see 85369)	
85460 Hemoglobin, fetal, differential lysis (Kleihauer)	26.0	85665 Streptokinase titer (plasminogen activator)	BR
(See also 83030, 83033)		85670 Thrombin time; plasma	20.0
(Hemogram, see 85021-85031)		85675 titer	12.0
(Hemolysins, see 86006, 86281, 86282)		85700 Thromboplastin generation test; screening (Hicks-Pitney)	40.0
85520 Heparin assay	60.0	85710 definitive, with platelet substitute	45.0
85530 Heparin-protamine tolerance test	60.0	85711 with patient's platelets	45.0
85535 Iron stain (RBC or bone marrow smears)	18.0	85720 all factors	BR
(Ivy bleeding time, see 85002)		(For individual clotting factors, see 85210 et seq.)	
85538 Leder stain (esterase) blood or bone marrow	30.0		
85540 Leucocyte alkaline phosphatase with count	20.0		

	Unit Value		Unit Value
85730		technique including antihuman globulin	52.0
		(For absorption and elution, see 86012-86013, 86019)	
85732	30.0	86028 saline or high protein, each (Rh, AB, etc.)	12.0
		(Anti-DNA, see 86225)	
		(Anti-deoxyribonuclease titer, see 86215)	
85810	40.0	86031 Antihuman globulin test; direct (Coombs) 1-3 dilu- tions	12.0
85820	40.0	86032 indirect, qualitative (broad, gamma or nongamma, each)	15.0
		(Von Willebrand factor assay, see 85426)	
		(WBC count, see 85021-85031, 85048, 89050)	
85999	BR	86033 indirect, titer (broad, gamma or nongamma each)	12.0
		86034 enzyme technique, qualitative	30.0
		86035 drug sensitization, identification (e.g., penicillin) . (For antibody detection (screening), see 86016, 86017)	75.0
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			
WAC 296-23A-345 IMMUNOLOGY.			
(Includes serology, immunohematology and blood bank- ing)			
(Acetylcholine antireceptor antibody, see 86685)			
(Acid hemolysins, see 86281)			
(Actinomycosis, see 86000-86009)			
(Adrenal cortex antibodies, RIA, see 86681)			
	Unit Value		
86000	14.0	86060 Antistreptolysin O titer	20.0
86002	45.0	86063 screen	10.0
		86064 Antitrypsin, alpha-1; RIA	20.0
86004	36.0	86066 Pi (Protease inhibitor) typing	20.0
		86067 other method (specify)	20.0
		(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	12.0	(Autoagglutinins, see 86282, 86283)	
		(Autoantibodies, see specific antigens)	
		(Blastomycosis, see 86006-86009)	
86007	7.5	86068 Blood crossmatch, complete standard technique, in- cludes typing and antibody screening of recipient and donor; first unit	60.0
86008	18.0	86069 each additional unit	45.0
		86072 Blood crossmatch; enzyme technique	10.5
86009	12.0	86073 screening for compatible unit saline and/or high protein	26.0
86011	44.0	86074 antiglobulin technique	15.0
86012	30.0	(For enzyme technique, see 86018)	
		(For incompatibility problems, see 86004, 86011-86014, 86016-86026, 86031-86035, 86068-86076)	
		(For typing, antibody screening and blood in lieu of crossmatch, see 86017)	
		86075 Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening; first unit	44.0
		86076 each additional unit	27.0
86013	45.0		
86014	45.0	86080 Blood typing; ABO only	12.0
86016	30.0	86082 ABO and Rho(D)	18.0
		86090 MN	20.0
		86095 Blood typing, RBC antigens other than ABO or Rho(D); antiglobulin technique, each antigen	10.5
		86096 direct, slide or tube, including Rh subtypes, each antigen	10.5
86017	24.0	86100 Blood typing; Rho(D) only	12.0
		86105 Rh genotyping, complete	45.0
86018	17.0	(For Rho variant Du, see 86095)	
86019	45.0	86115 anti-Rh immunoglobulin testing (RhoGAM type)	68.0
86021	60.0	86120 special (Kell, Duffy)	BR
86022	75.0	86128 Blood autotransfusion, including collection, process- ing and storage	45.0
86023	BR		
86024	38.0		
86026	38.0		

	Unit Value		Unit Value
(86129, 86131, 86134, 86138, and 86139 have been deleted)		86255	24.0
(Bovine milk antibody, see 86008, 86009)		86256	36.0
(Brucellosis, see 86000-86002)			(Fluorescent technique for antigen identification in tissue, see 88346)
86140 C-reactive protein	20.0	86265	BR
(Candidiasis, see 86008)		86266	BR
86149 Carcinoembryonic antigen (CEA); gel diffusion	60.0	86267	BR
86151 RIA	60.0		(FTA, see 86650)
(Cat scratch disease, see 86171)			(Gc grouping, see 86335)
86155 Chemotaxis assay, specify method	BR		(Gel (agar) diffusion tests, see 86331)
(Coccidioidomycosis, see 86006-86009, 86171, 86490)			(86272 and 86273 have been deleted)
(Cold agglutinin or hemolysin, see 86006-86013, 86282, 86283)			(Gm grouping, see 86335)
86158 Complement; C'1 esterase	52.0		(Gonadotropins, chorionic, see 82996-82998, 84701)
86159 C'2 esterase	52.0	86277	BR
86162 total (CH 50)	70.0		(HAA, see 86285-86287)
86163 C'3 esterase	BR		(Ham test, see 86281)
86164 C'4 esterase	BR	86280	60.0
(For complement fractions, quantitative, see 86329)		86281	24.0
86171 Complement fixation tests, each (e.g., cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis)	40.0	86282	30.0
(Coombs test, see 86031-86035)		86283	75.0
86185 Counterelectrophoresis, each antigen	24.0		(Cold, see 86006-86009; warm, see 86004; acid, see 86281)
(For HAA, see 86285-86287)		86285	18.0
(Crossmatch, see 86068-86076)		86286	24.0
(86201 and 86202 have been deleted)		86287	36.0
(Cryptococcosis, see 86008, 86009, 86255, 86256)			(For gel diffusion technique, see 86331; CF, see 86171; HAI, see 86280)
(Cysticercosis, see 86280)		86288	BR
((86209) Cytotoxic testing	BR)	86289	BR
86215 Deoxyribonuclease, antibody	36.0	86290	BR
86225 Deoxyribonucleic acid (DNA) antibody	36.0	86291	BR
(Diphtheria, see 86280)		86293	BR
(Direct antiglobulin test (Coombs), see 86031)		86295	BR
(Donath-Landsteiner screen, see 86008, 86009)		86296	BR
(Drug sensitization, RBC, see 86035)			(86297 Hepatitis A virus antibody has been deleted. To report, use 86296)
(Echinococcosis, see 86171, 86280)		86298	BR
86227 Enzyme immunoassay for infectious agent antigen	BR	86299	BR
(For precipitin or agglutination rapid test for infectious agent, use 86403)		86300	20.0
(For enzyme immunoassay for drugs, use 82662)		86305	30.0
86228 Enzyme immunoassay for infectious agent antibody	BR	86310	30.0
(For HTLV-III antibody tests, see 86312-86314)			(Histoplasmosis, see 86006-86009, 86171)
86229 Enzyme immunoassay for chemical constituent	BR		(HLA typing, see 86812-86817)
(Eosinophils, nasal smear, see 89190)			(Hormones, see individual alphabetic listing in chemistry section)
86235 ((Extractable) Antibody to specific nuclear antigen ((ENA), antibody), any method, each	30.0	86312	BR
(86240 and 86241 have been deleted)		86314	BR
86243 Fc receptor assay, specify method	BR		(Human growth hormone antibody, RIA, see 86277)
86244 Feto-protein, alpha-1, RIA or EIA	57.0		(86315 has been deleted)
(86245 has been deleted)		86320	100.0
(Filariasis, see 86280)		86325	100.0

	Unit Value		Unit Value
specimen	100.0		
86327 crossed (2 dimensional assay)	BR	86402 Precipitin determination, gel diffusion, in aspergil-	
86329 Immunodiffusion; quantitative, each IgA, IgG, IgM, ceruloplasmin, transferrin, alpha-2, macroglobulin, complement fractions, alpha-1 antitrypsin, or other (specify)	30.0	86403 Precipitin (e.g., latex bead) or agglutination rapid test for infectious agent antigen	BR
86331 gel diffusion, qualitative (Ouchterlony)	30.0		BR
(For ceruloplasmin by chemical method, see 82390)		(For enzyme immunoassay for infectious agent antigen, use 86227)	
(IgE, RIA, see 82785; RIST, see 86423)		86405 Precipitin test for blood (species identification)	BR
86335 Immunoglobulin typing (Gc, Gm, Inv), each	BR	(Pregnancy test, see 82996, 82997, 86006-86009)	
(Insulin antibody, see 86016)		(86415 and 86416 have been deleted)	
86337 Insulin antibodies, RIA	BR	(Psittacosis, CF, see 86171)	
86338 Insulin factor antibodies, RIA	32.0	86421 Radioallergosorbent test (RAST); up to 5 antigens	BR
86340 Intrinsic factor antibodies, RIA	32.0	86422 6 or more antigens	BR
(Intrinsic factor, antibody (fluorescent), see 86255, 86256)		86423 Radioimmunosorbent test (RIST) IgE, quantitative	BR
(Inv grouping, see 86335)		(Rapid plasma reagin test (RPR), see 86592)	
(Latex fixation, see individual antigen or antibody; also 86006, 86007)		(86424, 86425, 86426, and 86427 have been deleted)	
(LE cell preparation, see 85544)		86430 Rheumatoid factor, latex fixation	12.0
(LE factor, see 86006, 86007, 86255, 86256)		(RIST, see 86423)	
(Leishmaniasis, see 86280)		(RPR, see 86592)	
(Leptospirosis, see 86006-86009)		(Rubella, CF, see 86171; HAI, see 86280)	
(Leukoagglutinins, see 86013, 86021)		(Schistosomiasis agglutination, see 86006-86009)	
86343 Leukocyte histamine release test (LHR)	BR	(Serologic test for syphilis (STS), see 86171, 86592, 86593)	
86344 Leukocyte phagocytosis	BR	86455 Skin test; anergy testing, one or more antigens	BR
(86345, 86346, and 86347 have been deleted)		86490 coccidioidomycosis, each test	20.0
86349 Leukocyte transfusion (leukapheresis)	BR	86510 histoplasmosis	20.0
(Lymphocyte culture, see 86353)		86540 mumps	20.0
(86351 has been deleted)		86580 tuberculosis, patch or intradermal	20.0
86353 Lymphocyte transformation, phyto mitogen (phytohemagglutination, PHA) or other mitogen culture (MC) (e.g., tuberculin, candida)	120.0	86585 tuberculosis, tine test	12.0
86357 Lymphocytes; T & B differentiation	165.0	(Skin tests 86450, 86460, 86470, 86480, 86495, 86500, 86520, 86530, 86550, 86565, and 86570 have been deleted)	
86358 B-cell evaluation	BR	(Smooth muscle antibody, see 86255, 86256)	
(Malaria, see 87207)		(Sporotrichosis, see 86006-86009)	
(86365 has been deleted)		(Streptococcus MG, see 86171)	
(Melioidosis, see 86280)		86590 Streptokinase, antibody	27.0
86376 Microsomal antibody (thyroid); RIA	BR	(Streptolysin O antibody, see antistreptolysin O, 86060-86063)	
86377 other method (specify)	30.0	(Streptobacillus, see 86008, 86009)	
86378 Migration inhibitory factor test (MIF)	BR	86592 Syphilis, precipitation or flocculation tests, qualitative VDRL, RPR, ((DRF)) ART	9.0
(Milk antibody, antiovine, see 86008-86009)		(See also 89006, 89007)	
(Mitochondrial antibody, liver, see 86255-86256)		86593 Syphilis, precipitation or flocculation tests, quantitative	15.0
(Mononucleosis screening slide, see 86006-86007)		(Syphilis serology, see also 86171)	
86382 Neutralization test, viral	BR	(Tetanus, see 86280)	
86384 Nitroblue tetrazolium dye test (NTD)	BR	(Thyroglobulin antibody, see 86006-86009, 86171)	
(Ouchterlony diffusion, see 86331)		(Thyroglobulin antibody, RIA, see 86800)	
(Parietal cell antibody, see 86255, 86256)		86594 Thyroid autoantibodies	BR
86385 Paternity testing, ABO + Rh factors + MN (per individual)	37.5	86595 Tissue culture	BR
86386 each additional antigen system	15.0	(86597 tissue typing has been deleted. To report, use 86810-86822)	
(Penicillin antibody RBC, see 86035)		86600 Toxoplasmosis, dye test	80.0
(86388, 86389, and 86391 have been deleted)		(For CF, see 86171; IFA, see 86255, 86256)	
(Platelet antibodies (agglutinins), see 86014)		86630 Transfer factor test (TFT)	BR
(Platelet associated immunoglobulin assay, see 86023)			
(86392, 86393, and 86398 have been deleted)			

	Unit Value		Unit Value
86650 Treponema antibodies, fluorescent, absorbed (FTA-Abs)	30.0	88162 extended study involving over 5 slides and/or multiple stains	BR
86660 Treponema pallidum immobilization (TPI)	80.0	(For obtaining specimen, see percutaneous needle biopsy under individual organ in Surgery)	
86662 Treponema pallidum test, other, specify (e.g., TPIA, TPA, TPMB, TPCF, RPCF)	BR	(For aerosol collection of sputum, see 89350)	
(Trichinosis, see 86006-86009)		(For special stains, see 88312-88314)	
(Trypanosomiasis, see 86171, 86280)		88170 Fine needle aspiration with or without preparation of smears; superficial tissue (e.g., thyroid, breast, prostate)	BR
(Tuberculosis, see 86580, 86585, 87116-87118, 87190)		88171 deep tissue under radiologic guidance	BR
(Vaccinia immune globulin, see 86274)		(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic guidance use 76003)	
(VDRL, see 86592, 86593)		88172 Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s)	BR
(Viral antibodies, see 86171, 86280, 86382)		88173 interpretation and report	BR
(Visceral larval migrans, see 86280)		88180 Flow cytometry; each cell surface marker	BR
(Warm agglutinins, see 86004)		88182 cell cycle or DNA analysis	BR
(86670 has been deleted)		88199 Unlisted cytopathology procedure	BR
86681 Adrenal cortex antibodies, RIA	31.0	(For electron microscopy, see 88348)	
86685 Anti-AChR (acetylcholine receptor) antibody titer	BR		
86800 Thyroglobulin antibody, RIA	31.0		
86810 Tissue typing; for organ transplantation, including pretransplant crossmatch (donor) lymphocyte vs. recipient serum for nonspecific antibodies	BR		
86812 HLA typing, A, B, or C (e.g., A10, B7, B27), single antigen	BR		
86813 HLA typing, A, B, and/or C (e.g., A10, B7, B27), multiple antigens	BR		
86816 HLA typing, DR, single antigen	BR		
86817 HLA typing, DR, multiple antigen	BR		
86821 lymphocyte culture, mixed (MLC)	BR		
86822 lymphocyte culture, primed (PLC)	BR		
86999 Unlisted immunology procedure	BR		
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)			
WAC 296-23A-355 CYTOPATHOLOGY.			
	Unit Value		Unit Value
((*)88104 Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and 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., Saccomanno technique)	BR		
(88109 has been deleted. For interpretation of smear, use 88104; for cell block interpretation, see 88150)			
(For cervical or vaginal smears, see 88150)			
(For gastric intubation with lavage, see 89130-89141)			
(For x-ray localization, see 74340)			
((*)88125 Cytopathology, forensic (e.g., sperm)	75.0		
((*)88130 Sex chromatin identification; (Barr bodies)	40.0		
((*)88140 peripheral blood smear, polymorphonuclear "drum sticks"	40.0		
(For guard stain, see 88313)			
((*)88150 Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), screening ((and interpretation)) by technician under physician supervision, up to three smears	((26-5)) BR BR		
88151 requiring interpretation by physician			
((*)88155 with definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index)	40.0		
((*)88160 Cytopathology, any other source; screening and interpretation	36.0		
88161 preparation, screening and interpretation	BR		
		CYTOGENETIC STUDIES	
		((*)88260 Chromosome analysis; lymphocytes, count 1-4 cells, screening	180.0
		((*)88261 count 1-4 cells, 1 karyotype	375.0
		((*)88262 count 1-20 cells for mosaicism, 2 karyotypes	525.0
		((*)88265 Chromosome analysis; myeloid cells, 2 karyotypes (Philadelphia chromosome)	225.0
		((*)88267 amniotic fluid, count 1-4 cells, 1 karyotype	600.0
		((*)88268 skin, count 1-4 cells, 1 karyotype	600.0
		88270 other tissue cells, count 1-4 cells, 1 karyotype	BR
		((*)88280 additional karyotyping, each study	75.0
		((*)88285 additional cells counted, each study	15.0
		88299 Unlisted cytogenetic study	BR
		SURGICAL PATHOLOGY	
		(Procedures 88300 through 88399 include accession, handling and reporting)	
		((*)88300 Surgical pathology, gross examination only	20.0
		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.	
		((*)88302 Surgical pathology, gross and microscopic examination of presumptively normal tissue(s), for identification and record purposes	60.0
		((*)88304 Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen	75.0
		((*)88305 single complicated or multiple uncomplicated specimen(s), without complex dissection	105.0
		((*)88307 single complicated specimen requiring complex dissection or multiple complicated specimens	150.0
		88309 complex diagnostic problem with or without extensive dissection	BR
		(For fine needle aspiration, preparation and interpretation of smears, see 88170-88173)	
		((*)88311 decalcification procedure (list separately in addition to code for surgical pathology examination)	12.0

	Unit Value		Unit Value
((*)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 chemical analyses, see 82926-82932) (Joint fluid chemistry, see Chemistry and Toxicology, this section)	
((*)88313 Group II, all other (e.g., iron, trichrome) except immunocytochemistry and immunoperoxidase stains, each	12.0	89160 Meat fibers, feces	12.0
(For immunocytochemistry and immunoperoxidase tissue studies, see 88342)		(89180 has been deleted. To report, use 89190)	
88314 histochemical staining with frozen section(s)	BR	89190 Nasal smear for eosinophils	BR
88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)	BR	89205 Occult blood, any source except feces	10.5
88319 Determinative histochemistry to identify enzyme constituents	BR	(Occult blood, feces, see 82270)	
88323 Preparation of slides on referred material	BR	(Paternity tests, see 86385, 86386)	
88331 Preparation of frozen section(s)	BR	(89210 has been deleted)	
88332 each additional frozen section during same visit to surgical operating suite	BR	89300 Semen analysis; presence and/or sperm motility of sperm including Huhner test	12.0
88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody	BR	89310 motility and count	40.0
(88345 has been deleted. To report, use 88346)		89320 complete (volume, count, motility and differential)	80.0
88346 Immunofluorescent study, each antibody	BR	(Skin tests, see 86455-86585 and 95005-95199)	
88348 Electron microscopy; diagnostic scanning	BR	((89323 Sperm immobilization	BR))
88349 scanning	BR	89325 Sperm (agglutination, with antibody titer) <u>evaluation, hamster penetration test</u>	BR
88355 Morphometric analysis; skeletal muscle	BR	(For medicolegal identification of sperm, see 88125)	
88356 nerve	BR	(For complete spinal fluid examination, see 89070)	
(88360 Whole organ sections has been deleted. To report, use 88399)		(89345 has been deleted)	
(88370 has been deleted. To report, use 88342)		89330 Cervical mucus penetration test, with or without spinnbarkeit test	BR
88399 Unlisted surgical pathology procedure	BR	89350 Sputum, obtaining specimen, aerosol induced technique (separate procedure)	20.0
AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)		89355 Starch granules, feces	10.5
WAC 296-23A-360 MISCELLANEOUS.		(For chloride and sodium analysis, see 82437, 84295)	
(Basal metabolic rate has been deleted. If necessary to report, use 89399)		(Tissue culture, see 86595)	
(89005-89007 have been deleted)		(Tissue typing, see 86810-86822)	
89050 Cell count, miscellaneous body fluids (e.g., CSF, joint fluid), except blood	12.0	89365 Water load test	BR
89051 with differential count	20.0	89399 Unlisted miscellaneous pathology test	BR
89060 Crystal identification by compensated polarizing lens analysis; synovial fluid	BR	AMENDATORY SECTION (Amending Order 86-47, filed 1/1/87 [1/8/87])	
(89070 has been deleted)		WAC 296-23A-425 TESTS AND MEASUREMENTS.	
(89080 has been deleted)			Unit Value
89100 Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure	40.0	97600 Patient assessment and evaluation by a therapist, with report	16.0
89105 collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube	BR	97700 Office visit, including one of the following tests or measurements, with report; initial 30 minutes	24.0
(For radiological localization, see 74340)		a. Orthotic "check-out"	
(For chemical analysis, see Chemistry and Toxicology)		b. Prosthetic "check-out"	
89125 Fat stain, feces, urine, sputum	15.0	c. Activities of daily living "check-out"	
89130 Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology	20.0	d. Biofeedback evaluation	
89132 after stimulation	45.0	((c. Physical capacities evaluation))	
89135 Gastric intubation and aspiration, and fractional collections (e.g., gastric secretory study); one hour	60.0	97701 each additional 15 minutes	12.0
89136 two hours	90.0	97720 Extremity testing for strength, dexterity or stamina; initial 30 minutes, each visit	24.0
89140 two hours including gastric stimulation (e.g., histalog, pentagastrin)	105.0	97721 each additional 15 minutes	12.0
89141 three hours, including gastric stimulation	120.0	97730 <u>Performance-based physical capacities evaluation with report. Flat fee</u>	<u>\$375</u>
(For radiologic localization of gastric tube, see 74340)		(97740, 97741 have been deleted. To report, see 97530, 97531)	
		97752 Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of Cybex machine)	24.0
		99070 Supplies and materials provided by the therapist over and above those usually included with office visit or other services rendered. List item provided. Bill at cost.	BR

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

Unit Value

WSR 87-11-051
EMERGENCY RULES
DEPARTMENT OF LABOR AND INDUSTRIES
[Order 87-18-Filed May 20, 1987]

I, Richard A. Davis, director of the Department of Labor and Industries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to medical aid rules and maximum fee schedule, WAC 296-21-013, 296-23-615 and 296-23-811 dealing with procedures and payment methods for obtaining physical capacities information from attending doctors and licensed physical and occupational therapists; and WAC 296-23A-425 which provides for payment for performance-based physical capacities evaluation.

I, Richard A. Davis, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules were not available from the Code Reviser's Office to be included in previous filing which dealt with physical capacities evaluation and are being implemented May 20, 1987.

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

This rule is promulgated pursuant to RCW 51.04.020(4) and 51.040.030 [51.04.030] and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED May 20, 1987.

By Joseph A. Dear
Deputy Director
for Richard A. Davis
Director

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

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.

- 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
(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 Post-operative follow-up ... 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

	Unit Value
99044 <u>Doctor's estimate of physical capacities</u>	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
<i>(For hospital-based emergency care facility services, see 90500 et seq.)</i>	
99062 Emergency care facility services: When the nonhospital-based physician is in the hospital but is involved in patient care elsewhere and is called to the emergency facility to provide emergency services	8.0
<i>(For hospital-based emergency care facility services, see 90500 et seq.)</i>	
99064 Emergency care facility services: When the nonhospital-based physician is called to the emergency facility from outside the hospital to provide emergency services, not during regular office hours	25.0
99065 during regular office hours	16.0
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
<i>(For spectacles, see 92390-92395)</i>	
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
99082 Unusual travel (e.g., transportation and escort of patient) per mile	2.0

	Unit Value
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
99150 Detention, prolonged, with patient requiring attention beyond usual service (e.g., critically ill patient, 30 minutes or less)	25.0
99151 one hour	50.0

CRITICAL CARE

Critical care includes the care of critically ill patients in a variety of medical emergencies that requires the constant attention of the physician (cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, critically ill neonate). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The descriptors for critical care are intended to include cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, electrical conversion of arrhythmia, etc., are excluded when this descriptor is used on a per hour basis. (The physician may list his services separately if he desires.)

99160 Critical care, initial, including the diagnostic and therapeutic services and direction of care of the 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 Monitoring respiration	20.0
99166 Monitoring temperature	20.0

(For monitoring cardiac output, see 78470, 93561, 93962)

(For monitoring intra-aortic balloon counter pulsation, see 33972)

(For subsequent visits, see appropriate critical care visit, 99171-99174 or hospital visits, 90200-90280)

	Unit Value
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
(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 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) Post-operative care in instances where the unit value is for surgical procedure only.

INTERMEDIATE: A level of service such as a complete history and physical examination of one or more organ systems, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis that necessitates the obtaining and evaluation of pertinent history and physical or mental status findings, diagnostic tests and procedures, and the ordering of appropriate therapeutic management or an in depth counseling or discussion of the findings, but not requiring a comprehensive examination of the patient as a whole.

For example:

- (a) Review of interval history, examination of neck veins, lungs, heart, abdomen and extremities, discussion of findings and prescription of treatment in decompensated arteriosclerotic heart disease.
- (b) Review of interval history, examination of musculoskeletal system, discussion of findings, and adjustment of therapeutic program in low back and/or arthritic disorders.
- (c) Review of recent illness: Examination of pharynx, neck, axilla, groin, and abdomen; interpretation of laboratory tests and prescription of treatment in infectious mononucleosis.
- (d) Evaluation of a chest, post trauma, with impaired respiration with development of shock.

EXTENDED: A level of service requiring an unusual amount of 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) Re-examination of neurological findings, detailed review of hospital studies and course, and formal conference with patient and family jointly concerning findings and plans in a diagnostic problem of suspected intracranial disease in a young adult.
- (b) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent physical findings of a patient with a recent coronary infarct with complications requiring constant physician bedside attention.
- (c) Review of results of diagnostic evaluation, performance of a detailed examination and a thorough discussion of physical findings, laboratory studies, x-ray examinations, diagnostic conclusions and recommendations for treatment of complicated chronic pulmonary disease.
- (d) Detailed review of studies and hospital course and thorough reexamination of pertinent physical findings of a patient with a recent coronary infarct and formal conference with patient or family to review findings and prognosis.

(e) Reevaluation of a psychotic delusional patient who develops severe and acute abdominal pain involving a mental status reassessment but not a psychiatric diagnostic interview, and a conference with the consulting surgeon and nursing personnel.

(f) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent findings of a patient with a recently diagnosed uterine adenocarcinoma who also has a pulmonary coin lesion under consideration for thoracotomy; this service involves several abbreviated conferences with consultants, and family or patient.

COMPREHENSIVE: A level of service providing an in depth evaluation of the patient with a new or existing problem requiring the development or complete reevaluation of medical data. This procedure includes the recording of a chief complaint(s), and present illness, family history, past medical history, personal history, system review, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-615 OFFICE VISITS AND SPECIAL SERVICES.

DEFINITIONS:

Routine office visit: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam, i.e.:

- (1) Palpation, exam and adjustment of one or more areas.
- (2) Brief exam and no adjustment.

Extended office visit: A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate

and/or adjust therapeutic treatment management and progress.

Comprehensive office visit: A level of service pertaining to an indepth evaluation of a patient with a new or existing problem, requiring development or complete re-evaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review, and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

REPORTING:

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

CHIROPRACTIC MODIFIERS:

-22 *Unusual services: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report is required; the modifier -22 should be added to the procedure number.*

-52 *Reduced services: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced and modifier -52 should be added to the procedure number.*

MATERIAL SUPPLIED BY DOCTOR:

Department or self-insurer will reimburse the doctor for materials supplied, i.e. cervical collars, heel lifts, etc., at cost only. In addition, a handling fee, not to exceed five percent of the wholesale cost of the item, will be paid. See RCW 19.68.010, professional license statutes. Use procedure number C99070.

SPECIAL SERVICES:

The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the chiropractor for materials, for his time or that of his employees. These services are generally provided as an adjunct to common chiropractic 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
C90001 Completion of report of accident . . .	12.0
C90097 Completion of reopening application	12.0
C99032 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile	2.0
C99040 Completion of disability card	2.0
C99044 <u>Doctor's estimate of physical capacities</u>	<u>10.0</u>
C99052 Services requested between 10:00 p.m. and 8:00 a.m. in addition to	

Unit
Value

C99054	basic services, provided the office is closed during this period of time . . .	12.0
C99070	Services requested on Sundays and holidays in addition to basic services provided office is closed	12.0
C99080	Supplies, materials provided by doctor. Bill at cost	BR
	Special report requested by the agency or 60-day report (see WAC 296-20-06101)	BR

INITIAL VISIT

C90000	Routine examination, history, chiropractic adjustment and submission of a report	20.0
C90017	Extended office visit including treatment - report required	30.0
C90020	Comprehensive office visit including treatment - report required in addition to the report of accident.	40.0

FOLLOW-UP VISITS

C90050	Office visit including chiropractic adjustment	16.0
C90070	Extended office visit including treatment - report required	30.0

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-23-811 OFFICE VISITS AND SPECIAL SERVICES.

Definitions:

Routine office visit: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam.

Extended office visit: A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.

Comprehensive office visit: A level of service pertaining to an indepth evaluation of a patient with a new or existing problem, requiring development or complete re-evaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review, and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

Reporting:

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

Drugless therapeutic modifiers:

-22 Unusual services: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report may be required. The modifier -22 should be added to the procedure number.

-52 Reduced services: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced by 1Q units and modifier -52 should be added to the procedure number.

Material supplied by doctor:

Department or self-insurer will reimburse the doctor for materials supplied, i.e. cervical collars, heel lifts, etc., at cost only. In addition, a handling fee not to exceed five percent of the wholesale cost of the item, will be paid. See RCW 19.68.010, Professional License Statutes. Procedure Number D99070 should be used to bill these charges.

Special services:

The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the drugless therapeutic practitioner for materials, for his time or that of his employees. These services are generally provided as an adjunct to common drugless therapeutic 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
D90001 Completion of report of accident	12.0
D90097 Completion of reopening application	12.0
D99032 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile	2.0
D99040 Completion of disability card	2.0
D99044 <u>Doctor's estimate of physical capacities</u>	<u>10.0</u>
D99052 Services requested between 6:00 p.m. and 8:00 a.m. in addition to basic services, provided the office is closed during this period of time	12.0
D99054 Services requested on Sundays and holidays in addition to basic services provided office is closed	12.0
D99070 Supplies, materials provided by doctor - bill at cost	BR
D99080 Special report requested by the agency or 60 day report. See WAC 296-20-06101	BR

Unit
Value

INITIAL VISIT

D90000 Routine examination, history, and/or treatment (routine procedure), and submission of a report	20.0
D90017 Extended office visit including treatment - report required	30.0
D90020 Comprehensive office visit including treatment - report required in addition to the Report of Accident	40.0
Follow-up treatment	
D90050 Routine office visit including evaluation and/or treatment	16.0
D90070 Extended office visit including treatment - report required	30.0

AMENDATORY SECTION (Amending Order 86-47, filed 1/1/87 [1/8/87])

WAC 296-23A-425 TESTS AND MEASUREMENTS.

	Unit Value
97600 Patient assessment and evaluation by a therapist, with report	16.0
97700 Office visit, including one of the following tests or measurements, with report; initial 30 minutes	24.0
a. Orthotic "check-out"	
b. Prosthetic "check-out"	
c. Activities of daily living "check-out"	
d. Biofeedback evaluation ((c. Physical capacities evaluation))	
each additional 15 minutes	12.0
97720 Extremity testing for strength, dexterity or stamina; initial 30 minutes, each visit	24.0
each additional 15 minutes	12.0
97730 <u>Performance-based physical capacities evaluation with report. Flat fee</u>	<u>\$375</u>
(97740, 97741 have been deleted. To report, see 97530, 97531)	
97752 Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of Cybex machine)	24.0
99070 Supplies and materials provided by the therapist over and above those usually included with office visit or other services rendered. List item provided. Bill at cost.	BR

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

WSR 87-11-052
PROPOSED RULES
UNIVERSITY OF WASHINGTON
[Filed May 20, 1987]

Notice is hereby given in accordance with the provisions of RCW 28B.19.030, that the University of Washington intends to adopt, amend, or repeal rules concerning use of university stadium boat moorage facilities, moorage fee (for each event), amending WAC 478-138-050. Chapter 478-138 WAC pertains to regulations governing use of the stadium moorage facilities at the University of Washington; WAC 478-138-050 specifies moorage fees for private boats and charter boats;

that the institution will at 1:00 p.m., Wednesday, July 22, 1987, in the Conference Room, 301 Administration Building, University of Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 28B.10.560 and 28B.20.130.

The specific statute these rules are intended to implement is RCW 28B.10.560 and 28B.20.130.

Interested persons may submit data, views, or arguments to this institution in writing to be received by this institution before July 20, 1987.

Dated: May 18, 1987

By: Elsa Kircher Cole
Assistant Attorney General

STATEMENT OF PURPOSE

Statutory Authority: RCW 28B.10.560 and 28B.20.130.

Purpose of the Rule(s): Governs use of the stadium boat moorage facilities at the University of Washington and specifies moorage fees for private boats and charter boats.

Summary of the Rule(s): Section to be amended specifies moorage fees for private boats and charter boats. The amendment deletes the provision requiring private boat owners to submit certificates of insurance and boat registration prior to receiving moorage permits.

Reasons Which Support the Proposed Action: The provision to be deleted is considered unnecessary to the functioning of the program, and, at times, has been construed to be unduly burdensome to potential and current patrons of the university's moorage facilities.

Name of Person or Organization Proposing the Rule(s): Tallman Trask III, Vice President for Finance and Administration, governmental.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rule(s): Tallman Trask III, Vice President for Finance and Administration, (206) 543-6410.

The Rule(s) is (are) Necessary as the Result of Federal Law, Federal Court Action, or State Court Action: [No information supplied by agency.]

Agency Comments, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters

Pertaining to the Rule(s): [No information supplied by agency.]

AMENDATORY SECTION (Amending Order 86-3, filed 8/11/86)

WAC 478-138-050 USE OF UNIVERSITY STADIUM BOAT MOORAGE FACILITIES—MOORAGE FEE (FOR EACH EVENT).

Private Boats:
Length to 50 feet \$.30 per foot
Length over 50 feet \$ 20.00

The number of permits issued to private boats over fifty feet in length may be limited as determined by the manager of the parking division. ((Private boat owners must submit a copy of certificate of insurance and boat registration to the parking division prior to issuance of a moorage permit:))

Charter Boats:
Load and unload plus moorage \$ 70.00
Load and unload only \$ 15.00
Other Craft: Set by manager of the parking division if necessary for single occurrence.

WSR 87-11-053
PROPOSED RULES
DEPARTMENT OF PERSONNEL
(Personnel Board)
[Filed May 20, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning Vacation leave—Allowance, amending WAC 356-18-110;

that the agency will at 10:00 a.m., Thursday, July 9, 1987, in the Board Hearings Room, Department of Personnel, 600 South Franklin, 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 41.06.040.

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

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 7, 1987.

Dated: May 15, 1987

By: Leonard Nord
Secretary

STATEMENT OF PURPOSE

Amending WAC 356-18-110 Vacation leave—Allowance, specifies the length of time that employees must work before they become eligible to use or be compensated for vacation leave.

Statutory Authority: RCW 41.06.150.

Summary: The proposed revision would expand the rule by specifying the length of time that seasonal employees must work in order to qualify for vacation leave. The revision would permit seasonal employees to use vacation leave after six continuous months or twelve total months of employment, whichever comes first.

Reasons: Seasonal career employees who work multiple seasons of less than six months should qualify for vacation leave on the same basis as part-time employees.

Responsibility for Drafting: John Calhoun, Department of Transportation, Mailstop KF-01, Olympia, WA 98504, phone 753-7337; Implementation and Enforcement: Department of Personnel.

Proposed by: Department of Transportation, governmental agency.

Comments: None.

Result of Federal Law or Federal or State Court Action: No.

AMENDATORY SECTION (Amending Order 152, filed 3/13/81)

WAC 356-18-110 VACATION LEAVE—ALLOWANCE. (1) Full time employees shall not use or be compensated for vacation leave credits until completion of six months continuous state service. Employees whose payroll hours are usually less than 40 hours a week shall not use nor be compensated for vacation leave credits until completion of twelve months of regularly scheduled service with state government. Seasonal career employees shall not use or be compensated for vacation leave credits until completion of six months of continuous full time employment or twelve months in seasonal career status, whichever is sooner.

(2) All requests for vacation leave shall be in writing and must be approved in advance of the effective date unless used in lieu of sick leave or for emergency child care, or the supervisor chooses to approve the vacation leave on a retrospective basis.

(3) In granting requests for vacation leave the employing agency shall give due regard to the needs of the employee but may require that leave be taken when it will least interfere with the work of the agency.

WSR 87-11-054

PROPOSED RULES

DEPARTMENT OF PERSONNEL

(Personnel Board)

[Filed May 20, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning:

New	WAC 356-05-048	Base range.
New	WAC 356-05-275	Point range.
Amd	WAC 356-05-370	Salary range.
Amd	WAC 356-05-430	Transfer.
Amd	WAC 356-14-140	Salary—Increase on promotion.
Amd	WAC 356-15-080	Standby compensation.
Amd	WAC 356-15-125	Assignment pay provisions;

that the agency will at 10:00 a.m., Thursday, July 9, 1987, in the Board Hearings Room, Department of Personnel, 600 South Franklin, Olympia, WA 98504, conduct a public hearing on the proposed rules.

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

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

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

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 7, 1987.

Dated: May 19, 1987

By: Leonard Nord
Secretary

STATEMENT OF PURPOSE

New WAC 356-05-048 Base range, new definition.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: The new definition defines base range as a salary range without a decimal suffix.

Reasons: It is necessary to differentiate between base range and point range (which has a decimal suffix). The new definition pertains to WAC 356-14-140 in which it explains how promotional increments are determined with the new comparable worth salary schedule.

New WAC 356-05-275 Point range, new definition.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: The new definition defines point range as a salary range with a decimal suffix.

Reasons: It is necessary to differentiate between point range and base range (which has no decimal suffix). The new definition pertains to WAC 356-14-140 in which it explains how promotional increments are determined with the new comparable worth salary schedule.

Amending WAC 356-05-370 Salary range, defines salary range.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: This amendment will clarify that salary range includes both base range and point range.

Reasons: It is necessary to differentiate between point range and base range. The new definition pertains to WAC 356-14-140 in which it explains how promotional increments are determined with the new comparable worth salary schedule.

Amending WAC 356-05-430 Transfer, the definition defines transfer.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: This would revise the transfer definition to be consistent language with the promotion (WAC 356-05-325) and the demotion (WAC 356-05-105) definitions.

Reasons: Need to provide consistent terminology.

Amending WAC 356-14-140 Salary—Increase on promotion, explains how promotional salary increases are determined.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: The amendment to this rule will explain how promotional increases are to be determined on the new comparable worth range tables. Also it will correct inconsistent terminology and renumber paragraphs.

Reasons: Changes of substance are required for July 1, 1987, implementation of comparable worth ranges. Other revisions are needed for consistency and clarity

and are being made because the chapter is already being amended.

Amending WAC 356-15-125 Assignment pay provisions, authorized assignment pay for certain conditions listed in the state compensation plan.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: The amendment explains how assignment pay ranges are to be determined a [with] the new comparable worth salary range tables.

Reasons: The amendment is needed because the addition of the new comparable worth ranges make the present language confusing without elaboration.

Amending WAC 356-15-080 Standby compensation, authorizes standby compensation for certain conditions listed in the state compensation plan.

Statutory Authority: RCW 41.06.150.

Specific Statute: Comparable worth agreement.

Summary: The amendment explains how standby pay rates are to be determined on new comparable worth range tables.

Reasons: This amendment is needed because the addition of new comparable worth ranges make the present language confusing without elaboration.

Responsibility for Drafting: Gail Salisbury, Standards and Surveys, Department of Personnel, 600 South Franklin, Mailstop FE-11, Olympia, WA 98507, phone 753-5383; Implementation and Enforcement: Department of Personnel.

Agency Submitting Proposal: Department of Personnel, governmental agency.

Comments: There will be a request for emergency adoption in June 1987 so the changes required for implementation of comparable worth ranges will be effective July 1, 1987.

Result of Federal Law or Federal or State Court Action: No.

NEW SECTION

WAC 356-05-048 **BASE RANGE.** A salary range identified by a whole number, rather than a number with a decimal suffix (as opposed to a "point range" which has a decimal suffix).

NEW SECTION

WAC 356-05-275 **POINT RANGE.** A salary range identified by a whole number with a decimal suffix (as opposed to a "base range" which has no decimal suffix).

AMENDATORY SECTION (Amending Order 209, filed 8/10/84)

WAC 356-05-370 **SALARY RANGE.** A sequence of minimum, intervening, and maximum dollar amounts designated by the board as the monthly compensation for a class. Salary ranges are identified in the compensation plan by number. Those with a decimal suffix are "point ranges"; those with only whole numbers are "base ranges".

[AMENDATORY SECTION (Amending Order 209, filed 8/10/84)]

WAC 356-05-430 **TRANSFER.** The change of an employee from ~~((one to another classified position having the same salary range number))~~ a position in one class to another position in a class having the same maximum salary.

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

AMENDATORY SECTION (Amending Order 141, filed 2/19/80)

WAC 356-14-140 **SALARY—INCREASE ON PROMOTION.**

(1) All promotional salary changes shall be determined as if the employee's old and new classes were both paid on the base ranges with the same whole-number designations as the point ranges which may be involved. Thus under the rules which follow in this section: a four-range promotion from range 26.4 step i to range 30.2 would be determined as though the move were from range 26 i to range 30 step e (same dollar amount) plus two increments to step g; then to step g of range 30.2. Similarly, a six range increase would occur if an employee promoted from range 26.4 to range 32.2, even though the actual dollar amount of the range increase is less than a promotion from range 26 to range 32.

And a five range increase would occur if an employee promoted from range 26 to range 31.4 even though the actual dollar amount of the increase appears to be closer to six ranges.

~~((+))~~ (2) An employee who is promoted less than six ((basic)) salary ranges shall ((have his/her salary increased by the next two salary schedule increments over the basic salary he/she received immediately prior to the)) receive a two-increment salary increase on the date of promotion, or

(a) To the minimum step of the newly assigned range, if the minimum dollar amount is higher, or

(b) To the maximum step of the newly assigned range, if a two-increment increase would have otherwise placed the employee above the maximum step of the range, or

(c) To the next higher salary schedule dollar amount which would represent more than a one-increment increase but no more than a two-increment increase, if the employee's basic salary in the former class was y-rated between two salary schedule steps, and (a) or (b) above do not apply.

~~((2))~~ (3) ((When a)) An employee who is promoted ((to a new classification at least six basic salary ranges above his/her former classification, he/she shall have his/her salary increased by the next four salary schedule increments over his/her former basic salary)) six or more ranges shall receive a four-increment salary increase on the date of promotion, or

~~((3))~~ (4) When an employee who is working in a position that is included in an approved class series study accepts a promotion within his/her agency to a classification impacted by the same study, he/she shall be paid not less than the salary that would have been paid had the employee remained in the former position and benefited from an upward reallocation. In no event, however, shall the employee receive a salary higher than the maximum step of the classification to which he/she promotes. The higher salary shall become effective upon the effective date of the class study.

~~((4))~~ (5) ((When a)) An employee who is promoted in either situation (a) or (b) below, ((his/her salary shall be increased by the next four salary schedule increments over his/her former salary)) shall receive a four-increment salary increase:

(a) When ((F)) the employee is promoted over an intervening class in ((his/her)) the same class series, or

(b) When ((A)) an employee is promoted from one class series to a higher class series and over an intervening class in the new series which would have represented a promotion.

~~((5))~~ (6) ((Whenever a promotion would require a)) An employee whose promotion requires a ((to move his/her)) change of residence to another geographic area to be within a reasonable commuting distance of the new place of work, ((he/she shall have his/her salary increased by the next four salary schedule increments over the former basic salary)) shall receive a four-increment increase on the date of promotion.

~~((6))~~ (7) ((Employees)) An employee will be entitled to only one of the increases of ((2)) (3), ((4)) (5) or ((5)) (6) above, ((and not the accumulation, when the situations happen within 12 months of each other)) within a 12 month period. An employee whose salary would otherwise be increased under (3), (5), or (6) above shall receive a salary increase as provided in (2) above when the promotions occur within 12 months of each other.

~~((7))~~ (8) When the increase prescribed in ((2)) (3), ((4)) (5) or ((5)) (6) above would result in a salary above the maximum of a range or the increase was from an amount between the steps, then the same limitations prescribed in ((+)) (2)(a), (b) or (c) will prevail.

~~((8))~~ (9) Any additional salary ranges that were afforded by a special assignment pay provision shall not be used in the above computations.

~~((9))~~ (10) The dollar amount increase is stated otherwise in the compensation plan appendix or chapter 15 but will not be used in the above computation.

~~((10))~~ (11) Increases will not be provided as above when teachers' salaries are prescribed in the teachers and principal salary schedules.

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

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

AMENDATORY SECTION (Amending Order 248, filed 5/28/86, effective 7/1/86)

WAC 356-15-080 STANDBY COMPENSATION. (1) Requirements:

(a) An employee is in standby status when not being paid for time actually worked and both of the following conditions exist:

(i) The employee is required to be present at a specified location. The location may be the employee's home or other specific location, but not a work site away from home. When the standby location is the employee's home, and the home is on the same state property where the employee works, the home is not considered a work site.

(ii) The agency requires the employee to be prepared to report immediately for work if the need arises, although the need might not arise.

Note: When the nature of a duty station confines an employee during off duty hours (e.g., a ship), and that confinement is a normal condition of work in the employee's position, standby compensation is not required merely because the employee is confined.

(b) An agency may issue a written policy stating that an employee is in standby status when not being paid for time worked while required to leave a telephone number with the agency or remain in communication with a dispatching authority to respond to a call to begin work in a specified time limit.

(c) Standby status shall not be concurrent with work time.

(2) Payment: Any scheduled or nonscheduled work period employee required to stand by shall be paid the hourly standby rate (~~as shown in the state compensation plan~~). Standby pay may be authorized by an agency for exceptions work period employees. Exceptions work period employee standby may be compensated with compensatory time. The compensatory time shall be equal in base salary to the dollar amount of standby pay earned.

(3) Rate: The standby hourly rate for each step of any range is calculated by dividing the maximum number of standby hours in a work-week (128 hours) into the difference between that step of the range and the same letter step of the range which is exactly two whole numbers higher. That is: (28 - 26, or 28.3 - 26.3) divided by 128 hours.

AMENDATORY SECTION (Amending Order 163, filed 11/16/81)

WAC 356-15-125 ASSIGNMENT PAY PROVISIONS. The personnel board may grant additional pay to recognize assigned duties that exceed ordinary conditions. Hazards, equipment operations and other specialized skills are examples of areas for personnel board consideration. Approved classes will have the letters "AP" appearing after their class title in the compensation plan.

Details of the affected classes or positions within a class, with the additional amount granted, will appear in the salary schedule section of the compensation plan.

Assignment pay provisions for additional ranges mean additional ranges in the same category of base or point ranges. That is, a range 30.3 class receiving four assignment pay ranges would be paid at range 34.3.

WSR 87-11-055

PROPOSED RULES

DEPARTMENT OF AGRICULTURE

[Filed May 20, 1987]

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 desiccants and defoliants, chapter 16-230 WAC;

that the agency will at 1:00 p.m., Thursday, June 25, 1987, in the Walla Walla County Extension Office, 314 West Main, Walla Walla, WA 99362, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 2, 1987.

The authority under which these rules are proposed is chapters 15.58 and 17.21 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 25, 1987.

Dated: May 20, 1987

By: Art G. Losey
Assistant Director

STATEMENT OF PURPOSE

Title: Chapter 16-230 WAC.

Description of Purpose: To regulate and restrict the use of desiccants and defoliants.

Statutory Authority: Chapters 17.21 and 15.58 RCW.

Summary of Rules: To restrict the use of desiccants and defoliants in Eastern Washington.

Reasons for Supporting Proposed Actions: The use of dinitro for alfalfa desiccation. With the loss of dinitro, diquat would be one alternative for desiccation. The proposed rules would allow diquat to be used in the present prohibited area, under permit from the Department of Agriculture and provide for permits which would specify the equipment and condition of ground applications and the rules remove the requirement for the visco elastic additives which then could be specified as part of the permit.

Agency Personnel Responsible for Drafting: Glenn E. Smerdon, Supervisor, Agricultural Chemical Branch, Chemical and Plant Division, 406 General Administration Building, AX-41, Olympia, WA 98504, (206) 753-5064.

Persons Proposing Amendments: 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 1682, filed 4/4/80)

WAC 16-230-160 DESICCANTS AND DEFOLIANTS—GROUND EQUIPMENT—NOZZLE AND PRESSURE REQUIREMENTS FOR THE ENTIRE AREA UNDER ORDER. (1) Nozzle requirements - a minimum orifice diameter of 0.072 inches shall be used for application of all restricted use desiccants and defoliants: PROVIDED, That applications of Dinitro may use a minimum orifice diameter of 0.052 inches: PROVIDED FURTHER, That a RD-2 raindrop nozzle shall be allowed.

(2) Pressure requirements - maximum pressure at the nozzles for all applications of restricted use desiccants and defoliants shall be 30 psi.

(3) The Washington state department of agriculture may issue a permit upon receipt of a written request to apply restricted use desiccants and defoliant within the area as described in WAC 16-230-150 with nozzles, nozzle type, drift control additives, and/or arrangements other than those allowed herein. The director will consider safety factors and the possible exposure to susceptible crops in the areas of proposed application before a permit will be issued.

AMENDATORY SECTION (Amending Order 1871, filed 8/21/85)

WAC 16-230-190 RESTRICTIONS ON THE USE OF DESICCANTS AND DEFOLIANTS IN WALLA WALLA COUNTY. (1) Area 1 description – town of Walla Walla and vicinity: This area includes all lands lying within the town of Walla Walla and vicinity beginning at the Washington state line at the common boundary line between Sections 15 and 16, T6N, R34E, north along Hoon Road and continuing north on McDonald Bridge Road; across U.P.R.R. and Highway 12; thence north four miles more or less to the northwest corner of Section 10, T7N, R34E; thence east twenty miles to the northeast corner of Section 11, T7N, R37E; thence south seven miles more or less to the Washington-Oregon state line; thence west to point of beginning.

(2) Area 1 restrictions:

(a) During the period of February 15 through November 1 of any year, any application of Paraquat or Diquat or any ((mix)) mixture containing Paraquat or Diquat ((is hereby prohibited in Area 1: PROVIDED, That the department, upon written request, may issue a permit for the use of Paraquat for special weed control in the area lying northwest of Dry Creek in Area 1)) shall have prior approval by obtaining a written permit from the Washington state department of agriculture.

(b) The loading and/or mixing of dinitro, Paraquat or Diquat for aerial application is prohibited on any airstrip, airfield or any location within Area 1 of Walla Walla County. Aerial application equipment used for dinitro, Paraquat or Diquat applications shall be decontaminated prior to bringing the application equipment back into Area 1 of Walla Walla County: PROVIDED, That the loading and/or mixing of Paraquat shall be allowed at the Walla Walla airport and those aircraft are restricted to exit and enter the airport to the north over Sections 10 and 11, T7N, R36E: PROVIDED FURTHER, That the department may issue a permit for loading and mixing of dinitro at a specified location and between specified dates upon receipt of a written request.

(c) Aerial applications of dinitro are prohibited during the period of August 25 through October 31 of any year.

(d) During the period of August 25 through October 31 of any year, diesel and other fuel oils shall be prohibited in dinitro tank mixes.

(e) During the period of August 25 through October 31 of any year, the ground application of dinitro or any mixture containing dinitro shall have prior approval by obtaining a written permit from the Washington state department of agriculture.

(f) During the period of August 1 through August 24 of any year, aerial applications of dinitro are prohibited within one-half mile of commercially grown alfalfa hay: PROVIDED, That the department may issue permits for aerial application within these areas.

(g) During the period of August 1 through October 31 of any year, any person applying dinitro shall keep records on forms prescribed by the director which shall include the following:

(i) The name and address of the person for whom the pesticide was applied;

(ii) The location of the land and number of acres where dinitro was applied;

(iii) The year, month, day, and time that dinitro was applied;

(iv) The product name of the dinitro applied;

(v) The direction and estimated velocity of the wind and temperature at the time the dinitro was applied;

(vi) The amount of dinitro applied per acre;

(vii) The type of carrier(s) and number of gallons per acre applied.

(h) The records required by (g) of this subsection shall be completed and available to the department the same day dinitro was applied. These records shall be kept for a period of one year from the date of application of dinitro. The director upon written request shall forthwith be furnished a copy of the records.

(i) Applications of dinitro by licensed commercial applicators shall be exempt from (g) and (h) of this subsection: PROVIDED, That the licensed applicator's records shall comply with RCW 17.21.100 and

WAC 16-228-190(1) through 16-228-190(4): PROVIDED FURTHER, That such records shall include the number of acres of application.

(3) Area 2 description – southern portion of Walla Walla County: This area includes all lands lying within an area encompassed by a line beginning at the Washington-Oregon border and the west section line of Section 14, T6N, R33E; thence north along the section lines five miles more or less to the Touchet River North Road; thence north on the Touchet River North Road five miles more or less to the Dodd Road; thence east along the Dodd Road to the Touchet River; thence northerly along the Touchet River to north section line of Section 6, T8N, R34E; thence east along section lines twenty-two miles more or less to the northeast corner of Section 2, T8N, R37E; thence south along section lines seven miles more or less to the southeast corner of Section 2, T7N, R37E; thence west along section lines twenty miles more or less to the southwest corner of Section 3, T7N, R34E; thence south along section lines seven miles more or less to the Washington-Oregon border; thence west along the border five miles more or less to the point of beginning.

(4) Area 2 restrictions:

(a) Paraquat restrictions:

(i) During the period of February 15 through November 1 of any year, any application of Paraquat or any mixture containing Paraquat shall have prior approval by obtaining a written permit from the Washington state department of agriculture.

(ii) Any application of Paraquat or any mixture containing Paraquat is hereby prohibited from three hours prior to sunset until the temperature the following morning has risen at least 10 degrees above the night low temperature.

(b) Diquat restrictions:

((f)) During the period of February 15 through November 1 of any year, any application of Diquat or any mixture containing Diquat is hereby restricted to ground apparatus only upon obtaining a permit from the Washington state department of agriculture.

((fii) ~~Visco elastic additives shall be added to any Diquat application and applicable label directions for that product shall be followed.~~)

(c) Dinitro restrictions:

(i) During the period of August 1 through August 24 of any year, aerial applications of dinitro are prohibited within one-half mile of commercially grown alfalfa hay: PROVIDED, That the department may issue permits for aerial application within these areas. The permits, if issued, may in addition to other application restrictions prohibit certain carriers or diluents for the dinitro.

(ii) During the period of August 25 through October 31 of any year, aerial applications of dinitro or any mixes containing dinitro are prohibited: PROVIDED, That the department may issue a written permit for such aerial applications.

(d) Records required by subsection (2)(g) through (i) of this section shall also apply to applications of dinitro in Area 2.

(5) Area 3 description – an area lying west of Area 2 in the southern part of Walla Walla County: This area includes all lands lying within an area encompassed by a line beginning at the Washington-Oregon border and the east section line of Section 15, T6N, R33E; thence north along the section lines five miles more or less to the Touchet River North Road; thence north on the Touchet River North Road five miles more or less to the Dodd Road; thence southwest along the Dodd Road and Maxwell Road four miles more or less to its intersection with the western section line of Section 6, T7N, R33E; thence south along the section lines eight miles more or less to the Washington-Oregon border; thence east along the Washington-Oregon border four miles more or less to the point of beginning.

(6) Area 3 restrictions:

(a) Paraquat restrictions:

(i) During the period of February 15 through November 1 of any year, any application of Paraquat or any mixture containing Paraquat shall have prior approval by obtaining a written permit from the Washington state department of agriculture.

(ii) Any application of Paraquat or any mixture containing Paraquat is hereby prohibited from three hours prior to sunset until the temperature the following morning has risen at least 10 degrees above the night low temperature.

(b) Diquat restrictions:

((f)) During the period of February 15 through November 1 of any year, any application of Diquat or any mixture containing Diquat is hereby restricted to ground apparatus only upon obtaining a written permit from the Washington state department of agriculture.

~~((iii) Visco elastic additives shall be added to any Diquat application and applicable label directions for that product shall be followed.))~~

(c) Dinitro restrictions:

During the period of August 1 through October 31 of any year, aerial applications of dinitro are prohibited within one-half mile from the center of the town of Touchet, and within one-half mile of commercially grown alfalfa hay: PROVIDED, That the Washington state department of agriculture may issue permits for aerial applications within these areas.

(d) Records required by subsection (2)(g) through (i) of this section shall also apply to applications of dinitro in Area 3.

WSR 87-11-056
PROPOSED RULES
INSURANCE COMMISSIONER
 [Filed May 20, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Insurance Commissioner intends to adopt, amend, or repeal rules concerning establishing standards to be met by insurers, fraternal benefit societies, health maintenance organizations and health care service contractors in the advertising, sale, and marketing of long-term care policies or contracts. The chapter establishes standards for definitions, coordination of benefits, minimum benefit standards, policy or contract format, disclosure forms, advertising and unfair practices, minimum loss ratios and renewability;

that the agency will at 9:30 a.m., Monday, June 29, 1987, in the John A. Cherberg Building, Hearing Room #1, State Capitol Campus, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 1, 1987, at 10:00 a.m., in the Insurance Commissioner's Office, Olympia, Washington.

The authority under which these rules are proposed is RCW 48.02.060(3), 48.30.010 and 48.84.910.

The specific statute these rules are intended to implement is chapter 48.84 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 29, 1987. Mailing address: Insurance Building, AQ-21, Olympia, Washington 98504-0321.

Dated: May 20, 1987
 By: Melodie Bankers
 Deputy Commissioner

STATEMENT OF PURPOSE

Title: Chapter 284-54 WAC, proposes requirements to be met by insurers, fraternal benefit societies, health care service contractors and health maintenance organizations (hereinafter referred to as "insurers") with respect to insurance policies or benefit contracts advertised, marketed, offered, or designed to provide long-term care coverage or services in the state of Washington.

The statutory authority for the proposed rules is RCW 48.02.060 (3)(a) and 48.84.910. This chapter is to implement chapter 48.84 RCW, passed by the 1986 legislative session, and to safeguard the interests of those

members of the public who are likely to purchase and use long-term care insurance benefits or coverage.

Effective January 1, 1988, these rules will require that all long-term care policies or contracts must meet the requirements of this chapter in order to be issued or delivered in this state.

This chapter deals with the following aspects of long-term care insurance or benefits contracts: Definitions; coordination of benefits; minimum benefit standards; requirements as to information to be furnished, and style; disclosure forms to be used with all forms of long-term care insurance policies or contracts; advertising and unfair practices; minimum loss ratios; and renewability.

It is the intent of this chapter to provide useful guidelines to be followed by insurers in the development, advertisement, marketing, and offering of policies or contracts which provide services which range from direct medical care performed by physicians and nurses to rehabilitative services and assistance with respect to the basic necessary functions of daily living for people who have lost some or complete capacity to function on their own and who are expected to need such services over a prolonged period of time.

Melodie Bankers, Deputy Commissioner, (206) 586-3574, was directly responsible for the drafting of the proposed chapter with the help of Elizabeth Stecher, (206) 586-3786, under the supervision of Robert E. Johnson, Deputy Commissioner, (206) 753-2406. It will be implemented and enforced by the Company Supervision and Consumer Protection Divisions of the Insurance Commissioner's Office under the direct supervision of David Rodgers, Chief Deputy, (206) 753-7302. The address of each of the individuals named is Insurance Building, AQ-21, Olympia, Washington 98504.

This chapter is proposed by Dick Marquardt, the insurance commissioner, a state public official.

The proposed rule is not necessary as the result of federal law or federal or state court action.

Small Business Economic Impact Statement: The proposed rule will have a minimal impact on insurers, large or small. No insurer, health maintenance organization or health care service contractor is required to develop, market or issue any long-term care insurance policy or contract. Many insurers may choose to do so, but in light of the fact that there is no regulatory requirement to develop, market or issue such a product, the cost per employee or per hour of labor is estimated to be zero, whether the insurer has more than or fewer than fifty employees.

Chapter 284-54 WAC
LONG-TERM CARE INSURANCE RULES

WAC	
284-54-010	Purpose and authority.
284-54-015	Applicability and scope.
284-54-020	Definitions of terms used in this chapter and chapter 48.84 RCW.
284-54-030	Standards for definitions applicable to long-term care contracts.
284-54-050	Exclusions.
284-54-060	Coordination of benefits.
284-54-100	Renewability.
284-54-150	Minimum standards—General.
284-54-160	Minimum standards—Gatekeeping provisions.

284-54-250	Grace period.
284-54-300	Information to be furnished, style.
284-54-310	Long-term care benefits chart.
284-54-350	Form to be used—Long-term care insurance disclosure form.
284-54-500	Format of long-term care contracts.
284-54-600	Loss ratio requirements.
284-54-610	Loss ratio definitions.
284-54-620	Loss ratio—Grouping of contract forms.
284-54-630	Loss ratio requirements—Individual contract forms.
284-54-650	Loss ratio experience records.
284-54-660	Evaluating loss ratio experience data.
284-54-680	Loss ratio—Special circumstances.
284-54-700	Advertising.
284-54-800	Unfair or deceptive acts.
284-54-900	Chapter not exclusive.

NEW SECTION

WAC 284-54-010 **PURPOSE AND AUTHORITY.** The purpose of this chapter, is to effectuate chapter 48.84 RCW, the Long-Term Care Insurance Act, by establishing minimum standards and disclosure requirements to be met by insurers, health care service contractors, health maintenance organizations, and fraternal benefit societies with respect to long-term care insurance and long-term care benefit policies and contracts.

NEW SECTION

WAC 284-54-015 **APPLICABILITY AND SCOPE.** (1) Except as otherwise specifically provided, this chapter shall apply to every policy, contract, or certificate, and riders pertaining thereto, of an insurer, fraternal benefit society, health care service contractor, or health maintenance organization, if such contract is primarily advertised, marketed, or designed to provide services over a prolonged period of time, which services may range from direct skilled medical care performed by trained medical professionals as prescribed by a physician or qualified case manager in consultation with the patient's attending physician to rehabilitative services and assistance with the basic necessary functions of daily living for people who have lost some or complete capacity to function on their own. Such contract is "long-term care insurance" or a "long-term care contract," and is subject to this chapter.

(2) Pursuant to RCW 48.84.020, this chapter shall not apply to Medicare supplement insurance; nor shall it apply to a contract between a continuing care retirement community and its residents.

(3) Long-term care contracts not meeting the requirements of this chapter, may not be issued or delivered in this state after December 31, 1987.

NEW SECTION

WAC 284-54-020 **DEFINITIONS OF TERMS USED IN THIS CHAPTER AND CHAPTER 48.84 RCW.** For purposes of the administration of chapter 48.84 RCW and this chapter:

(1) "Community based care" means services provided outside an institutional setting and includes, but is not limited to, the following: (a) Home delivered nursing services or therapy; (b) custodial or personal care; (c) day care; (d) home and chore aid services; (e) nutritional services, both in-home and in a communal dining setting; and (f) respite care, whether provided at any level from skilled care to custodial or personal care.

(2) "Contract" means a long-term care insurance policy or contract, regardless of the kind of insurer issuing it, unless the context clearly indicates otherwise.

(3) "Direct response insurer" means an insurer who, as to a particular contract, is transacting insurance directly with a potential insured without solicitation by, or the intervention of, a licensed insurance agent.

(4) A "gatekeeper provision" is any provision in a contract establishing a threshold requirement which must be satisfied before a covered person is eligible to receive benefits promised by the contract. Examples of such provisions include, but are not limited to the following: A three-day prior hospitalization requirement, recommendations of the attending physician, and recommendations of a case manager.

(5) "Institutional care" means care provided in a hospital, skilled or intermediate nursing home, custodial care facility, congregate care facility, adult family home, or other facility certified or licensed by the

state primarily affording diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services. Such a facility provides twenty-four-hour nursing services on its premises or in facilities available to the institution on a formal prearranged basis.

(6) "Insured" shall mean any beneficiary or owner of a long-term care contract regardless of the type of insurer.

(7) "Insurer" includes insurance companies, fraternal benefit societies, health care service contractors and health maintenance organizations unless the context clearly indicates otherwise.

(8) "Premium" shall mean all sums charged, received or deposited as consideration for a contract and includes any assessment, membership, contract, survey, inspection, service, or similar fees or charges as paid.

(9) "Terminally ill care" means care for an illness, disease, or injury which has reached a point where recovery can no longer be expected and the attending physician has certified that the patient is facing imminent death; or has a life expectancy of six months or less.

NEW SECTION

WAC 284-54-030 **STANDARDS FOR DEFINITIONS APPLICABLE TO LONG-TERM CARE CONTRACTS.** The following definitions are applicable to long-term care contracts and the implementation of chapter 48.84 RCW and this chapter, and no contract may be advertised, solicited, or issued for delivery in this state as a long-term care contract which uses definitions more restrictive or less favorable to an insured than the following:

(1) "Acute care" means care provided in an institution for patients who are not medically stable. These patients require frequent monitoring by health care professionals in order to maintain their health status.

(2) "Benefit period" means the period of time for which the insured is eligible to receive benefits or services under a contract. A benefit period begins on the first day that the insured is eligible for and begins to receive the benefits of the contract. The benefit period ends when the insured is no longer eligible to receive benefits or has received the lifetime maximum benefits available. Such benefit period must be stated in terms of days rather than in terms of months of benefit.

(3) "Case manager" or "case coordinator" means an individual qualified by training and/or experience to direct and coordinate the overall medical, personal and social service needs of the long-term care patient. Such coordination activities shall include but are not limited to: Assessing the individual's condition to determine what services and resources are necessary and by whom they might most appropriately be delivered; coordination of elements of a treatment or care plan and referral to the appropriate medical or social services personnel or agency; control coordination of patient services and continued monitoring of the patient to assess progress and assure that services are delivered. Such activities shall be conducted in consultation with and under the direction of the attending physician.

(4) "Chronic care" or "maintenance care" means care that is medically necessary to support an existing level of health and is intended to preserve that level from further failure or decline. The care provided is usually for a long, drawn out or lingering disease or infirmity showing little change or slowly progressing with little likelihood of complete recovery, whether such care is provided in an institution or is community-based and whether such care requires skilled, intermediate or custodial/personal care.

(5) "Convalescent care" or "rehabilitative care" is nonacute care which is prescribed by a physician and is received during the period of recovery from an illness or injury when improvement can be anticipated, whether such care requires skilled, intermediate or custodial/personal care, and whether such care is provided in an institutional care facility or is community-based.

(6) "Custodial care" or "personal care" means care which is mainly for the purpose of meeting daily living requirements. This level of care may be provided by persons without professional skills or training. Examples are: Help in walking, getting out of bed, bathing, dressing, eating, meal preparation, and taking medications. Such care is intended to maintain and support an existing level of health or to preserve the patient from further decline. Custodial or personal care services are those which are recommended by the case manager in consultation with the patient's attending physician or are certified as necessary by the patient's attending physician, and are not primarily for the convenience of the insured or the insured's family.

(7) "Guaranteed renewable" means that renewal of a contract may not be declined by an insurer for any reason, but the insurer may revise rates on a class basis.

(8) A "home health aide" is a person who is providing care under the supervision of a licensed professional nurse, physical therapist, occupational therapist, or speech therapist. Care provided may include ambulation and exercise, assistance with self-administered medications, reporting changes in a covered person's conditions and needs, completing appropriate records, and personal care or household services needed to achieve medically desired results.

(9) "Home care services" or "personal care services" are services of a personal nature including homemaker services, assistance with the activities of daily living, respite care services, or any other nonmedical services provided to ill, disabled, or infirm persons which services enable those persons to remain in their own residences consistent with their desires, abilities and safety.

(10) "Home health care" shall mean any of the following health or medical services: Nursing services, home health aid services, physical therapy, occupational therapy, speech therapy, respiratory therapy, nutritional services, medical or social services, and medical supplies or equipment services.

(11) "Intermediate care" means technical nursing care which requires selected nursing procedures for which the degree of care and evaluation is less than that provided for skilled care, but greater than that provided for custodial/personal care. This level of care provides a planned continuous program of nursing or personal care services that is preventive, rehabilitative, or custodial in nature.

(12) "Long-term care total disability" means the functional inability due to illness, disease or infirmity to engage in the regular and customary activities of daily living which are usual for a person of the same age and sex.

(13) A "managed health care delivery system" is a system or network of health care providers arranged or controlled by a managed health care plan. Such a system provides comprehensive health care services with provisions for effective utilization controls and quality assurance. A case manager or other qualified professional develops and coordinates a plan of necessary medical, social and personal services necessary for the health and safety of the patient.

(14) A "managed health care plan" is an organization which, on a prepaid basis, assumes the responsibility and risk for the delivery of the health care services as set forth in the benefit agreement. Actual services are rendered by the organization through its own staff, capitation, or other contractual arrangements with health care providers. A managed health care plan may include but is not limited to: Health maintenance organizations and health care service contractors if their services are provided through a managed health care delivery system.

(15) "Noncancellable" means that renewal of a contract may not be declined nor may rates be revised by the insurer.

(16) "One period of confinement" means consecutive days of institutional care received as an inpatient in a health care institution, or successive confinements due to the same or related causes when discharge from and readmission to the institution occurs within a period of time not more than ninety days or three times the maximum number of days of institutional care provided by the policy to a maximum of one hundred eighty days, whichever provides the covered person with the greater benefit.

(17) "Preexisting condition," as defined by RCW 48.84.020(3), means a covered person's medical condition that caused that person to have received medical advice or treatment during the specified time period before the effective date of coverage.

(18) "Respite care" is short-term care which is required in order to maintain the health or safety of the patient and to give temporary relief to the primary caretaker from his or her caretaking duties.

(19) "Skilled care" means care for an illness or injury which requires the training and skills of a licensed professional nurse, is prescribed by a physician, is medically necessary for the condition or illness of the patient, and is available on a twenty-four-hour basis.

NEW SECTION

WAC 284-54-050 EXCLUSIONS. No contract shall limit or exclude coverage by type of illness, accident, treatment, or medical condition, except with respect to the following:

(1) Conditions arising out of war or act of war (whether declared or undeclared);

(2) Conditions arising out of participation in the commission of a felony, riot or insurrection;

(3) Conditions resulting from suicide, attempted suicide (while sane or insane) or intentionally self-inflicted injury;

(4) Benefits available under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

(5) Services performed by a member of the covered person's immediate family;

(6) Services for which no charge is made in the absence of insurance;

(7) Dental care or treatment;

(8) Eye glasses, hearing aids and examination for the prescription or fitting thereof;

(9) Root cures and routine physical examinations;

(10) Alcoholism and drug addiction;

(11) Treatment in a government hospital or under a government program for which no charge is made;

(12) Benefits provided under Medicare or other governmental programs (except Medicaid);

(13) Experimental treatments;

(14) Other exclusions appropriate to the particular contract, justified to the satisfaction of the commissioner, in connection with the filing of the contract form, may be permitted by prior written agreement.

NEW SECTION

WAC 284-54-060 COORDINATION OF BENEFITS. No contract shall contain any provision having the effect of reducing or denying benefits otherwise payable thereunder solely on account of the existence of similar benefits under another contract, except that any long-term care contract may provide for coordination of benefits with respect to governmental programs.

NEW SECTION

WAC 284-54-100 RENEWABILITY. No insurer shall refuse to renew any long-term care contract or coverage thereunder: PROVIDED, That after written approval of the commissioner, an insurer may discharge its obligation to renew by obtaining for the insured coverage with another insurer which coverage provides equivalent benefits for value paid.

NEW SECTION

WAC 284-54-150 MINIMUM STANDARDS—GENERAL. No contract may be advertised, solicited, or issued for delivery in this state as a long-term care contract which does not meet the following standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

(1) No contract shall limit benefits to an unreasonable period of time or an unreasonable dollar amount. For example, a provision that a particular condition will be covered only for one year without regard to the actual amount of the benefits paid or provided, is not acceptable. Policies or contracts may, however, limit in-patient institutional care benefits to a reasonable period of time. Benefits may also be limited to a reasonable maximum dollar amount, and, as for example in the case of home health care visits, to a reasonable number of visits over a stated period of time.

(2) If a fixed-dollar indemnity, fee for services rendered or similar long-term care contract contains a maximum benefit period stated in terms of days for which benefits are paid or services are received by the insured, the days which are counted toward the benefit period must be days for which the insured has actually received one or more contract benefits or services. If benefits or services are not received on a given day, that day may not be counted. Waiver of premium shall not be considered a contract benefit for purposes of accrual of days under this section, and long-term care total disability shall not operate to reduce the benefit.

(3) If a contract of a managed health care plan contains a maximum benefit period it must be stated in terms of the days the insured is in the managed care delivery system. The days which are counted toward the benefit period may include days that the insured is under a care plan established by the case manager, or days in which the insured actually receives one or more benefits or services.

(4) Any nursing home or other institutional benefit must cover skilled, intermediate, and custodial or personal care.

(5) No contract may restrict or deny benefits because the insured has failed to meet medicare beneficiary eligibility criteria.

(6) If an insurer offers a contract form which requires entrance to an institution at the skilled care level, it must also offer an alternative contract form offering benefits without such a requirement.

(7) If an insurer offers a contract form which requires prior hospitalization, it must also offer an alternative contract form without such a requirement.

(8) No long-term care contract may restrict benefit payments to a requirement that the patient is making a "steady improvement" or limit benefits to "recuperation" of health.

(9) All long-term contracts shall be issued as individual or family contracts only.

NEW SECTION

WAC 284-54-160 MINIMUM STANDARDS—GATEKEEPING PROVISIONS. Any gatekeeper provisions must be reasonable in relation to the benefits promised in the contract. It must be demonstrated to the satisfaction of the commissioner that a reasonable number of insureds who can be expected to collect benefit or contract payments because of an illness, injury or condition, are not precluded by the gatekeeper from receiving said benefits. Policies or contracts providing long-term care benefits following institutionalization shall not condition such benefits upon admission to the long-term care facility within a period of fewer than thirty days after discharge from the institution.

NEW SECTION

WAC 284-54-250 GRACE PERIOD. Every long-term care contract must contain a grace period of no fewer than thirty-one days following the due date for the payment of premiums.

NEW SECTION

WAC 284-54-300 INFORMATION TO BE FURNISHED, STYLE. (1) Each broker, agent, or other representative of an insurer selling or offering benefits that are designed, or represented as being designed, to provide long-term care insurance benefits, shall deliver the disclosure form as set forth in WAC 284-54-350 not later than the time of delivery of the contract. If an agent has solicited the coverage, the disclosure form shall be signed by that agent.

(2) The disclosure form required by this section shall identify the insurer issuing the contract and may contain additional appropriate information in the heading. The informational portion of the form shall be substantially as set forth in WAC 284-54-350 and words emphasized therein shall be underlined or otherwise emphasized in each form issued. The form shall be printed in a style and with a type character that is easily read by an average person eligible for long-term care insurance, and in no case shall the size of type be less than 12-point.

(3) Where inappropriate terms are used in the disclosure form, such as "insurance," "policy," or "insurance company," a fraternal benefit society, health care service contractor or health maintenance organization shall substitute appropriate terminology.

(4) In completing the form, each enumerated subsection shall contain information which succinctly and fairly informs the purchaser as to the contents or coverage in the contract. If the contract provides no coverage with respect to the item, that shall be so stated.

(5) A policy which provides for the payment of benefits based on standards described as "usual," "customary," or "reasonable" (or any combination thereof), or words of similar import, shall include an explanation of such terms in its disclosure form and in the definitions section of the contract.

(6) If the contract contains any gatekeeper provision which limits benefits or precludes the insured from receiving benefits, such gatekeeper provision must be fully described.

(7) All insurers, shall use the same disclosure form.

(8) The information provided shall include a statement that this coverage is not a Medicare supplement policy, and shall make reference to a buyers' guide for people eligible for Medicare, which guide is available from the insurer.

(9) The required disclosure form must be filed by the insurer with the commissioner prior to use in this state.

(10) In any case where the prescribed disclosure form is inappropriate for the coverage provided by the contract, an alternate disclosure form shall be submitted to the commissioner for prior approval or acceptance.

NEW SECTION

WAC 284-54-310 LONG-TERM CARE BENEFITS CHART. All outlines of coverage shall illustrate inclusion or exclusion of the types of benefits based on the chart illustrated below:

LONG-TERM CARE BENEFITS CHART

<u>LEVEL/TYPE OF CARE</u>	<u>LOCATION WHERE CARE GIVEN</u>	<u>CARE GIVER</u>
a. Skilled Care	a. Hospital	a. Hospital
b. Intermediate Care	b. Skilled Nursing Facility	b. Nursing Home
c. Personal Care	c. Adult or Congregate Care Facility—Intermediate Care Facility	c. Home Health Care Agency
	d. Adult Day Care Facility	d. Family
	e. Home	

NEW SECTION

WAC 284-54-350 FORM TO BE USED—LONG-TERM CARE INSURANCE DISCLOSURE FORM. The decision to buy a new long-term care policy is very important. It should be carefully considered. The Washington state insurance commissioner requires us to give you this notice to help you make a wise decision.

The following questions and answers give you some general tips and provides you with a summary of benefits available under our policy.

Your long-term care policy provides thirty days (sixty days for direct response insurers) within which you may decide without cost whether you wish to keep it. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available under your policy.

If you now have insurance which provides benefits for long-term care, read your policy carefully. Look for what is said about renewing it. See if it contains waiting periods before benefits are paid. Note how it covers preexisting conditions (health conditions you already have). Compare these features with similar ones in any new policy. Use this information to measure the value of any insurance or health care plans you now have.

Don't buy more insurance than you really need. One policy that meets your needs is usually less expensive than several limited policies.

If you are eligible for state medical assistance coupons (Medicaid), you should not purchase a long-term care insurance policy.

After you receive your policy, make sure you have received the coverage you thought you bought. Under Washington law, if you are not satisfied with the policy, you may return it within thirty days (sixty days for direct response insurer) for a full refund of premium.

(Address each of the questions below as though they had been raised by the applicant regarding a long-term care policy. The chart shown in WAC 284-54-310 should be used as a guide in explaining the answers. Provide a complete answer. Address the answers to the reasonable person likely to purchase long-term care insurance. Include in your illustrations specific mention of Alzheimer's Disease, senility, and mental disorders.)

1. If I make a claim for benefits, how much will the insurance company pay and how much will I have to pay (coinsurance, deductibles, etc.)? How long will these benefits last? Will I have to wait for any period of time before benefits begin?

Explain: _____
(Illustrate different claim scenarios and show how much insurance would pay and how much the insured would pay under each one.)

2. Are there locations where care is given (hospital, skilled nursing facility, intermediate care facility or adult or congregate care facility, adult day care facility or my home) which would or would not be provided for under this policy? How will that affect

a claim I could have? How long will these benefits last? Will I have to wait before these benefits begin?

Yes: ___ No: ___
Explain: _____
(Illustrate.)

3. Are there services provided by some providers of certain care (hospital, nursing home, home health care agency, adult day care agency, my family) which are or are not provided for under this policy? How will that affect a claim I could have? How long will these benefits last? Will I have to wait before these benefits begin?

Yes: ___ No: ___
Explain: _____
(Illustrate.)

4. Are there restrictions in this policy as to where or from whom I must receive long-term care?

Yes: ___ No: ___
Explain: _____

5. How are preexisting conditions (health problems I may already have) covered under this policy? Could a claim be denied? Could benefits be reduced because of a preexisting condition?

Explain: _____

6. For how many days after discharge from an institution will readmission be considered part of the same claim?

Number of days: _____
Explain/Illustrate: _____

7. Can benefit days or dollars previously used be restored to the maximum benefit after a claim? If yes, under what conditions, including: How long must I be out of the institution before restoration and how much benefit is restored?

Explain/Illustrate: _____

8. Is my policy renewed as long as my premiums are paid on time? Are there restrictions on renewal of my policy? Can the company decide not to renew my coverage after I reach a certain age? If I get sick, can the company cancel my contract?

Yes: ___ No: ___
Explain: _____

9. Can my premiums be increased in later years? Is my premium level for life or does it increase with age? Can the insurance company increase my premium for reasons other than my age?

Yes: ___ No: ___
Explain: _____

10. Can my benefits be reduced in later years?

Yes: ___ No: ___
Explain: _____

11. Are my premiums still due if I have a claim and I begin to receive benefits under my policy? If no, how soon are my premiums waived? Are there restrictions?

Yes: ___ No: ___
Explain: _____

12. What happens if my premiums are not paid on time? How long is the grace period for premium payments?

Explain: _____

13. What is not covered?

(Include here a brief description of any contract provisions which exclude, eliminate, limit, delay or otherwise qualify payments outlined above.)

14. Is there anything else you think I should know about this policy before I make a decision to purchase this long-term care policy?

Yes: ___ No: ___
Explain: _____

15. What premium will I have to pay for this contract and how often will I have to pay?

\$ _____, _____ (mode) _____

This disclosure form was delivered to me on: _____ (date)

(Signature of Applicant)

(Agent or Broker's printed name and signature)

Drafting note: The term "certificate" or "contract" should be substituted for the word "policy" throughout the outline of coverage as appropriate. The appropriate number of days for the free-look should be used by direct response insurers or insurers other than direct response insurers.

NEW SECTION

WAC 284-54-500 FORMAT OF LONG-TERM CARE CONTRACTS. No long-term care contract shall be delivered or issued for delivery to any person in this state if it fails to comply with the following:

(1) The style, arrangement, and over-all appearance of the policy shall give no undue prominence to any portion of the text (except as required by this chapter). Every printed portion of the text of the contract and of any amendment or attached papers shall be plainly printed in easily read type of a style in general use, the size of which shall be not less than 12-point.

(2) Limitations, exclusions, exceptions, and reductions of coverage or benefits shall be set forth in the policy and shall be printed, at the insurer's option, either included with the benefit provision to which they apply, or under an appropriate caption such as "LIMITATIONS and EXCEPTIONS," or "EXCLUSIONS and REDUCTIONS," except that if a limitation, exclusion, exception, or reduction specifically applies only to a particular benefit of the policy, a statement of such limitation, exclusion, exception, or reduction shall be included with the benefit provision to which it applies.

(3) Each long-term contract delivered or issued for delivery to any person in this state shall clearly indicate on its first page that it is a "LONG-TERM CARE INSURANCE" contract in no less than 24-point type. In addition, the contract shall contain a table of contents which shall clearly identify the location within the contract of each of the provisions of the contract with particular attention to the location of contract provisions for (a) limitations, exclusions, exceptions or reductions of coverage, (b) renewability, (c) definitions, and (d) any unique provisions or circumstances such as elimination periods, or minimum or maximum limits.

NEW SECTION

WAC 284-54-600 LOSS RATIO REQUIREMENTS. (1) The provisions of chapter 284-60 WAC shall apply to every contract of long-term care issued by a disability insurer and fraternal benefit society. The provisions of WAC 284-54-610 through 284-54-680 shall apply to every long-term care contract issued by a health care service contractor or health maintenance organization.

(2) Benefits for all long-term care contracts shall be reasonable in relation to the premium or price charged.

NEW SECTION

WAC 284-54-610 LOSS RATIO DEFINITIONS. The following definitions apply to WAC 284-54-610 through 284-54-680:

(1) "Loss ratio" means the claims incurred plus or minus the increase or decrease in reserves as a percentage of the earned premiums, or the projected incurred claims plus or minus the increase or decrease in projected reserves as a percentage of projected earned premiums, as defined by the commissioner.

(2) "Claims" shall mean the cost of health care services paid to or provided on behalf of covered individuals in accordance with the terms of contracts issued by health care service contractors or health maintenance organizations or capitation payments made to providers of long-term care.

(3) The "expected loss ratio" is a prospective calculation and shall be calculated as the projected "benefits incurred" divided by the projected "premiums earned" and shall be based on the pricing actuary's best projections of the future experience within the "calculating period."

(4) The "actual loss ratio" is a retrospective calculation and shall be calculated as the "benefits incurred" divided by the "premiums earned," both measured from the beginning of the "calculating period" to the date of the loss ratio calculations.

(5) The "overall loss ratio" shall be calculated as the "benefits incurred" divided by the "premiums earned" over the entire "calculating period" and may involve both retrospective and prospective data.

(6) The "calculating period" shall be the time span over which the pricing actuary expects the premium rates whether level or increasing, to remain adequate in accordance with his best estimate of future experience and during which the pricing actuary does not expect to request a rate increase.

(7) The "benefits incurred" shall be the "claims incurred" plus any increase (or less any decrease) in the "reserves."

(8) The "claims incurred" shall mean:

(a) Claims paid during the accounting period; plus

(b) The change in the liability for claims which have been reported but not paid; plus

(c) The change in the liability for claims which have not been reported but which may reasonably be expected.

The "claims incurred" shall not include expenses incurred in processing the claims, home office or field overhead, acquisition and selling costs, taxes or other expenses, contributions to surplus, or profit.

(9) The "reserves," as referred to in this section, shall include:

(a) Active life disability reserves;

(b) Additional reserves whether for a specific liability purpose or not;

(c) Contingency reserves;

(d) Reserves for select morbidity experience; and

(e) Increased reserves which may be required by the commissioner.

(10) The "premiums earned" shall mean the premiums, less experience credits, refunds or dividends, applicable to an accounting period whether received before, during or after such period.

NEW SECTION

WAC 284-54-620 LOSS RATIO—GROUPING OF CONTRACT FORMS. For purposes of rate making and requests for rate increase.

(1) The actuary responsible for setting premium rates shall group similar contract forms, including forms no longer being marketed if issued on or after January 1, 1988, in the pricing calculations. Such grouping shall rely on the judgment of the pricing actuary and be satisfactory to the commissioner. Among the factors which shall be considered are similar claims experience, types of benefits, reserves, margins for contingencies, expenses and profit, and equity between contract holders. Such grouping shall enhance statistical reliability and improve the likelihood of premium adequacy without introducing elements of discrimination in violation of RCW 48.44.220 or 48.46.370.

(2) The insureds under similar contract forms are grouped at the time of rate making in accord with RCW 48.44.220 or 48.46.370 because they are expected to have substantially like insuring, risk and exposure factors and expense elements. The morbidity and mortality experience of these insureds will, as a group, deteriorate over time. It is hereby defined to be an unfair discriminatory practice and therefore prohibited pursuant to RCW 48.44.220 or 48.46.370 and 48.84.040(3) to withdraw a form from its assigned grouping by reason of the deteriorating health of the insureds covered thereunder.

(3) One or more of the contract forms grouped for rate making purposes may, by random chance, experience significantly higher or more frequent claims than the other forms. It is hereby defined to be an unfair discriminatory practice and therefore prohibited pursuant to RCW 48.44.220 or 48.46.370, to deviate from the assigned grouping of contract forms for pricing purposes at the time of requesting a rate increase unless the pricing actuary can justify to the satisfaction of the commissioner that a different grouping is more equitable because of some previously unrecognized and nonrandom distinction between forms or between groups of insureds.

(4) Successive contract forms of similar benefits are sometimes introduced by health care service contractors and health maintenance organizations for the purpose of keeping up with trends in hospital costs, new developments in medical practice, additional supplemental benefits offered by competitors, and other reasons. While this is commendable, contract holders who can not qualify for the new improved contracts, or to whom the new benefits are not offered, are left isolated as a high risk group under the prior form and soon become subject to massive rate increases. It is hereby defined to be an unfair discriminatory practice and therefore prohibited pursuant to RCW 48.44.220 or 48.46.370 and 48.84.040(3), to fail to combine successive generic contract forms and to fail to combine contract forms of similar benefits covering generations of contract holders in the calculation of premium rate and loss ratios.

NEW SECTION

WAC 284-54-630 LOSS RATIO REQUIREMENTS—INDIVIDUAL CONTRACT FORMS. The following standards and requirements apply to individual contract forms:

(1) Benefits shall be deemed reasonable in relation to the premiums if the overall loss ratio is at least sixty percent over a calculating period chosen by the health care service contractor or health maintenance organization which calculating period is satisfactory to the commissioner.

(2) The calculating period may vary with the benefit and renewal provisions. The health care service contractor or health maintenance organization may be required to demonstrate the reasonableness of the calculating period chosen by the actuary responsible for the premium calculations. A brief explanation of the selected calculating period shall accompany the filing.

(3) Contract forms, the benefits of which are particularly exposed to the effects of inflation and whose premium income may be particularly vulnerable to an eroding persistency and other similar forces, shall use a relatively short calculating period reflecting the uncertainties of estimating the risks involved. Contract forms based on more dependable statistics may employ a longer calculating period. The calculating period may be the lifetime of the contract for guaranteed renewable and noncancellable contract forms if such forms provide benefits which are supported by reliable statistics and which are protected from inflationary or eroding forces by such factors as fixed dollar coverage, inside benefit limits, or the inherent nature of the benefits. The calculating period may be as short as one year for coverage which are based on statistics of minimal reliability or which are highly exposed to inflation.

(4) A request for a rate increase to be effective at the end of the calculating period shall include a comparison of the actual to the expected loss ratios, shall employ any accumulation of reserves in the determination of rates for the new calculating period, and shall account for the maintenance of such reserves for future needs. The request for the rate increase shall be further documented by the expected loss ratio for the new calculating period.

(5) A request for a rate increase submitted during the calculation period shall include a comparison of the actual to the expected loss ratios, a demonstration of any contributions to and support from the reserves, and shall account for the maintenance of such reserves for future needs. If the experience justifies a premium increase it shall be deemed that the calculating period has prematurely been brought to an end. The rate increase shall further be documented by the expected loss ratio for the next calculating period.

(6) The commissioner may approve a series of two or three smaller rate increases in lieu of one large increase. These should be calculated to reduce lapses and antiselection that often result from large rate increases. A demonstration of such calculations, whether for a single rate increase or for a series of smaller rate increases, satisfactory to the commissioner, shall be attached to the filing.

(7) Health care service contractors and health maintenance organizations shall review their experience periodically and file appropriate

rate revisions in a timely manner to reduce the necessity of later filing of exceptionally large rate increases.

NEW SECTION

WAC 284-54-650 LOSS RATIO EXPERIENCE RECORDS. Health care service contractors and health maintenance organizations shall maintain records of earned premiums and incurred benefits for each contract year for each contract, rider, endorsement, amendment and similar form which were combined for purposes of premium calculations, including the reserves. Records shall also be maintained of the experience expected in the premium calculations. Notwithstanding the foregoing, with proper justification, the commissioner may accept approximation of contract year experience based on calendar year data.

NEW SECTION

WAC 284-54-660 EVALUATING LOSS RATIO EXPERIENCE DATA. In determining the credibility and appropriateness of experience data, due consideration shall be given to all relevant factors including:

- (1) Statistical credibility of premiums and benefits such as low exposure or low loss frequency;
- (2) Past and projected trends relative to the kind of coverage, such as inflation in medical expenses, inflation in expense charges and others;
- (3) The concentration of experience at early contract durations where select morbidity and preliminary term reserves are applicable and where loss ratios are expected to be substantially higher or lower than in later contract durations;
- (4) The mix of business by risk classification;
- (5) The expected lapses and antiselection at the time of rate increases.

NEW SECTION

WAC 284-54-680 LOSS RATIO—SPECIAL CIRCUMSTANCES. Loss ratios other than those indicated in WAC 284-54-630 may be approved by the commissioner with satisfactory actuarial demonstrations. Examples of coverage where the commissioner may grant special considerations are:

- (1) Contract forms exposed to high risk of claim fluctuation because of the low loss frequency, or the catastrophic or experimental nature of the coverage.
- (2) Individual situations where higher than usual expenses are expected because of peculiar administrative or geographic circumstances.

NEW SECTION

WAC 284-54-700 ADVERTISING. In addition to this chapter, specific applicable standards for the regulation of advertisements relating to individual, group, blanket, and franchise and individual and group health care service contractors' agreements, are included in WAC 284-50-010 through 284-50-230, and are applicable to the advertisement of all long-term care insurance contracts.

NEW SECTION

WAC 284-54-800 UNFAIR OR DECEPTIVE ACTS. RCW 48.84.910 authorizes the commissioner to prohibit particular unfair or deceptive acts in the conduct of the advertising, sale, and marketing of long-term care policies and contracts. The purpose of this section is to define certain minimum standards which insurers should meet with respect to long-term care. If the following standards are violated with such frequency as to indicate a general business practice by an insurer, it will be deemed to constitute an unfair method of competition or a deceptive act by such insurer and a violation of this section.

- (1) Misrepresenting pertinent facts or insurance contract provisions.
- (2) Failing to acknowledge and act reasonably promptly upon communications with respect to communications arising under insurance policies or contracts.
- (3) Failing to adopt and implement reasonable standards for the prompt investigation of claims arising under insurance policies or contracts.
- (4) Refusing to pay claims or provide benefits without conducting a reasonable investigation.
- (5) Failing to affirm or deny coverage of claims within a reasonable time.

(6) Compelling an insured to institute litigation to recover amounts due under an insurance contract by offering substantially less than the amounts ultimately recovered in actions brought by such an insured.

(7) Attempting to settle a claim for less than the amount to which a reasonable person would have believed he was entitled by reference to written or printed advertising material accompanying or made part of an application.

(8) Making claims payments to an insured or beneficiaries not accompanied by an explanation setting forth the coverage under which the payments are being made.

(9) Failing to promptly provide a reasonable explanation of the basis in the insurance contract in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement.

(10) Asserting to an insured or claimant a policy of appealing from arbitration awards in favor of an insured or claimant for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration.

(11) Delaying the investigation or payment of claims by unreasonably requiring an insured, claimant, or the attending physician of the patient to submit a preliminary claim report and then requiring subsequent submissions which contain substantially the same information.

(12) Failure to expeditiously honor drafts given in settlement of claims within three working days of notice of receipt by the payor bank except for reasons acceptable to the commissioner.

(13) Failure to adopt and implement reasonable standards for the processing and payment of claims once the obligation to pay has been established.

(14) Issue checks or drafts in partial payment of a loss or claim under a specific coverage which contain language which appear to release the insurer from its total liability.

(15) Failure to reply to the insurance commissioner within fifteen working days of receipt of an inquiry, such reply to furnish the commissioner with an adequate response to the inquiry.

(16) Failure to settle a claim on the basis that responsibility for payment should be assumed by others except as may otherwise be provided by policy provisions as permitted by this chapter.

(17) Making statements which indicate the rights of persons may be impaired if a form or release is not completed within a given time unless the statement otherwise is provided by policy provisions or is for the purpose of notifying that person of the provisions of an applicable statute of limitations.

NEW SECTION

WAC 284-54-900 CHAPTER NOT EXCLUSIVE. Nothing contained in this chapter shall be construed to limit the authority of the commissioner to regulate a long-term care contract under other sections of Title 48 RCW.

WSR 87-11-057

PROPOSED RULES

INSURANCE COMMISSIONER

[Filed May 20, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Insurance Commissioner intends to adopt, amend, or repeal rules concerning WAC 284-50-305, pertaining to minimum standards for individual disability insurance, by excluding long-term care insurance policies from the scope of the individual disability insurance minimum standards regulation;

that the agency will at 9:30 a.m., Monday, June 29, 1987, in the John A. Cherberg Building, Hearing Room #1, State Capitol Campus, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on July 1, 1987, at 10:00 a.m., in the Insurance Commissioner's Office, Olympia, Washington.

The authority under which these rules are proposed is RCW 48.02.060(3), 48.20.450 through 48.20.470 and chapter 48.84 RCW.

The specific statute these rules are intended to implement is RCW 48.84.060 and 48.84.910.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before June 29, 1987. Mailing address: Insurance Building, AQ-21, Olympia, Washington 98504-0321.

Dated: May 20, 1987

By: Robert E. Johnson
Deputy Commissioner

STATEMENT OF PURPOSE

Title: Amending WAC 284-50-305 to exclude long-term care insurance from the individual disability insurance minimum standards regulation, WAC 284-50-300 through 284-50-435.

The statutory authority for the proposed amendment is RCW 48.02.060 (3)(a), 48.20.450 through 48.20.470 and chapter 48.84 RCW.

This amendment is being made concurrently with the adoption of chapter 284-54 WAC which will regulate all long-term care insurance policies and contracts.

Melodie Bankers, Deputy Commissioner, (206) 586-3574, was directly responsible for the drafting of the proposed amendment, under the supervision of Robert E. Johnson, Deputy Commissioner, (206) 753-2406. It will be implemented and enforced by the Company Supervision and Consumer Protection Divisions of the Insurance Commissioner's Office under the direct supervision of David Rodgers, Chief Deputy, (206) 753-7302. The address of each of the individuals named is Insurance Building, AQ-21, Olympia, Washington 98504.

This amendment is proposed by Dick Marquardt, the insurance commissioner, a state public official.

The proposed rule is not necessary as the result of federal law or federal or state court action.

Small Business Economic Impact Statement: The proposed amendment will have no economic impact on insurers, large or small. It will eliminate existing standards as to long-term care insurance.

AMENDATORY SECTION (Amending Order R 81-7, filed 12/9/81)

WAC 284-50-305 APPLICABILITY AND SCOPE. This regulation shall apply to all individual disability insurance policies delivered or issued for delivery in this state on and after the effective date hereof, except it shall not apply to individual policies issued pursuant to a conversion privilege under a policy of group or individual insurance when such group or individual policy includes provisions which are inconsistent with the requirements of this regulation, nor to policies being issued to employees or members as additions to franchise plans in existence on the effective date of this regulation. The requirements contained in this regulation shall be in addition to any other applicable regulations previously adopted. This regulation shall not apply to medicare supplement insurance policies, as such policies are defined in the Medicare Supplemental Health Insurance Act, chapter 153, Laws of 1981. This regulation shall not apply to long-term care insurance policies or contracts, as such policies or contracts are defined in the long-term care insurance act, chapter 48.84 RCW.

WSR 87-11-058
PROPOSED RULES
DEPARTMENT OF
SOCIAL AND HEALTH SERVICES
(Public Assistance)
[Filed May 20, 1987]

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 update food stamp eligibility standards, amending WAC 388-54-730 (1) and (2);

that the agency will at 10:00 a.m., Tuesday, June 23, 1987, in the OB-2 Auditorium, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on June 24, 1987.

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 June 23, 1987.

Correspondence concerning this notice and proposed rules attached should be addressed to:

Leslie F. James, Director
Administrative Services
Department of Social and Health Services
Mailstop OB 39
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact Administrative Regulations Section, State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by June 10, 1987. The meeting site is in a location which is barrier free.

Dated: May 20, 1987

By: Leslie F. James, Director
Administrative Services

STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045. Amending WAC 388-54-730 (1) and (2), changes income maximums—food stamp program.

Purpose of this Rule Change: To raise the income maximums effective July 1, 1987, of the gross monthly income standards, the net monthly income standards, and the maximum gross monthly income elderly and disabled separate household standards.

This rule will be amended to agree with changes in federal regulations.

Statutory Authority: RCW 74.04.510.

Summary of this Rule Change: Gross and net monthly income eligibility standards and elderly and disabled separate household income eligibility standards will be raised effective July 1, 1987. Eligibility will be determined on the basis of these amended tables.

Person Responsible for Drafting, Implementation and Enforcement of the Rule Change: Dave Monfort, Program Manager, Division of Income Assistance, mailstop OB-31J, phone 753-0426, scan 234-0426.

These rules are necessary as a result of federal law, amendments to 7 CFR 273.9(a).

AMENDATORY SECTION (Amending Order 2428, filed 9/22/86)

WAC 388-54-730 INCOME—ELIGIBILITY STANDARDS.

(1) Eligibility shall be determined on the basis of gross income and net food stamp income, except those households containing a member sixty years of age or over, or a member receiving Supplemental Security Income (SSI) benefits under Title XVI of the Social Security Act, or disability and blindness payments under Titles I, II, X, XIV, or XVI of the Social Security Act, or is a veteran or a surviving disabled spouse or a surviving disabled child as defined by WAC 388-54-665 (2)(b).

The gross income eligibility standards shall be one hundred thirty percent of the office of management and budget's (OMB) nonfarm income poverty guidelines.

Effective ((July 1, 1986)) July 1, 1987,

Gross Monthly Income Eligibility Standards Table

Household Size	Monthly Standards
1	\$ ((584)) 596
2	((785)) 802
3	((988)) 1,008
4	((1,192)) 1,214
5	((1,396)) 1,420
6	((1,599)) 1,625
7	((1,803)) 1,831
8	((2,007)) 2,037
Each additional person	+ ((204)) 206

Effective ((July 1, 1986)) July 1, 1987,

Net Monthly Income Eligibility Standards Table

Household Size	Maximum Allowable Net Income
1	\$ ((447)) 459
2	((604)) 617
3	((760)) 775
4	((917)) 934
5	((1,074)) 1,092
6	((1,230)) 1,250
7	((1,387)) 1,409
8	((1,544)) 1,567
Each additional member	+ ((157)) 159

(2) Disabled individuals, sixty years of age or older, residing with others, must have the other members meet the following monthly income eligibility standard table. For definition of elderly and disabled, refer to WAC 388-54-665 (1)(d).

Effective ((July 1, 1986)) July 1, 1987,

Elderly and Disabled Separate Household Income Eligibility Standards Table

Household Size	Maximum Gross Monthly Income Elderly and Disabled Separate Household
1	\$ ((737)) 757
2	((996)) 1,018
3	((1,254)) 1,279
4	((1,513)) 1,540
5	((1,771)) 1,802
6	((2,030)) 2,063
7	((2,288)) 2,324
8	((2,547)) 2,585
Each additional member	+ ((259)) 262

**WSR 87-11-059
EMERGENCY RULES
DEPARTMENT OF FISHERIES
[Order 87-45—Filed May 20, 1987]**

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 this regulation is adopted under recommendation of the Columbia River Compact Commission to harvest an early returning run of shad.

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 20, 1987.

By Gene DiDonato
for Joseph R. Blum
Director

NEW SECTION

WAC 220-32-04100J SEASONS AND AREAS—SHAD. Notwithstanding the provisions of WAC 220-32-041, (1) It is unlawful to fish for or possess shad taken for commercial purposes with gill nets except from the following areas during the specified times within each area as follows:

(a) A line commencing at the white six-second equal-interval light approximately 3/4 mile east of the Washougal Woolen Mill pipeline and projected westerly to the white four-second blinker light on the east end of Lady Island, thence easterly and northerly along the shoreline of Lady Island to the Highway 14 Bridge, thence easterly across the Highway 14 Bridge to the mainland, thence to point of origin, but excluding the waters of Camas Slough upstream from a line projected true north from the most western tip of Lady Island to the mainland, during the following periods:

4:00 a.m. May 21 to 10:00 p.m. May 22;

4:00 a.m. May 26 to 10:00 p.m. May 29;

4:00 a.m. June 1 to 10:00 p.m. June 5;

4:00 a.m. June 8 to 10:00 p.m. June 12;

4:00 a.m. June 15 to 10:00 p.m. June 19;

4:00 a.m. June 22 to 10:00 p.m. June 26, 1987

(b) Those waters of the Columbia River upstream and easterly of a line projected from flashing red light No. 52 on the Oregon shore near the downstream end of Gary Island, diagonally north to a white equal-interval

light on the Washington shore, and including those waters downstream and westerly of a line projected across the Columbia River at a point 5 miles below Bonneville Dam, from 4:00 a.m. to 10:00 p.m. on the following days:

- May 21 to May 22;
- May 26 to May 29;
- June 1 to June 5;
- June 8 to June 12;
- June 15 to June 19, 1987.

(c) Lawful gear is defined in WAC 220-32-023 and monofilament gill nets are allowed.

(d) It is unlawful to retain any fish except shad.

(2) It is lawful for individuals possessing treaty fishing rights under the Yakima, Warm Springs, Umatilla, and Nez Perce treaties to fish for and possess shad taken for commercial purposes at any time in Columbia River Salmon Management and Catch Reporting Areas 1F, 1G, and 1H.

WSR 87-11-060

EMERGENCY RULES

DEPARTMENT OF LABOR AND INDUSTRIES

[Order 87-19—Filed May 20, 1987]

I, Richard A. Davis, director of the Department of Labor and Industries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to WAC 296-150B-320, transporting fuel powered vehicles as it relates to recreational vehicles. To conform to new standard covering transporting of fuel burning vehicles, or equipment within the interior of the recreational vehicle.

I, Richard A. Davis, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is this modification to the rules will provide the department with adequate rules for requiring a definite separation between temporary living quarters and that area that could be used to transport fuel burning vehicles or equipment.

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

This rule is promulgated pursuant to RCW 43.22.340 through 43.22.445 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 20, 1987.

By Joseph A. Dear
for Richard A. Davis
Director

NEW SECTION

WAC 296-150B-320 TRANSPORTATION OF FUEL POWERED VEHICLES. (1) Recreational vehicles as defined in this section, having systems installed to accommodate temporary living quarters, shall not include provisions to internally transport or store any other type of fuel powered vehicle or equipment.

(2) Unless a permanent one hour wall assembly, as defined in the Model Building Code, is installed as a permanent partition between storage area and the temporary living area, there shall be no protrusions into this wall assembly. Access to the vehicles or equipment compartment shall be from the exterior of the unit and that access shall be in addition to and separate from the access or exit from the living section. Nothing herein shall exclude the external transport of such equipment.

WSR 87-11-061

PROPOSED RULES

DEPARTMENT OF LICENSING

(Professional Program Management)

[Filed May 20, 1987]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Department of Licensing, Professional Program Management, intends to adopt, amend, or repeal rules concerning employment agencies:

- Amd WAC 308-33-011 Fees.
- Amd WAC 308-33-020 Director's review of fees.
- Amd WAC 308-33-030 Manner of setting forth fees in agency contracts.
- Amd WAC 308-33-060 Informing applicants of agency fee after employment gained.
- Amd WAC 308-33-080 Contract term guidelines.
- Amd WAC 308-33-095 Examinations.
- Rep WAC 308-33-040 Resume selling, generally.
- Rep WAC 308-33-050 Restrictions on agencies selling resumes;

that the agency will at 10:00 a.m., Monday, July 6, 1987, in the Department of Licensing Examination Center, 1300 Quince Street, Olympia, WA 98504, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 19.31.070.

The specific statute these rules are intended to implement is chapter 19.31 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before July 1, 1987.

Dated: May 8, 1987
By: Robert VanSchoorl
Assistant Director

STATEMENT OF PURPOSE

Title and Number of Rule Section(s) or Chapter(s):
WAC 308-33-011 Fees; 308-33-020 Director's review of fees; 308-33-030 Manner of setting forth fees in agency contracts; 308-33-060 Informing applicants of

agency fee after employment gained; 308-33-080 Contract term guidelines; 308-33-095 Examinations; 308-33-040 Resume' selling, generally; and 308-33-050 Restrictions on agencies selling resumes'.

Statutory Authority: RCW 19.31.070.

Summary of Rules: WAC 308-33-011 allows an applicant to pay only twenty percent of gross earnings actually received rather than the full placement fee set forth in the contract, if employed for sixty days or less and allows for reevaluation of the fee within seventy days after reporting to work; 308-33-020 provides for review of fee schedules and contracts by the director of the Department of Licensing, but does not affect the validity of the fees and contracts if a review is not conducted; 308-33-030 allows the employment agency to express the agency fee as a percentage of either the expected monthly compensation or by both monthly and annual earnings; 308-33-060 requires employment agencies to inform applicants of the amount of the agency fee expressed in dollars as soon as possible after placement; 308-33-080 requires the contract terms that are acceptable to the director to be made available upon request; and 308-33-095 provides for a multiple choice exam to be given before the fifteenth of each month.

Reasons Supporting the Proposed Actions: WAC 308-33-011 is to provide clarity to the existing rule; 308-33-020 is to allow for, but not require, review of fees and contracts by the director and to delete reference to the advisory board which was discontinued by legislative action; 308-33-030 is to allow the employment agency fees to be expressed as a percentage of the annual compensation as well as a percentage of the monthly earnings; 308-33-060 is to provide clarity to the existing rule through changes in sentence structure; 308-33-080 is to provide clarity to the existing rule through changes in sentence structure; 308-33-095 is to allow for a more flexible examination by not requiring a minimum number of questions and by allowing for the exam to be given monthly, rather than quarterly; and 308-33-040 and 308-33-050 will bring the Washington Administrative Code into conformity with chapter 19.31 RCW.

Responsible Person: In addition to the director of the Department of Licensing, the following Department of Licensing personnel have knowledge of and responsibility for drafting, implementing and enforcing these rules: Chris Robert Rose, Assistant Administrator, 1300 Quince S.E., Olympia, WA 98504, 234-3234 scan, 753-3234 comm; and Cynthia Jones, Program Manager, 1300 Quince S.E., Olympia, WA 98504, 234-1966 scan, 753-1966 comm.

Proponents: Department of Licensing.

Federal Law or Federal or State Court Requirements: Not necessitated as the result of federal law or of federal or state court requirements.

Small Business Economic Impact Statement: Not required for this statement.

AMENDATORY SECTION (Amending Order PL 359, filed 1/5/81)

WAC 308-33-011 FEES. (1) The fees which employment agencies may contract to charge applicants shall not be regulated. However, no agency shall use a fee schedule or contract which has not been approved for use by the director as provided for in RCW 19.31.050.

(2) Although fees are not regulated, no employment agency shall require by contract or otherwise that an applicant make payments in any one month period in an amount which exceeds the applicant's (~~(anticipated)~~) gross earnings for that period.

(3) In the event of termination (~~(within sixty days of the start of employment;)~~) an applicant shall be required to pay no more than twenty percent of the gross earnings actually received, or the full placement fee set forth in the contract with the agency, whichever is less, ~~if the applicant was employed for sixty days or less.~~

If the employment is terminated after sixty days, the applicant shall be obligated for the full placement fee set forth in the contract with the agency.

(4) The applicant may submit payroll information to the agency within seventy days after (~~(employment)~~) reporting to work for reevaluation to reflect a fee based on actual gross earnings for the first sixty days.

AMENDATORY SECTION (Amending Order PL 359, filed 1/5/81)

WAC 308-33-020 DIRECTOR'S REVIEW OF FEES AND CONTRACTS. The contracts and fee schedules will be reviewed by the director (~~(with the assistance of the advisory board every twelfth month after the effective date of this amendatory rule, or sooner if the director determines it)~~) as necessary. Failure to review the fee schedules and contracts, however, shall in no way affect the validity or effectiveness of the existing and director-approved fee schedules and contracts.

AMENDATORY SECTION (Amending Order PL 359, filed 1/5/81)

WAC 308-33-030 MANNER OF SETTING FORTH FEES IN AGENCY CONTRACTS. (1) The fee to be charged an applicant, under usual circumstances, must be set forth in the employment agency contract (~~(only)~~) under the following headings:

(a) Monthly salary.

(b) The range of agency's fee expressed in dollars.

(c) Agency's fee as a percentage of the expected monthly compensation.

(2) The agency may list, in addition to the monthly salary and agency fee as a percentage of the expected monthly compensation, the annual salary and agency fee as a percentage of the expected annual compensation.

(3) An agency must set forth additional information concerning its fees within its contract as required by law and the rules in support thereof.

~~((3))~~ (4) Agencies may not indicate, either orally or in writing, that their contract and fee schedules have been "approved" or in any way "recommended" by the state. However, a licensee may indicate that their contracts are "approved for use."

AMENDATORY SECTION (Amending Order PL 118, filed 3/22/72, effective 4/21/72)

WAC 308-33-060 INFORMING APPLICANTS OF AGENCY FEE AFTER EMPLOYMENT GAINED. As soon as practicable after an applicant has accepted employment through the efforts of an employment agency, the applicant shall be notified of the amount of the agency fee in a form containing at least the following information:

(1) Amount of fee expressed in dollars;

(2) Expected monthly or annual salary (whichever the fee is based upon); and

(3) Date applicant (~~(was to start)~~) began or is to begin employment.

AMENDATORY SECTION (Amending Order PL-142, filed 1/24/73)

WAC 308-33-080 CONTRACT TERM GUIDELINES. (~~The director shall prepare, and make available upon request to all agencies;)~~ Contract terms that (~~(will be approved by him)~~) are acceptable to the director for use in employment agency contracts will be made available upon request.

AMENDATORY SECTION (Amending Order PL 272, filed 7/26/77, effective 9/21/77)

WAC 308-33-095 EXAMINATIONS. (1) Examinations for general managers shall be written and shall consist of (~~(a minimum of forty)~~) multiple choice questions covering the subject matter set forth in section 19.31.100 RCW, as now or hereafter amended.

(2) The minimum passing grade for the examination shall be seventy-five percent.

(3) Examinations will be conducted before the fifteenth of each month at locations specified by the director (~~on Thursday of the first full week of January, April, July and October~~).

(4) Applications and fees for examination must be received by the department (~~thirty days in advance of the scheduled examination date. Applicants making application after the prescribed deadline will be scheduled for the second examination following receipt of the application and fee~~) by the first of each month to be scheduled for the examination to be held the following month.

(5) Applicants failing examination shall submit a fee on each occasion of application for reexamination.

(6) General managers who have passed the examination and do not remain active in the employment agency business shall, if not so actively engaged for longer than one year, be required to retake and pass the examination prior to being qualified to serve as a general manager.

(7) Examination fees are not refundable.

(8) This section shall take effect June 1, 1987.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 308-33-040 RESUME SELLING—GENERALLY.
WAC 308-33-050 RESTRICTIONS ON AGENCIES SELLING RESUMES.

WSR 87-11-062

ADOPTED RULES

DEPARTMENT OF LICENSING

(Board of Osteopathic Medicine and Surgery)

[Order PM 651—Filed May 20, 1987]

Be it resolved by the Board of Osteopathic Medicine and Surgery, acting at the Southcenter Room, Nendel's Southcenter, 15801 West Valley Highway, Tukwila, WA, that it does adopt the annexed rules relating to new WAC 308-138-321, 308-138-322, 308-138-323, 308-138-324, 308-138-326 and 308-138-327; and amending WAC 308-138-330.

This action is taken pursuant to Notice No. WSR 87-04-048 filed with the code reviser on February 3, 1987. 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 18.57.005 and 18.130.070 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 29, 1987.

By Joseph T. Palermo, D.O.
Chairman

NEW SECTION

WAC 308-138-321 GENERAL PROVISIONS FOR MANDATORY REPORTING RULES. (1) "Unprofessional conduct" shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution regulated under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state board of osteopathic medicine and surgery, whose address is:

Department of Licensing
Division of Professional Licensing
P.O. Box 9649
Olympia WA 98504

(5) "Physician" shall mean an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(6) "Physician's assistant" shall mean an osteopathic physician's assistant approved pursuant to chapter 18.57A RCW.

(7) "Mentally or physically impaired practitioner" shall mean an osteopathic physician and surgeon or osteopathic physician's assistant who has been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

NEW SECTION

WAC 308-138-322 MANDATORY REPORTING. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the physician or physician's assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which give rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

NEW SECTION

WAC 308-138-323 HEALTH CARE INSTITUTIONS. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physician's clinical privileges are terminated or are restricted based on a determination that a physician has committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically impaired. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

NEW SECTION

WAC 308-138-324 **MEDICAL ASSOCIATIONS OR SOCIETIES.** The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician or physician's assistant may have committed unprofessional conduct or that a physician or physician's assistant may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the termination made by the association or society. Notification of appeal shall be included.

NEW SECTION

WAC 308-138-326 **COURTS.** The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of physicians and physician's assistants, other than minor traffic violations.

NEW SECTION

WAC 308-138-327 **STATE AND FEDERAL AGENCIES.** The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician or physician's assistant is employed to provide patient care services, to report to the board whenever such a physician or physician's assistant has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled practitioner.

AMENDATORY SECTION (Amending Order PL 402, filed 8/5/82)

WAC 308-138-330 **LICENSE REINSTATEMENT AFTER LAPSE OF LICENSURE FOR FAILURE TO RENEW.** (1) A license that has been expired for less than one year may be brought current by payment of the renewal fees and completion of the continuing education, if due.

(2) Any osteopathic physician and surgeon whose license has been expired for one year or more must pay the current fee for original application and apply for reinstatement on an application form provided by the board. The application will include an explanation for the license lapse and a chronology of their activities since first licensed. A statement outlining the continuing education acquired since the last report made or since January 1, 1980, if no previous report has been required, must be submitted for the board's review and approval.

(3) All applications for reinstatement will be reviewed by the board. The board may require a physical or mental evaluation of an applicant to confirm fitness for practice.

(4) If a licensee has been out of active practice for one year or more or has allowed their license to lapse for a period of three years or more, the board may also require that the applicant pass an examination to determine the applicant's fitness to practice osteopathy or osteopathic medicine and surgery.

WSR 87-11-063**ADOPTED RULES****DEPARTMENT OF LICENSING****(Board of Funeral Directors and Embalmers)**

[Order PM 652—Filed May 20, 1987]

Be it resolved by the Washington State Board of Funeral Directors and Embalmers, acting at Seattle, Washington, that it does adopt the annexed rules relating to:

New WAC 308-48-075 Display of licenses.
New WAC 308-48-210 Establishment licensure.

This action is taken pursuant to Notice No. WSR 87-08-051 filed with the code reviser on April 1, 1987. 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 Board of Funeral Directors and Embalmers as authorized in RCW 18.39.175(4).

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 6, 1987.

By Ian D. Morrison
Chairman

NEW SECTION

WAC 308-48-075 **DISPLAY OF LICENSES.** (1) A licensee must display a license in each location where he/she is employed. Legal duplicates provided by the department at a fee to be determined by the director will be displayed when a licensee is employed at more than one location. The display of photocopies is prohibited.

NEW SECTION

WAC 308-48-210 **ESTABLISHMENT LICENSURE.** (1) It is the intent of the board that the establishment licensure process serve to protect consumers by identifying to the department all locations subject to inspection and regulation. Establishments are encouraged to procure an individual license for each location.

(2) Branches of an establishment may operate under the general license of the establishment, pursuant to RCW 18.39.145 and RCW 18.39.148 and the following terms and conditions:

(a) Branch(es) must operate under the same name as the general establishment.

(b) Branch(es) must be identified by location on the general establishment license.

(c) Branch(es) must display a duplicate of the general license.

(d) Branch(es) must have a licensed funeral director and embalmer in its employ and available to provide any services requiring the professional skills of a licensee.

(e) The failure of a branch to meet the standards of an establishment may result in cancellation of the entire general establishment license, pursuant to RCW 18.39.148.

WSR 87-11-064
ADOPTED RULES
DEPARTMENT OF LICENSING
[Order PM 653—Filed May 20, 1987]

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

Amd	WAC 308-29-030	License records.
Amd	WAC 308-29-060	Sale of a collection agency.
Amd	WAC 308-29-070	Disclosure of rate of interest.
Amd	WAC 308-29-080	Notice to credit reporting bureau.

This action is taken pursuant to Notice No. WSR 87-07-025 filed with the code reviser on March 12, 1987. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Department of Licensing as authorized in RCW 19.16.410.

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 8, 1987.

By Theresa Anna Aragon
Director

AMENDATORY SECTION (Amending Order PL-141, filed 12/18/72)

WAC 308-29-030 LICENSE RECORDS. (1) Each licensee shall notify the director in writing within ten days after any change in ownership of a proprietorship or any change in owners, officers, directors, or managing employee((s)) of ~~((a nonindividual licensee))~~ each office location. Such notification shall consist of reporting the individual's name, position, home address and effective date of change.

(2) Each licensee shall advise the department in writing of any additional information regarding the change or changes in subsection (1) of this section that the department may seek within ten days after the receipt of such a request from the department.

AMENDATORY SECTION (Amending Order PM 602, filed 6/27/86)

WAC 308-29-060 SALE OF A LICENSED COLLECTION AGENCY. Whenever a licensee intends to sell or otherwise transfer his or its interest(~~((fs))~~) in a collection agency, the seller (licensee) and buyer or transferee will insure that there is incorporated in the body of the sale agreement or document of transfer appropriate clauses that set forth provisions relative to the following:

~~((a))~~ (1) The Washington state collection agency license is not transferable or assignable and buyer is responsible to initiate whatever administrative action is necessary to obtain such license as required by law.

~~((b))~~ (2) Whether buyer or seller has the responsibility for all payments due customers on or before the effective date of sale.

~~((c))~~ (3) Whether buyer or seller has the responsibility for maintaining and preserving the accounting records as prescribed by RCW 19.16.230(3).

~~((d))~~ (4) Whether buyer is restricted from or is authorized to use the seller's collection agency's business name.

~~((e))~~ (5) The buyer (transferee) or seller (transferor) shall provide notice of the sale or transfer to the seller's or transferor's clients(~~(, and shall provide said clients the opportunity to reclaim their))~~ with open accounts. The sale or transfer document shall provide which party to the sale or transfer is responsible for providing said notice.

AMENDATORY SECTION (Amending Order PM 602, filed 6/27/86)

WAC 308-29-070 DISCLOSURE OF RATE OF INTEREST. Whenever a collection agency is required pursuant to ~~((chapter 19.16))~~ RCW 19.16.250 (8)(c) to disclose to the debtor that interest charges are being added to the original obligation, the collection agency must also disclose to the debtor the rate of interest; said rate of interest not to exceed the legal maximum rate pursuant to chapter 19.52 RCW.

AMENDATORY SECTION (Amending Order PM 602, filed 6/27/86)

WAC 308-29-080 NOTICE TO CREDIT REPORTING BUREAUS. In the event a collection agency informs a credit reporting bureau of the existence of a claim, the collection agency shall, within ~~((thirty))~~ forty-five days of satisfaction of said claim, notify the credit reporting bureau that said claim has been satisfied.

Table of WAC Sections Affected

KEY TO TABLE

Symbols:

- AMD = Amendment of existing section
- NEW = New section not previously codified
- OBJEC = Notice of objection by Joint Administrative Rules Review Committee
- RE-AD = Readoption of existing section
- REP = Repeal of existing section
- REAFF = Order assuming and reaffirming rules
- REMOV = Removal of rule pursuant to RCW 34.04.050(5)
- RESCIND = Rescind previous emergency rule
- REVIEW = Review of previously adopted rule
- STMT = Statement regarding previously adopted rule

Suffixes:

- P = Proposed action
- C = Continuance of previous proposal
- E = Emergency action
- W = Withdrawal of proposed action
- No suffix means permanent action

This table covers the current calendar year through this issue of the Register and should be used to locate rules amended, adopted, or repealed subsequent to the publication date of the latest WAC or Supplement.

WAC # shows the section number under which an agency rule is or will be codified in the Washington Administrative Code.

WSR # shows the issue of the Washington State Register where the document may be found; the last three digits show the sequence of the document within the issue.

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
4-25-140	AMD	87-04-051	16-228-500	NEW-E	87-09-054	16-231-225	AMD-P	87-04-060
4-25-141	AMD-P	87-09-059	16-228-510	NEW-E	87-09-054	16-231-225	AMD-E	87-08-072
4-25-141	AMD-C	87-10-033	16-228-520	NEW-E	87-09-054	16-231-225	AMD	87-09-015
4-25-181	AMD-P	87-09-060	16-228-530	NEW-E	87-09-054	16-231-235	AMD-P	87-04-060
4-25-181	AMD-C	87-10-034	16-228-540	NEW-E	87-09-054	16-231-235	AMD-E	87-08-072
4-25-181	REP-P	87-09-060	16-228-550	NEW-E	87-09-054	16-231-235	AMD	87-09-015
4-25-181	REP-C	87-10-034	16-230-030	AMD-E	87-11-018	16-231-238	NEW-E	87-08-072
4-25-190	NEW-P	87-09-060	16-230-160	AMD-P	87-11-055	16-231-315	AMD-P	87-04-060
4-25-190	NEW-C	87-10-034	16-230-190	AMD-P	87-11-055	16-231-315	AMD-W	87-05-006
4-25-280	NEW	87-03-040	16-230-470	AMD-P	87-04-060	16-231-340	AMD-P	87-04-060
10-08-180	AMD-P	87-09-038	16-230-470	AMD-E	87-08-072	16-231-340	AMD-E	87-08-072
16-32-010	NEW-P	87-08-057	16-230-470	AMD	87-09-015	16-231-340	AMD	87-09-015
16-32-010	NEW	87-11-004	16-230-615	AMD-P	87-04-060	16-231-343	NEW-E	87-08-072
16-54-030	AMD-P	87-04-053	16-230-615	AMD-E	87-08-072	16-231-425	AMD-P	87-04-060
16-54-030	AMD	87-08-021	16-230-615	AMD	87-09-015	16-231-425	AMD-E	87-08-072
16-54-082	AMD-P	87-04-053	16-230-640	AMD-P	87-04-060	16-231-425	AMD	87-09-015
16-54-082	AMD	87-08-021	16-230-640	AMD-E	87-08-072	16-231-530	AMD-P	87-04-060
16-54-120	AMD-P	87-04-053	16-230-640	AMD	87-09-015	16-231-530	AMD-E	87-08-072
16-54-120	AMD	87-08-021	16-230-645	AMD-P	87-04-060	16-231-530	AMD	87-09-015
16-86-005	AMD-P	87-04-052	16-230-645	AMD-E	87-08-072	16-231-620	AMD-P	87-04-060
16-86-005	AMD	87-08-020	16-230-645	AMD	87-09-015	16-231-620	AMD-E	87-08-072
16-86-015	AMD-P	87-04-052	16-230-650	AMD-P	87-04-060	16-231-620	AMD	87-09-015
16-86-015	AMD	87-08-020	16-230-650	AMD-E	87-08-072	16-231-720	AMD-P	87-04-060
16-96-130	AMD-E	87-08-058	16-230-650	AMD	87-09-015	16-231-720	AMD-E	87-08-072
16-96-130	AMD-P	87-08-061	16-230-655	AMD-P	87-04-060	16-231-720	AMD	87-09-015
16-101-455	NEW-P	87-06-036	16-230-655	AMD-E	87-08-072	16-231-840	AMD-P	87-04-060
16-101-455	NEW-C	87-09-032	16-230-655	AMD	87-09-015	16-231-840	AMD-E	87-08-072
16-101-455	NEW-C	87-10-048	16-230-655	AMD-E	87-08-072	16-231-840	AMD	87-09-015
16-101-465	NEW-P	87-06-036	16-230-673	NEW-E	87-08-072	16-231-910	AMD-P	87-04-060
16-101-465	NEW-C	87-09-032	16-231-015	AMD-E	87-08-072	16-231-910	AMD-E	87-08-072
16-101-465	NEW-C	87-10-048	16-231-020	AMD-P	87-04-060	16-231-910	AMD	87-09-015
16-101-475	NEW-P	87-06-036	16-231-020	AMD-E	87-08-072	16-231-912	NEW-P	87-04-060
16-101-475	NEW-C	87-09-032	16-231-020	AMD	87-09-015	16-231-912	NEW-E	87-08-072
16-101-475	NEW-C	87-10-048	16-231-030	AMD-P	87-04-060	16-231-912	NEW	87-09-015
16-101-570	AMD-P	87-06-036	16-231-030	AMD-E	87-08-072	16-231-935	AMD-P	87-04-060
16-101-570	AMD	87-09-033	16-231-030	AMD	87-09-015	16-231-935	AMD-E	87-08-072
16-101-690	NEW-P	87-05-028	16-231-033	NEW-E	87-08-072	16-231-935	AMD	87-09-015
16-101-690	NEW	87-08-038	16-231-115	AMD-P	87-04-060	16-231-938	NEW-E	87-08-072
16-213-260	NEW-P	87-05-036	16-231-115	AMD-E	87-08-072	16-232-010	AMD-P	87-04-060
16-213-260	NEW	87-08-030	16-231-115	AMD	87-09-015	16-232-010	AMD-E	87-08-072
16-213-270	NEW-P	87-05-036	16-231-120	AMD-P	87-04-060	16-232-010	AMD	87-09-015
16-213-270	NEW	87-08-030	16-231-120	REP-E	87-08-072	16-232-035	AMD-P	87-04-060
16-228-400	NEW-E	87-09-001	16-231-125	AMD-P	87-04-060	16-232-035	AMD-E	87-08-072
16-228-410	NEW-E	87-09-001	16-231-125	AMD-E	87-08-072	16-232-035	AMD	87-09-015
16-228-420	NEW-E	87-09-001	16-231-125	AMD	87-09-015	16-232-038	NEW-E	87-08-072
16-228-430	NEW-E	87-09-001	16-231-145	AMD-P	87-04-060	16-232-125	REP-P	87-04-060
16-228-440	NEW-E	87-09-054	16-231-145	AMD-E	87-08-072	16-232-125	REP-E	87-08-072
16-228-450	NEW-E	87-09-054	16-231-145	AMD	87-09-015	16-232-125	REP	87-09-015
16-228-460	NEW-E	87-09-054	16-231-148	NEW-E	87-08-072	16-232-225	AMD-P	87-04-060
16-228-470	NEW-E	87-09-054	16-231-215	AMD-P	87-04-060	16-232-225	AMD-E	87-08-072
16-228-480	NEW-E	87-09-054	16-231-215	AMD-E	87-08-072	16-232-225	AMD	87-09-015
16-228-490	NEW-E	87-09-054	16-231-215	AMD	87-09-015	16-232-315	AMD-P	87-04-060

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
16-232-315	AMD-E	87-08-072	30-16-080	NEW	87-11-001	50-52-040	NEW-P	87-10-046
16-232-315	AMD	87-09-015	30-16-090	NEW	87-11-001	50-52-050	NEW-P	87-10-046
16-304-040	AMD-P	87-08-063	30-16-100	NEW	87-11-001	50-52-060	NEW-P	87-10-046
16-316-525	AMD-P	87-08-063	30-16-110	NEW	87-11-001	50-52-070	NEW-P	87-10-046
16-316-800	AMD-P	87-08-063	30-16-120	NEW	87-11-001	50-52-080	NEW-P	87-10-046
16-316-810	AMD-P	87-08-063	30-20-010	NEW	87-11-001	50-52-090	NEW-P	87-10-046
16-316-815	AMD-P	87-08-063	30-20-020	NEW	87-11-001	50-52-100	NEW-P	87-10-046
16-316-820	AMD-P	87-08-063	30-20-030	NEW	87-11-001	50-52-110	NEW-P	87-10-046
16-316-830	AMD-P	87-08-063	30-20-040	NEW	87-11-001	50-52-120	NEW-P	87-10-046
16-316-880	AMD-P	87-08-063	30-20-050	NEW	87-11-001	50-52-130	NEW-P	87-10-046
16-319-020	AMD-P	87-08-063	30-20-060	NEW	87-11-001	50-52-140	NEW-P	87-10-046
16-319-030	AMD-P	87-08-063	30-20-070	NEW	87-11-001	50-52-150	NEW-P	87-10-046
16-319-041	AMD-P	87-08-063	30-20-080	NEW	87-11-001	50-52-160	NEW-P	87-10-046
16-319-051	AMD-P	87-08-063	30-20-090	NEW	87-11-001	50-52-170	NEW-P	87-10-046
16-319-061	AMD-P	87-08-063	30-20-100	NEW	87-11-001	50-52-180	NEW-P	87-10-046
16-319-081	AMD-P	87-08-063	30-20-110	NEW	87-11-001	50-52-190	NEW-P	87-10-046
16-319-091	NEW-P	87-08-063	30-20-120	NEW	87-11-001	50-52-200	NEW-P	87-10-046
16-319-101	NEW-P	87-08-063	30-24-010	NEW	87-11-001	50-52-210	NEW-P	87-10-046
16-328-001	REP-P	87-09-085	30-24-020	NEW	87-11-001	50-52-220	NEW-P	87-10-046
16-328-003	REP-P	87-09-085	30-24-030	NEW	87-11-001	50-52-230	NEW-P	87-10-046
16-328-008	AMD-P	87-09-085	30-24-040	NEW	87-11-001	50-52-240	NEW-P	87-10-046
16-328-009	NEW-P	87-09-085	30-24-050	NEW	87-11-001	50-52-250	NEW-P	87-10-046
16-328-010	AMD-P	87-09-085	30-24-060	NEW	87-11-001	50-52-260	NEW-P	87-10-046
16-328-015	NEW-P	87-09-085	30-24-070	NEW	87-11-001	50-52-270	NEW-P	87-10-046
16-328-025	AMD-P	87-09-085	30-24-080	NEW	87-11-001	50-52-280	NEW-P	87-10-046
16-328-030	AMD-P	87-09-085	30-24-090	NEW	87-11-001	50-52-290	NEW-P	87-10-046
16-328-035	AMD-P	87-09-085	30-24-100	NEW	87-11-001	50-52-300	NEW-P	87-10-046
16-328-060	AMD-P	87-09-085	30-28-010	NEW	87-11-001	50-52-310	NEW-P	87-10-046
16-328-065	AMD-P	87-09-085	30-28-020	NEW	87-11-001	50-52-320	NEW-P	87-10-046
16-328-080	AMD-P	87-09-085	30-28-030	NEW	87-11-001	50-52-330	NEW-P	87-10-046
16-328-083	NEW-P	87-09-085	30-28-040	NEW	87-11-001	50-52-340	NEW-P	87-10-046
16-328-085	NEW-P	87-09-085	30-32-010	NEW	87-11-001	50-52-350	NEW-P	87-10-046
16-328-088	NEW-P	87-09-085	30-32-020	NEW	87-11-001	50-52-360	NEW-P	87-10-046
16-328-090	REP-P	87-09-085	30-32-030	NEW	87-11-001	50-52-370	NEW-P	87-10-046
16-329-001	REP-P	87-09-085	30-32-040	NEW	87-11-001	50-52-380	NEW-P	87-10-046
16-329-010	REP-P	87-09-085	30-32-050	NEW	87-11-001	50-52-390	NEW-P	87-10-046
16-329-015	REP-P	87-09-085	30-32-060	NEW	87-11-001	50-52-400	NEW-P	87-10-046
16-329-020	REP-P	87-09-085	30-32-070	NEW	87-11-001	50-52-410	NEW-P	87-10-046
16-329-025	REP-P	87-09-085	30-32-080	NEW	87-11-001	50-52-420	NEW-P	87-10-046
16-329-030	REP-P	87-09-085	30-36-010	NEW	87-11-001	50-52-430	NEW-P	87-10-046
16-333-020	AMD-P	87-09-085	30-36-020	NEW	87-11-001	50-52-440	NEW-P	87-10-046
16-333-040	AMD-P	87-09-085	30-36-030	NEW	87-11-001	50-52-450	NEW-P	87-10-046
16-333-050	AMD-P	87-09-085	30-36-040	NEW	87-11-001	50-52-460	NEW-P	87-10-046
16-470-500	NEW	87-04-027	30-36-050	NEW	87-11-001	50-52-470	NEW-P	87-10-046
16-470-510	NEW	87-04-027	30-36-060	NEW	87-11-001	50-52-480	NEW-P	87-10-046
16-470-520	NEW	87-04-027	30-36-070	NEW	87-11-001	50-52-490	NEW-P	87-10-046
16-470-530	NEW	87-04-027	30-36-080	NEW	87-11-001	50-52-500	NEW-P	87-10-046
16-532-040	AMD-P	87-04-045	30-36-090	NEW	87-11-001	50-52-510	NEW-P	87-10-046
16-532-040	AMD	87-10-059	30-36-100	NEW	87-11-001	50-52-520	NEW-P	87-10-046
16-602-005	NEW-P	87-05-053	30-36-110	NEW	87-11-001	50-52-530	NEW-P	87-10-046
16-602-010	AMD-P	87-05-053	30-40-010	NEW	87-11-001	50-52-540	NEW-P	87-10-046
16-602-020	AMD-P	87-05-053	30-40-020	NEW	87-11-001	50-52-550	NEW-P	87-10-046
16-602-030	AMD-P	87-05-053	30-40-030	NEW	87-11-001	50-52-560	NEW-P	87-10-046
16-657-025	AMD-P	87-07-019	30-40-040	NEW	87-11-001	50-52-570	NEW-P	87-10-046
16-657-025	AMD-C	87-10-042	30-40-050	NEW	87-11-001	50-52-580	NEW-P	87-10-046
16-750-010	AMD	87-05-016	30-40-060	NEW	87-11-001	50-52-590	NEW-P	87-10-046
25-24-010	REP-P	87-02-052	30-40-070	NEW	87-11-001	50-52-600	NEW-P	87-10-046
25-24-010	REP	87-05-027	30-40-080	NEW	87-11-001	50-52-610	NEW-P	87-10-046
25-24-020	REP-P	87-02-052	30-40-090	NEW	87-11-001	50-52-620	NEW-P	87-10-046
25-24-020	REP	87-05-027	30-44-010	NEW	87-11-001	50-52-630	NEW-P	87-10-046
25-24-030	REP-P	87-02-052	30-44-020	NEW	87-11-001	50-52-640	NEW-P	87-10-046
25-24-030	REP	87-05-027	30-44-030	NEW	87-11-001	82-24-080	AMD	87-06-012
25-24-040	REP-P	87-02-052	30-44-040	NEW	87-11-001	82-24-090	AMD	87-06-012
25-24-040	REP	87-05-027	30-44-050	NEW	87-11-001	82-24-110	AMD	87-06-012
25-24-050	REP-P	87-02-052	30-48-010	NEW	87-11-001	82-24-130	AMD	87-06-012
25-24-050	REP	87-05-027	30-48-020	NEW	87-11-001	100-100-050	AMD-P	87-09-099
25-24-060	REP-P	87-02-052	30-48-030	NEW	87-11-001	100-100-050	AMD-E	87-09-100
25-24-060	REP	87-05-027	30-48-040	NEW	87-11-001	100-100-070	AMD-C	87-09-101
25-24-070	REP-P	87-02-052	30-48-050	NEW	87-11-001	100-100-070	AMD-E	87-09-102
25-24-070	REP	87-05-027	30-48-060	NEW	87-11-001	100-100-070	AMD-P	87-06-046
30-16-010	NEW	87-11-001	30-48-070	NEW	87-11-001	113-12-087	NEW	87-05-064
30-16-020	NEW	87-11-001	50-48-100	NEW-P	87-08-071	113-12-115	AMD	87-05-064
30-16-030	NEW	87-11-001	50-48-100	NEW	87-10-047	113-12-195	AMD	87-05-064
30-16-040	NEW	87-11-001	50-48-100	AMD-P	87-10-058	113-12-197	NEW	87-05-064
30-16-050	NEW	87-11-001	50-52-010	NEW-P	87-10-046	114-12-136	AMD-P	87-07-046
30-16-060	NEW	87-11-001	50-52-020	NEW-P	87-10-046	114-12-136	AMD	87-10-028
30-16-070	NEW	87-11-001	50-52-030	NEW-P	87-10-046	131-08-010	AMD	87-04-025

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
173-245-075	NEW-C	87-04-014	173-326-040	NEW-E	87-05-032	180-24-330	NEW	87-04-059
173-245-075	NEW	87-04-020	173-326-040	NEW-P	87-11-028	180-24-335	NEW	87-04-059
173-245-080	NEW-C	87-02-050	173-326-040	NEW-E	87-11-029	180-24-340	NEW	87-04-059
173-245-080	NEW-C	87-04-014	173-422-130	AMD	87-02-051	180-24-345	NEW	87-04-059
173-245-080	NEW	87-04-020	173-434	NEW-C	87-03-045	180-24-350	NEW	87-04-059
173-245-084	NEW-C	87-02-050	173-434-010	NEW	87-07-041	180-24-355	NEW	87-04-059
173-245-084	NEW-C	87-04-014	173-434-020	NEW	87-07-041	180-24-360	NEW	87-04-059
173-245-084	NEW	87-04-020	173-434-030	NEW	87-07-041	180-24-365	NEW	87-04-059
173-245-090	NEW-C	87-02-050	173-434-050	NEW	87-07-041	180-24-370	NEW	87-04-059
173-245-090	NEW-C	87-04-014	173-434-100	NEW	87-07-041	180-24-375	NEW	87-04-059
173-245-090	NEW	87-04-020	173-434-110	NEW	87-07-041	180-24-380	NEW	87-04-059
173-303-017	AMD-P	87-09-078	173-434-120	NEW	87-07-041	180-40-235	AMD-P	87-05-047
173-303-040	AMD-P	87-09-078	173-434-130	NEW	87-07-041	180-40-235	AMD	87-09-040
173-303-045	AMD-P	87-09-078	173-434-160	NEW	87-07-041	180-75-005	AMD-P	87-09-052
173-303-060	AMD-P	87-09-078	173-434-170	NEW	87-07-041	180-75-015	AMD-P	87-05-048
173-303-070	AMD-P	87-09-078	173-434-190	NEW	87-07-041	180-75-015	AMD	87-09-010
173-303-071	AMD-P	87-09-078	173-434-200	NEW	87-07-041	180-75-018	NEW-P	87-05-048
173-303-081	AMD-P	87-09-078	173-434-210	NEW	87-07-041	180-75-018	NEW	87-09-010
173-303-082	AMD-P	87-09-078	174-107-261	NEW-E	87-03-038	180-75-019	NEW-P	87-05-048
173-303-084	AMD-P	87-09-078	174-116	AMD-P	87-10-054	180-75-019	NEW	87-09-010
173-303-090	AMD-P	87-09-078	174-116-010	AMD-P	87-10-054	180-75-025	AMD-P	87-05-048
173-303-101	AMD-P	87-09-078	174-116-020	AMD-P	87-10-054	180-75-025	AMD	87-09-010
173-303-102	AMD-P	87-09-078	174-116-030	AMD-P	87-10-054	180-75-026	NEW-P	87-05-048
173-303-103	AMD-P	87-09-078	174-116-040	AMD-P	87-10-054	180-75-026	NEW	87-09-010
173-303-120	AMD-P	87-09-078	174-116-041	AMD-P	87-10-054	180-75-034	NEW-P	87-05-048
173-303-170	AMD-P	87-09-078	174-116-042	AMD-P	87-10-054	180-75-034	NEW	87-09-010
173-303-201	AMD-P	87-09-078	174-116-043	AMD-P	87-10-054	180-75-035	AMD-P	87-05-048
173-303-220	AMD-P	87-09-078	174-116-044	AMD-P	87-10-054	180-75-035	AMD	87-09-010
173-303-230	AMD-P	87-09-078	174-116-045	AMD-P	87-10-054	180-75-037	NEW-P	87-05-048
173-303-240	AMD-P	87-09-078	174-116-050	AMD-P	87-10-054	180-75-037	NEW	87-09-010
173-303-280	AMD-P	87-09-078	174-116-070	REP-P	87-10-054	180-75-038	NEW-P	87-05-048
173-303-360	AMD-P	87-09-078	174-116-071	AMD-P	87-10-054	180-75-038	NEW	87-09-010
173-303-400	AMD-P	87-09-078	174-116-072	AMD-P	87-10-054	180-75-039	NEW-P	87-05-048
173-303-420	AMD-P	87-09-078	174-116-091	AMD-P	87-10-054	180-75-039	NEW	87-09-010
173-303-420	AMD	87-03-014	174-116-092	AMD-P	87-10-054	180-75-040	AMD-P	87-05-048
173-303-515	AMD-P	87-09-078	174-116-119	AMD-P	87-10-054	180-75-040	AMD	87-09-010
173-303-550	AMD-P	87-09-078	174-116-121	AMD-P	87-10-054	180-75-042	NEW-P	87-05-048
173-303-560	AMD-P	87-09-078	174-116-122	AMD-P	87-10-054	180-75-042	NEW	87-09-010
173-303-600	AMD-P	87-09-078	174-116-123	AMD-P	87-10-054	180-75-043	NEW-P	87-05-048
173-303-610	AMD-P	87-09-078	174-116-126	AMD-P	87-10-054	180-75-043	NEW	87-09-010
173-303-620	AMD-P	87-09-078	174-116-127	AMD-P	87-10-054	180-75-044	NEW-P	87-05-048
173-303-660	AMD-P	87-09-078	174-116-190	REP-P	87-10-054	180-75-044	NEW	87-09-010
173-303-801	AMD-P	87-09-078	180-16-210	AMD-P	87-09-051	180-75-065	AMD-P	87-05-048
173-303-802	AMD-P	87-09-078	180-16-221	AMD-P	87-09-092	180-75-065	AMD	87-09-010
173-303-805	AMD-P	87-09-078	180-24-003	NEW	87-04-059	180-75-070	AMD-P	87-05-048
173-303-806	AMD-P	87-09-078	180-24-005	REP	87-04-059	180-75-070	AMD	87-09-010
173-303-809	AMD-P	87-09-078	180-24-007	NEW	87-04-059	180-75-075	AMD-P	87-05-048
173-303-810	AMD-P	87-09-078	180-24-008	NEW	87-04-059	180-75-075	AMD	87-09-010
173-303-830	AMD-P	87-09-078	180-24-010	REP	87-04-059	180-75-080	AMD-P	87-05-048
173-303-9901	AMD-P	87-09-078	180-24-013	NEW	87-04-059	180-75-080	AMD	87-09-010
173-303-9904	AMD-P	87-09-078	180-24-015	REP	87-04-059	180-75-081	NEW-P	87-05-048
173-303-9905	AMD-P	87-09-078	180-24-016	NEW	87-04-059	180-75-081	NEW	87-09-010
173-303-9906	AMD-P	87-09-078	180-24-017	NEW	87-04-059	180-75-082	NEW-P	87-05-048
173-303-9907	AMD-P	87-09-078	180-24-020	REP	87-04-059	180-75-082	NEW	87-09-010
173-304-012	NEW-C	87-02-035	180-24-021	NEW	87-04-059	180-75-083	NEW-P	87-05-048
173-304-012	NEW-C	87-04-019	180-24-025	REP	87-04-059	180-75-083	NEW	87-09-010
173-304-012	NEW-W	87-04-037	180-24-030	REP	87-04-059	180-75-084	NEW-P	87-05-048
173-304-012	NEW-P	87-04-038	180-24-080	NEW	87-04-059	180-75-084	NEW	87-09-010
173-304-012	NEW-W	87-05-035	180-24-100	REP	87-04-059	180-75-085	AMD-P	87-05-048
173-304-012	NEW-P	87-05-054	180-24-101	NEW	87-04-059	180-75-085	AMD	87-09-010
173-304-012	NEW-C	87-08-060	180-24-102	NEW	87-04-059	180-75-086	NEW-P	87-05-048
173-304-012	NEW-W	87-11-038	180-24-110	NEW	87-04-059	180-75-086	NEW	87-09-010
173-304-012	NEW-P	87-11-039	180-24-112	NEW	87-04-059	180-75-087	AMD-P	87-05-048
173-304-440	AMD-P	87-04-038	180-24-115	NEW	87-04-059	180-75-087	AMD	87-09-010
173-304-440	AMD-W	87-05-035	180-24-120	NEW	87-04-059	180-75-199	NEW-P	87-05-048
173-304-440	AMD-P	87-05-054	180-24-125	NEW	87-04-059	180-75-199	NEW	87-09-010
173-304-440	AMD-C	87-08-060	180-24-130	NEW	87-04-059	180-78	AMD-P	87-05-049
173-304-012	AMD-W	87-11-038	180-24-140	NEW	87-04-059	180-78	AMD	87-09-011
173-326-010	NEW-E	87-05-032	180-24-200	AMD	87-04-059	180-78-003	NEW-P	87-05-049
173-326-010	NEW-P	87-11-028	180-24-300	NEW	87-04-059	180-78-003	NEW	87-09-011
173-326-010	NEW-E	87-11-029	180-24-305	NEW	87-04-059	180-78-005	AMD-P	87-05-049
173-326-020	NEW-E	87-05-032	180-24-310	NEW	87-04-059	180-78-005	AMD	87-09-011
173-326-020	NEW-P	87-11-028	180-24-312	NEW	87-04-059	180-78-010	AMD-P	87-05-049
173-326-020	NEW-E	87-11-029	180-24-315	NEW	87-04-059	180-78-010	AMD	87-09-011
173-326-030	NEW-E	87-05-032	180-24-320	NEW	87-04-059	180-78-025	AMD-P	87-05-049
173-326-030	NEW-P	87-11-028	180-24-325	NEW	87-04-059	180-78-025	AMD	87-09-011
173-326-030	NEW-E	87-11-029	180-24-327	NEW	87-04-059	180-78-191	NEW-P	87-05-049

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
180-78-191	NEW	87-09-011	180-79-344	NEW	87-09-012	192-12-141	AMD-P	87-08-049
180-78-192	NEW-P	87-05-049	180-79-346	NEW-P	87-05-050	192-12-158	NEW	87-03-006
180-78-192	NEW	87-09-011	180-79-346	NEW	87-09-012	192-23	AMD-P	87-08-049
180-78-193	NEW-P	87-05-049	180-79-348	NEW-P	87-05-050	192-23-011	AMD-P	87-08-049
180-78-193	NEW	87-09-011	180-79-348	NEW	87-09-012	192-23-012	AMD-P	87-08-049
180-78-194	NEW-P	87-05-049	180-79-350	NEW-P	87-05-050	192-23-014	AMD-P	87-08-049
180-78-194	NEW	87-09-011	180-79-350	NEW	87-09-012	192-23-015	AMD-W	87-08-049
180-78-195	NEW-P	87-05-049	180-79-352	NEW-P	87-05-050	192-23-016	AMD-P	87-08-049
180-78-195	NEW	87-09-011	180-79-352	NEW	87-09-012	192-23-018	NEW-P	87-08-049
180-78-197	NEW-P	87-05-049	180-79-354	NEW-P	87-05-050	192-23-051	AMD-P	87-08-049
180-78-197	NEW	87-09-011	180-79-354	NEW	87-09-012	192-23-800	AMD-P	87-08-049
180-78-198	NEW-P	87-05-049	180-79-356	NEW-P	87-05-050	192-23-810	AMD-P	87-08-049
180-78-198	NEW	87-09-011	180-79-356	NEW	87-09-012	196-08-085	REP-P	87-08-052
180-78-199	NEW-P	87-05-049	180-79-358	NEW-P	87-05-050	196-12-010	AMD-P	87-08-052
180-78-199	NEW	87-09-011	180-79-358	NEW	87-09-012	196-12-020	AMD-P	87-08-052
180-79	AMD-P	87-05-050	180-79-360	NEW-P	87-05-050	196-16-007	AMD-P	87-08-052
180-79	AMD	87-09-012	180-79-360	NEW	87-09-012	196-16-010	AMD-P	87-08-052
180-79-003	NEW-P	87-05-050	180-79-362	NEW-P	87-05-050	196-20-020	AMD-P	87-08-052
180-79-003	NEW	87-09-012	180-79-362	NEW	87-09-012	196-20-030	AMD-P	87-08-052
180-79-007	NEW-P	87-09-053	180-79-364	NEW-P	87-05-050	196-24-050	AMD-P	87-08-052
180-79-010	AMD-P	87-05-050	180-79-364	NEW	87-09-012	196-24-070	REP-P	87-08-052
180-79-010	AMD	87-09-012	180-79-366	NEW-P	87-05-050	196-24-085	AMD-P	87-08-052
180-79-045	AMD-P	87-05-050	180-79-366	NEW	87-09-012	196-24-100	NEW-P	87-08-052
180-79-045	AMD	87-09-012	180-79-368	NEW-P	87-05-050	196-24-105	NEW-P	87-08-052
180-79-060	AMD-P	87-05-050	180-79-368	NEW	87-09-012	196-24-110	NEW-P	87-08-052
180-79-060	AMD	87-09-012	180-79-370	NEW-P	87-05-050	196-26-010	REP-P	87-07-046
180-79-065	AMD-P	87-05-050	180-79-370	NEW	87-09-012	196-26-020	NEW-P	87-07-046
180-79-065	AMD	87-09-012	180-79-372	NEW-P	87-05-050	196-27-020	AMD-P	87-08-052
180-79-065	AMD-P	87-09-093	180-79-372	NEW	87-09-012	204-65-010	NEW	87-04-065
180-79-075	AMD-P	87-05-050	180-79-374	NEW-P	87-05-050	204-65-020	NEW	87-04-065
180-79-075	AMD	87-09-012	180-79-374	NEW	87-09-012	204-65-030	NEW	87-04-065
180-79-075	AMD-P	87-09-093	180-79-376	NEW-P	87-05-050	204-65-040	NEW	87-04-065
180-79-080	AMD-P	87-05-050	180-79-376	NEW	87-09-012	204-65-050	NEW	87-04-065
180-79-080	AMD	87-09-012	180-79-378	NEW-P	87-05-050	204-65-060	NEW	87-04-065
180-79-086	AMD-P	87-05-050	180-79-378	NEW	87-09-012	212-51-001	NEW-P	87-03-053
180-79-086	AMD	87-09-012	180-79-380	NEW-P	87-05-050	212-51-001	NEW	87-06-044
180-79-115	AMD-P	87-05-050	180-79-380	NEW	87-09-012	212-51-005	NEW-P	87-03-053
180-79-115	AMD	87-09-012	180-79-382	NEW-P	87-05-050	212-51-005	NEW	87-06-044
180-79-230	AMD-P	87-05-050	180-79-382	NEW	87-09-012	212-51-010	NEW-P	87-03-053
180-79-230	AMD	87-09-012	180-79-384	NEW-P	87-05-050	212-51-010	NEW	87-06-044
180-79-300	NEW-P	87-05-050	180-79-384	NEW	87-09-012	212-51-015	NEW-P	87-03-053
180-79-300	NEW	87-09-012	180-79-386	NEW-P	87-05-050	212-51-015	NEW	87-06-044
180-79-305	NEW-P	87-05-050	180-79-386	NEW	87-09-012	212-51-020	NEW-P	87-03-053
180-79-305	NEW	87-09-012	180-79-388	NEW-P	87-05-050	212-51-020	NEW	87-06-044
180-79-310	NEW-P	87-05-050	180-79-388	NEW	87-09-012	212-51-025	NEW-P	87-03-053
180-79-310	NEW	87-09-012	180-79-390	NEW-P	87-05-050	212-51-025	NEW	87-06-044
180-79-312	NEW-P	87-05-050	180-79-390	NEW	87-09-012	212-51-030	NEW-P	87-03-053
180-79-312	NEW	87-09-012	180-79-392	NEW-P	87-05-050	212-51-030	NEW	87-06-044
180-79-315	NEW-P	87-05-050	180-79-392	NEW	87-09-012	212-51-035	NEW-P	87-03-053
180-79-315	NEW	87-09-012	180-79-394	NEW-P	87-05-050	212-51-035	NEW	87-06-044
180-79-317	NEW-P	87-05-050	180-79-394	NEW	87-09-012	212-51-040	NEW-P	87-03-053
180-79-317	NEW	87-09-012	180-79-396	NEW-P	87-05-050	212-51-040	NEW	87-06-044
180-79-320	NEW-P	87-05-050	180-79-396	NEW	87-09-012	212-51-045	NEW-P	87-03-053
180-79-320	NEW	87-09-012	180-79-398	NEW-P	87-05-050	212-51-045	NEW	87-06-044
180-79-322	NEW-P	87-05-050	180-79-398	NEW	87-09-012	212-51-050	NEW-P	87-03-053
180-79-322	NEW	87-09-012	180-85-020	AMD-P	87-09-094	212-51-050	NEW	87-06-044
180-79-324	NEW-P	87-05-050	180-85-045	AMD-P	87-05-051	220-16-075	AMD-P	87-09-082
180-79-324	NEW	87-09-012	180-85-045	AMD	87-09-013	220-16-38500A	NEW-E	87-08-034
180-79-326	NEW-P	87-05-050	180-85-220	AMD-P	87-05-051	220-16-395	NEW-P	87-03-056
180-79-326	NEW	87-09-012	180-85-220	AMD	87-09-013	220-16-395	NEW	87-09-066
180-79-328	NEW-P	87-05-050	180-85-225	AMD-P	87-05-051	220-22-030	AMD-P	87-09-082
180-79-328	NEW	87-09-012	180-85-225	AMD	87-09-013	220-24-02000S	NEW-E	87-10-003
180-79-330	NEW-P	87-05-050	180-90-125	NEW-P	87-05-052	220-24-02000S	REP-E	87-11-006
180-79-330	NEW	87-09-012	180-90-125	NEW	87-09-039	220-24-02000T	NEW-E	87-11-006
180-79-332	NEW-P	87-05-050	180-90-141	NEW-P	87-05-052	220-24-02000T	REP-E	87-11-023
180-79-332	NEW	87-09-012	180-90-141	NEW	87-09-039	220-24-02000U	NEW-E	87-11-023
180-79-334	NEW-P	87-05-050	180-90-160	AMD-P	87-05-052	220-28-624	REP-E	87-03-008
180-79-334	NEW	87-09-012	180-90-160	AMD	87-09-039	220-28-625	NEW-E	87-03-008
180-79-336	NEW-P	87-05-050	182-08-060	AMD-E	87-11-003	220-28-625	REP-E	87-05-002
180-79-336	NEW	87-09-012	182-12-126	REP-E	87-11-003	220-32-02200S	NEW-E	87-04-013
180-79-338	NEW-P	87-05-050	182-12-127	NEW-E	87-11-003	220-32-03000E	NEW-E	87-05-037
180-79-338	NEW	87-09-012	182-12-210	AMD-E	87-04-016	220-32-03000E	REP-E	87-06-037
180-79-340	NEW-P	87-05-050	182-12-210	AMD-P	87-04-039	220-32-04100J	NEW-E	87-11-059
180-79-340	NEW	87-09-012	182-12-210	AMD	87-07-034	220-32-05100H	NEW-E	87-05-037
180-79-342	NEW-P	87-05-050	192-12-005	NEW-P	87-08-049	220-32-05500T	NEW-E	87-11-033
180-79-342	NEW	87-09-012	192-12-011	NEW-P	87-08-049	220-32-05900K	NEW-E	87-09-065
180-79-344	NEW-P	87-05-050	192-12-012	NEW-P	87-08-049	220-32-05900L	NEW-E	87-09-084

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
220-36-02500Y	NEW-E	87-10-031	220-56-24500A	NEW-E	87-07-006	220-57-473	AMD	87-09-066
220-44-050	AMD-P	87-04-070	220-56-295	AMD-P	87-03-056	220-57-495	AMD-P	87-03-056
220-44-050	AMD	87-07-042	220-56-295	AMD	87-09-066	220-57-495	AMD	87-09-066
220-44-05000D	NEW-E	87-09-016	220-56-29500C	NEW-E	87-08-048	220-57-49500E	NEW-E	87-08-048
220-44-05000D	REP-E	87-09-030	220-56-310	AMD-P	87-03-056	220-57-505	AMD-P	87-03-056
220-44-05000E	NEW-E	87-09-030	220-56-310	AMD	87-09-066	220-57-505	AMD	87-09-066
220-44-05000E	REP-E	87-09-083	220-56-31000H	NEW-E	87-08-048	220-57-50500L	NEW-E	87-08-048
220-44-05000F	NEW-E	87-09-083	220-56-320	AMD-P	87-03-056	220-57-50500M	NEW-E	87-09-024
220-44-060	REP	87-04-003	220-56-320	AMD	87-09-066	220-57-510	AMD-P	87-03-056
220-44-070	REP	87-04-003	220-56-32000A	NEW-E	87-08-048	220-57-510	AMD	87-09-066
220-47-301	AMD-P	87-09-082	220-56-32500H	NEW-E	87-11-022	220-57-51500B	NEW-E	87-09-024
220-47-311	AMD-P	87-09-082	220-56-32500J	NEW-E	87-11-031	220-57-520	AMD-P	87-03-056
220-47-312	AMD-P	87-09-082	220-56-350	AMD-P	87-03-056	220-57-520	AMD	87-09-066
220-47-313	AMD-P	87-09-082	220-56-350	AMD	87-09-066	220-57-525	AMD-P	87-03-056
220-47-401	AMD-P	87-09-082	220-56-35000C	NEW-E	87-08-048	220-57-525	AMD	87-09-066
220-47-402	AMD-P	87-09-082	220-56-360	AMD-P	87-03-056	220-57A-175	AMD-P	87-03-056
220-47-403	AMD-P	87-09-082	220-56-360	AMD	87-09-066	220-57A-175	AMD	87-09-066
220-47-411	AMD-P	87-09-082	220-56-36000N	NEW-E	87-06-034	220-57A-180	AMD-P	87-03-056
220-47-412	AMD-P	87-09-082	220-56-372	AMD-P	87-03-056	220-57A-180	AMD	87-09-066
220-47-413	AMD-P	87-09-082	220-56-372	AMD	87-09-066	220-76-030	REP-P	87-04-071
220-47-414	AMD-P	87-09-082	220-56-37200A	NEW-E	87-08-048	220-77-010	NEW-P	87-04-071
220-47-50101	REP-P	87-09-082	220-56-380	AMD-P	87-03-056	220-77-010	NEW	87-08-033
220-47-50201	REP-P	87-09-082	220-56-380	AMD	87-09-066	220-77-020	NEW-P	87-04-071
220-47-503	REP-P	87-09-082	220-57-130	AMD-P	87-03-056	220-77-020	NEW	87-08-033
220-48-011	AMD	87-04-003	220-57-130	AMD	87-09-066	220-77-030	NEW-P	87-04-071
220-48-015	AMD	87-04-003	220-57-135	AMD-P	87-03-056	220-77-030	NEW	87-08-033
220-48-01500W	NEW-E	87-04-028	220-57-135	AMD	87-09-066	220-77-040	NEW-P	87-04-071
220-48-01500X	NEW-E	87-05-002	220-57-138	AMD-P	87-03-056	220-77-040	NEW	87-08-033
220-48-01500X	REP-E	87-07-007	220-57-155	AMD-P	87-03-056	220-77-050	NEW-P	87-04-071
220-48-01500Y	NEW-E	87-07-007	220-57-155	AMD	87-09-066	220-77-050	NEW	87-08-033
220-48-01500Y	REP-E	87-08-010	220-57-160	AMD-P	87-03-056	220-77-060	NEW-P	87-04-071
220-48-01500Z	NEW-E	87-08-010	220-57-160	AMD	87-09-066	220-77-060	NEW	87-08-033
220-48-017	AMD	87-04-003	220-57-16000F	NEW-E	87-07-011	220-77-070	NEW-P	87-04-071
220-48-025	AMD	87-04-003	220-57-175	AMD-P	87-03-056	220-77-070	NEW	87-08-033
220-48-026	AMD	87-04-003	220-57-175	AMD	87-09-066	220-87-010	NEW	87-04-003
220-48-027	AMD	87-04-003	220-57-215	AMD-P	87-03-056	220-87-020	NEW	87-04-003
220-48-032	AMD	87-04-003	220-57-215	AMD	87-09-066	220-110-010	AMD-P	87-08-062
220-48-046	REP	87-04-003	220-57-220	AMD-P	87-03-056	220-110-020	AMD-P	87-08-062
220-48-056	REP	87-04-003	220-57-220	AMD	87-09-066	220-110-030	AMD-P	87-08-062
220-48-06200B	NEW-E	87-09-050	220-57-235	AMD-P	87-03-056	220-110-040	AMD-P	87-08-062
220-49-02000A	NEW-E	87-09-055	220-57-235	AMD	87-09-066	220-110-050	AMD-P	87-08-062
220-49-02000A	REP-E	87-10-004	220-57-240	AMD-P	87-03-056	220-110-060	AMD-P	87-08-062
220-49-02000U	NEW-E	87-10-004	220-57-240	AMD	87-09-066	220-110-080	AMD-P	87-08-062
220-49-02000U	REP-E	87-11-002	220-57-250	AMD-P	87-03-056	220-110-090	AMD-P	87-08-062
220-49-02000V	NEW-E	87-11-002	220-57-250	AMD	87-09-066	220-110-100	AMD-P	87-08-062
220-52-03000D	NEW-E	87-08-047	220-57-270	AMD-P	87-03-056	220-110-110	AMD-P	87-08-062
220-52-046	AMD	87-05-038	220-57-270	AMD	87-09-066	220-110-120	AMD-P	87-08-062
220-52-05300R	NEW-E	87-08-047	220-57-280	AMD-P	87-03-056	220-110-140	AMD-P	87-08-062
220-52-05300S	NEW-E	87-11-022	220-57-280	AMD	87-09-066	220-110-190	AMD-P	87-08-062
220-52-05300T	NEW-E	87-11-031	220-57-290	AMD-P	87-03-056	220-110-200	AMD-P	87-08-062
220-52-07100B	NEW-E	87-08-047	220-57-290	AMD	87-09-066	220-110-210	AMD-P	87-08-062
220-52-07100B	REP-E	87-09-025	220-57-29000I	NEW-E	87-10-016	220-110-220	AMD-P	87-08-062
220-52-07100C	NEW-E	87-09-025	220-57-300	AMD-P	87-03-056	220-110-320	AMD-P	87-08-062
220-52-07200A	NEW-E	87-04-004	220-57-300	AMD	87-09-066	220-110-340	AMD-P	87-08-062
220-52-35000B	NEW-E	87-08-047	220-57-310	AMD-P	87-03-056	220-110-350	AMD-P	87-08-062
220-55-025	AMD-P	87-03-056	220-57-310	AMD	87-09-066	222-08-035	NEW-P	87-10-018
220-55-025	AMD	87-09-066	220-57-31000F	NEW-E	87-08-048	222-08-040	AMD-P	87-10-018
220-55-02500A	NEW-E	87-08-048	220-57-315	AMD-P	87-03-056	222-12-030	AMD-P	87-10-018
220-55-065	AMD-P	87-03-056	220-57-315	AMD	87-09-066	222-12-040	AMD-P	87-10-018
220-55-065	AMD	87-09-066	220-57-31500F	NEW-E	87-09-014	222-12-045	NEW-P	87-10-018
220-56-115	AMD-P	87-03-056	220-57-31500F	REP-E	87-09-024	222-12-090	AMD-P	87-10-018
220-56-115	AMD	87-09-066	220-57-31500G	NEW-E	87-09-024	222-16-010	AMD-P	87-10-018
220-56-11500E	NEW-E	87-08-048	220-57-335	AMD-P	87-03-056	222-16-030	AMD-P	87-10-018
220-56-120	AMD-P	87-03-056	220-57-335	AMD	87-09-066	222-16-040	REP-P	87-10-018
220-56-120	AMD	87-09-066	220-57-380	AMD-P	87-03-056	222-16-050	AMD-P	87-10-018
220-56-180	AMD-P	87-03-056	220-57-380	AMD	87-09-066	222-20-010	AMD-P	87-10-018
220-56-180	AMD-C	87-08-005	220-57-385	AMD-P	87-03-056	222-20-020	AMD-P	87-10-018
220-56-180	AMD	87-08-066	220-57-385	AMD	87-09-066	222-20-040	AMD-P	87-10-018
220-56-18000T	NEW-E	87-06-035	220-57-410	AMD-P	87-03-056	222-20-060	AMD-P	87-10-018
220-56-18000T	REP-E	87-07-020	220-57-410	AMD	87-09-066	222-20-090	AMD-P	87-10-018
220-56-18000U	NEW-E	87-07-020	220-57-415	AMD-P	87-03-056	222-20-100	AMD-P	87-10-018
220-56-190	AMD-P	87-03-056	220-57-415	AMD	87-09-066	222-20-120	NEW-P	87-10-018
220-56-190	AMD	87-09-066	220-57-445	AMD-P	87-03-056	222-24-010	AMD-P	87-10-018
220-56-19000G	NEW-E	87-11-021	220-57-445	AMD	87-09-066	222-24-020	AMD-P	87-10-018
220-56-195	AMD-P	87-03-056	220-57-460	AMD-P	87-03-056	222-24-025	AMD-P	87-10-018
220-56-195	AMD	87-09-066	220-57-460	AMD	87-09-066	222-24-030	AMD-P	87-10-018
220-56-205	AMD-P	87-03-056	220-57-473	AMD-P	87-03-056	222-24-035	AMD-P	87-10-018

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
222-24-040	AMD-P	87-10-018	248-18-663	NEW	87-03-030	248-100-100	REP	87-11-047
222-24-050	AMD-P	87-10-018	248-18-99902	AMD	87-04-061	248-100-105	REP-P	87-07-039
222-24-060	AMD-P	87-10-018	248-19-230	AMD-P	87-06-048	248-100-105	REP	87-11-047
222-30-020	AMD-P	87-10-018	248-19-230	AMD	87-10-023	248-100-110	REP-P	87-07-039
222-30-030	AMD-P	87-10-018	248-19-270	AMD-P	87-06-048	248-100-110	REP	87-11-047
222-30-040	AMD-P	87-10-018	248-19-270	AMD	87-10-023	248-100-115	REP-P	87-07-039
222-30-050	AMD-P	87-10-018	248-19-327	AMD-P	87-06-048	248-100-115	REP	87-11-047
222-30-060	AMD-P	87-10-018	248-19-327	AMD	87-10-023	248-100-120	REP-P	87-07-039
222-30-070	AMD-P	87-10-018	248-19-328	NEW-P	87-06-048	248-100-120	REP	87-11-047
222-30-090	AMD-P	87-10-018	248-19-328	NEW	87-10-023	248-100-125	REP-P	87-07-039
222-30-100	AMD-P	87-10-018	248-100-001	REP-P	87-07-039	248-100-125	REP	87-11-047
222-34-010	AMD-P	87-10-018	248-100-001	REP	87-11-047	248-100-130	REP-P	87-07-039
222-34-020	AMD-P	87-10-018	248-100-002	REP-P	87-07-039	248-100-130	REP	87-11-047
222-34-030	AMD-P	87-10-018	248-100-002	REP	87-11-047	248-100-135	REP-P	87-07-039
222-34-040	AMD-P	87-10-018	248-100-003	REP-P	87-07-039	248-100-135	REP	87-11-047
222-38-020	AMD-P	87-10-018	248-100-003	REP	87-11-047	248-100-140	REP-P	87-07-039
230-02-240	NEW-P	87-06-013	248-100-006	NEW-P	87-07-039	248-100-140	REP	87-11-047
230-02-245	NEW-P	87-06-013	248-100-006	NEW	87-11-047	248-100-145	REP-P	87-07-039
230-02-350	AMD-P	87-03-024	248-100-010	REP-P	87-07-039	248-100-145	REP	87-11-047
230-02-350	AMD	87-07-038	248-100-010	REP	87-11-047	248-100-150	REP-P	87-07-039
230-04-020	AMD-P	87-06-008	248-100-011	NEW-P	87-07-039	248-100-150	REP	87-11-047
230-04-020	AMD	87-09-043	248-100-011	NEW	87-11-047	248-100-155	REP-P	87-07-039
230-04-020	AMD	87-10-017	248-100-015	REP-P	87-07-039	248-100-155	REP	87-11-047
230-04-123	AMD-P	87-06-008	248-100-015	REP	87-11-047	248-100-160	REP-P	87-07-039
230-04-123	AMD	87-09-043	248-100-016	NEW-P	87-07-039	248-100-160	REP	87-11-047
230-04-140	AMD-P	87-06-008	248-100-016	NEW	87-11-047	248-100-170	REP-P	87-07-039
230-04-140	AMD	87-09-043	248-100-020	REP-P	87-07-039	248-100-170	REP	87-11-047
230-04-145	AMD-P	87-03-024	248-100-020	REP	87-11-047	248-100-180	REP-P	87-07-039
230-04-145	AMD-P	87-06-008	248-100-021	NEW-P	87-07-039	248-100-180	REP	87-11-047
230-04-145	AMD	87-07-038	248-100-021	NEW	87-11-047	248-100-195	REP-P	87-07-039
230-04-145	AMD	87-09-043	248-100-025	AMD-P	87-07-039	248-100-195	REP	87-11-047
230-04-145	AMD-P	87-11-016	248-100-025	AMD	87-11-047	248-100-200	REP-P	87-07-039
230-04-201	AMD-P	87-03-024	248-100-030	REP-P	87-07-039	248-100-200	REP	87-11-047
230-04-201	AMD-C	87-07-037	248-100-030	REP	87-11-047	248-100-205	REP-P	87-07-039
230-08-170	AMD-P	87-11-011	248-100-031	NEW-P	87-07-039	248-100-205	REP	87-11-047
230-12-305	NEW-P	87-06-008	248-100-031	NEW	87-11-047	248-100-206	NEW-P	87-07-039
230-12-305	NEW	87-09-043	248-100-035	REP-P	87-07-039	248-100-206	NEW	87-11-047
230-20-064	AMD-P	87-03-024	248-100-035	REP	87-11-047	248-100-210	REP-P	87-07-039
230-20-064	AMD-C	87-07-037	248-100-040	REP-P	87-07-039	248-100-210	REP	87-11-047
230-20-064	AMD-P	87-09-041	248-100-040	REP	87-11-047	248-100-210	NEW-P	87-07-039
230-20-064	AMD-E	87-09-042	248-100-041	NEW-P	87-07-039	248-100-211	NEW	87-11-047
230-20-380	AMD-P	87-03-024	248-100-041	NEW	87-11-047	248-100-215	REP-P	87-07-039
230-20-380	AMD	87-07-038	248-100-045	REP-P	87-07-039	248-100-215	REP	87-11-047
230-20-380	AMD-P	87-11-011	248-100-045	REP	87-11-047	248-100-216	NEW-P	87-07-039
230-30-050	AMD-P	87-11-011	248-100-046	NEW-P	87-07-039	248-100-216	NEW	87-11-047
230-30-060	AMD	87-03-023	248-100-046	NEW	87-11-047	248-100-220	REP-P	87-07-039
230-30-070	AMD	87-03-023	248-100-050	AMD-P	87-07-039	248-100-220	REP	87-11-047
230-30-070	AMD-P	87-11-011	248-100-050	AMD	87-11-047	248-100-221	NEW-P	87-07-039
230-30-075	AMD-P	87-11-011	248-100-055	REP-P	87-07-039	248-100-221	NEW	87-11-047
230-30-103	AMD-P	87-11-011	248-100-055	REP	87-11-047	248-100-225	REP-P	87-07-039
230-30-106	AMD-P	87-11-011	248-100-060	REP-P	87-07-039	248-100-225	REP	87-11-047
230-30-106	AMD-P	87-11-017	248-100-060	REP	87-11-047	248-100-226	NEW-P	87-07-039
230-30-999	REP-P	87-11-011	248-100-065	REP-P	87-07-039	248-100-226	NEW	87-11-047
232-12-024	AMD-P	87-08-066	248-100-065	REP	87-11-047	248-100-230	REP-P	87-07-039
232-12-131	AMD-P	87-08-067	248-100-070	REP-P	87-07-039	248-100-230	REP	87-11-047
232-12-136	NEW-P	87-08-068	248-100-070	REP	87-11-047	248-100-231	NEW-P	87-07-039
232-12-169	NEW-P	87-05-030	248-100-071	NEW-P	87-07-039	248-100-231	NEW	87-11-047
232-12-169	NEW	87-09-026	248-100-071	NEW	87-11-047	248-100-235	REP-P	87-07-039
232-14-010	AMD-P	87-08-070	248-100-075	REP-P	87-07-039	248-100-235	REP	87-11-047
232-28-212	REP-P	87-08-069	248-100-075	REP	87-11-047	248-100-236	NEW-P	87-07-039
232-28-213	NEW-P	87-08-069	248-100-076	NEW-P	87-07-039	248-100-236	NEW	87-11-047
232-28-61519	NEW-E	87-03-042	248-100-076	NEW	87-11-047	248-100-240	REP-P	87-07-039
232-28-61601	NEW-E	87-02-046	248-100-080	REP-P	87-07-039	248-100-240	REP	87-11-047
232-28-61602	NEW-E	87-06-028	248-100-080	REP	87-11-047	248-100-241	NEW-P	87-07-039
232-28-61603	NEW-E	87-08-039	248-100-081	NEW-P	87-07-039	248-100-241	NEW	87-11-047
232-28-708	REP	87-06-027	248-100-081	NEW	87-11-047	248-100-246	REP-P	87-07-039
232-28-709	NEW	87-06-027	248-100-085	REP-P	87-07-039	248-100-246	REP	87-11-047
232-28-70901	NEW-E	87-06-029	248-100-085	REP	87-11-047	248-100-249	REP-P	87-07-039
232-28-808	REP-P	87-05-031	248-100-086	NEW-P	87-07-039	248-100-249	REP	87-11-047
232-28-809	NEW-P	87-05-031	248-100-086	NEW	87-11-047	248-100-250	REP-P	87-07-039
248-14-080	AMD	87-03-018	248-100-090	REP-P	87-07-039	248-100-250	REP	87-11-047
248-14-090	AMD	87-03-018	248-100-090	REP	87-11-047	248-100-255	REP-P	87-07-039
248-18-031	AMD	87-03-020	248-100-091	NEW-P	87-07-039	248-100-255	REP	87-11-047
248-18-312	NEW	87-03-030	248-100-091	NEW	87-11-047	248-100-260	REP-P	87-07-039
248-18-320	REP	87-03-030	248-100-095	REP-P	87-07-039	248-100-260	REP	87-11-047
248-18-321	NEW	87-03-030	248-100-095	REP	87-11-047	248-100-265	REP-P	87-07-039
248-18-662	NEW	87-03-030	248-100-100	REP-P	87-07-039	248-100-265	REP	87-11-047

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
248-100-270	REP-P 87-07-039	248-100-465	REP 87-11-047	251-01-300	AMD 87-02-036
248-100-270	REP 87-11-047	248-100-470	REP-P 87-07-039	251-01-400	AMD 87-02-036
248-100-275	REP-P 87-07-039	248-100-470	REP 87-11-047	251-04-040	AMD 87-02-036
248-100-275	REP 87-11-047	248-100-475	REP-P 87-07-039	251-05-060	AMD 87-02-036
248-100-280	REP-P 87-07-039	248-100-475	REP 87-11-047	251-07-010	NEW-P 87-04-055
248-100-280	REP 87-11-047	248-100-480	REP-P 87-07-039	251-07-010	NEW 87-08-056
248-100-285	REP-P 87-07-039	248-100-480	REP 87-11-047	251-07-020	NEW-P 87-04-055
248-100-285	REP 87-11-047	248-100-485	REP-P 87-07-039	251-07-020	NEW 87-08-056
248-100-290	REP-P 87-07-039	248-100-485	REP 87-11-047	251-07-030	NEW-P 87-04-055
248-100-290	REP 87-11-047	248-100-490	REP-P 87-07-039	251-07-030	NEW 87-08-056
248-100-295	REP-P 87-07-039	248-100-490	REP 87-11-047	251-07-040	NEW-P 87-04-055
248-100-295	REP 87-11-047	248-100-495	REP-P 87-07-039	251-07-040	NEW 87-08-056
248-100-300	REP-P 87-07-039	248-100-495	REP 87-11-047	251-07-050	NEW-P 87-04-055
248-100-300	REP 87-11-047	248-100-500	REP-P 87-07-039	251-07-050	NEW 87-08-056
248-100-305	REP-P 87-07-039	248-100-500	REP 87-11-047	251-07-060	NEW-P 87-04-055
248-100-305	REP 87-11-047	248-100-505	REP-P 87-07-039	251-07-060	NEW 87-08-056
248-100-310	REP-P 87-07-039	248-100-505	REP 87-11-047	251-08-005	AMD-P 87-04-056
248-100-310	REP 87-11-047	248-100-510	REP-P 87-07-039	251-08-005	AMD 87-08-056
248-100-315	REP-P 87-07-039	248-100-510	REP 87-11-047	251-08-021	AMD-P 87-04-056
248-100-315	REP 87-11-047	248-100-515	REP-P 87-07-039	251-08-021	AMD 87-08-056
248-100-320	REP-P 87-07-039	248-100-515	REP 87-11-047	251-08-040	AMD-P 87-04-056
248-100-320	REP 87-11-047	248-100-520	REP-P 87-07-039	251-08-040	AMD 87-08-056
248-100-325	REP-P 87-07-039	248-100-520	REP 87-11-047	251-08-100	AMD-P 87-04-056
248-100-325	REP 87-11-047	248-100-525	REP-P 87-07-039	251-08-100	AMD-P 87-10-051
248-100-330	REP-P 87-07-039	248-100-525	REP 87-11-047	251-09-090	AMD-P 87-04-056
248-100-330	REP 87-11-047	248-100-530	REP-P 87-07-039	251-10-020	AMD-P 87-08-056
248-100-335	REP-P 87-07-039	248-100-530	REP 87-11-047	251-10-020	AMD-P 87-08-055
248-100-335	REP 87-11-047	248-100-532	REP-P 87-07-039	251-10-030	AMD 87-02-036
248-100-340	REP-P 87-07-039	248-100-532	REP 87-11-047	251-10-055	AMD 87-02-036
248-100-340	REP 87-11-047	248-100-535	REP-P 87-07-039	251-10-108	NEW-P 87-02-054
248-100-345	REP-P 87-07-039	248-100-535	REP 87-11-047	251-10-108	NEW-P 87-04-057
248-100-345	REP 87-11-047	248-100-540	REP-P 87-07-039	251-10-108	NEW-P 87-06-054
248-100-350	REP-P 87-07-039	248-100-540	REP 87-11-047	251-10-108	NEW 87-08-056
248-100-350	REP 87-11-047	248-100-545	REP-P 87-07-039	251-10-115	NEW-W 87-02-055
248-100-355	REP-P 87-07-039	248-100-545	REP 87-11-047	251-10-120	AMD-P 87-04-057
248-100-355	REP 87-11-047	248-100-550	REP-P 87-07-039	251-10-120	AMD 87-08-056
248-100-360	REP-P 87-07-039	248-100-550	REP 87-11-047	251-10-140	AMD-P 87-04-057
248-100-360	REP 87-11-047	248-100-555	REP-P 87-07-039	251-10-140	AMD 87-08-056
248-100-365	REP-P 87-07-039	248-100-555	REP 87-11-047	251-10-195	AMD 87-02-036
248-100-365	REP 87-11-047	248-100-560	REP-P 87-07-039	251-12-240	AMD 87-02-036
248-100-370	REP-P 87-07-039	248-100-560	REP 87-11-047	251-14-050	AMD 87-02-036
248-100-370	REP 87-11-047	248-100-565	REP-P 87-07-039	251-18-176	AMD 87-02-036
248-100-375	REP-P 87-07-039	248-100-565	REP 87-11-047	251-18-350	AMD 87-02-036
248-100-375	REP 87-11-047	248-102-010	REP-E 87-07-033	251-22-040	AMD 87-02-036
248-100-380	REP-P 87-07-039	248-102-010	REP-P 87-07-040	251-22-045	AMD 87-02-036
248-100-380	REP 87-11-047	248-102-010	REP 87-11-040	251-22-070	AMD-P 87-10-052
248-100-385	REP-P 87-07-039	248-102-020	REP-E 87-07-033	251-22-110	AMD-P 87-10-052
248-100-385	REP 87-11-047	248-102-020	REP-P 87-07-040	251-22-110	AMD-P 87-10-053
248-100-390	REP-P 87-07-039	248-102-020	REP 87-11-040	251-22-112	AMD-P 87-10-053
248-100-390	REP 87-11-047	248-102-040	REP-E 87-07-033	251-22-117	NEW-P 87-10-052
248-100-395	REP-P 87-07-039	248-102-040	REP-P 87-07-040	251-22-117	NEW-P 87-10-053
248-100-395	REP 87-11-047	248-102-040	REP 87-11-040	251-22-200	AMD-P 87-10-053
248-100-400	REP-P 87-07-039	248-102-070	REP-E 87-07-033	251-23-015	NEW-P 87-06-053
248-100-400	REP 87-11-047	248-102-070	REP-P 87-07-040	251-23-015	NEW-C 87-10-049
248-100-405	REP-P 87-07-039	248-102-070	REP 87-11-040	251-23-040	AMD 87-02-036
248-100-405	REP 87-11-047	248-102-999	REP-E 87-07-033	251-23-050	AMD 87-02-036
248-100-410	REP-P 87-07-039	248-102-999	REP-P 87-07-040	251-23-060	AMD 87-02-036
248-100-410	REP 87-11-047	248-102-999	REP 87-11-040	254-20-090	AMD 87-03-039
248-100-415	REP-P 87-07-039	248-103-001	NEW-E 87-07-033	260-24-280	AMD-P 87-08-029
248-100-415	REP 87-11-047	248-103-001	NEW-P 87-07-040	260-24-280	AMD-E 87-09-031
248-100-420	REP-P 87-07-039	248-103-001	NEW 87-11-040	260-36-040	AMD-P 87-08-029
248-100-420	REP 87-11-047	248-103-010	NEW-E 87-07-033	260-36-040	AMD-E 87-09-031
248-100-425	REP-P 87-07-039	248-103-010	NEW-P 87-07-040	260-40-100	AMD-P 87-08-029
248-100-425	REP 87-11-047	248-103-010	NEW 87-11-040	260-44-080	AMD-P 87-08-029
248-100-430	REP-P 87-07-039	248-103-020	NEW-E 87-07-033	260-44-080	AMD-E 87-09-031
248-100-430	REP 87-11-047	248-103-020	NEW-P 87-07-040	260-70-010	AMD-P 87-08-029
248-100-435	REP-P 87-07-039	248-103-020	NEW 87-11-040	260-70-010	AMD-W 87-09-076
248-100-435	REP 87-11-047	248-103-030	NEW-E 87-07-033	260-70-010	AMD-P 87-09-077
248-100-445	REP-P 87-07-039	248-103-030	NEW-P 87-07-040	260-70-021	AMD-P 87-08-029
248-100-445	REP 87-11-047	248-103-030	NEW 87-11-040	260-70-021	AMD-W 87-09-076
248-100-451	REP-P 87-07-039	250-20-021	AMD-P 87-04-076	260-70-021	AMD-P 87-09-077
248-100-451	REP 87-11-047	250-40-050	AMD-P 87-04-077	260-70-025	AMD-P 87-08-029
248-100-455	REP-P 87-07-039	251-01-040	AMD-P 87-06-053	260-70-025	AMD-W 87-09-076
248-100-455	REP 87-11-047	251-01-040	AMD-P 87-10-050	260-70-025	AMD-P 87-09-077
248-100-460	REP-P 87-07-039	251-01-057	NEW-P 87-10-053	260-70-026	AMD-P 87-08-029
248-100-460	REP 87-11-047	251-01-190	AMD 87-02-036	260-70-026	AMD-W 87-09-076
248-100-465	REP-P 87-07-039	251-01-208	NEW-P 87-10-053	260-70-026	AMD-P 87-09-077

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
260-70-050	AMD-P	87-08-029	284-23-500	REP-P	87-09-098	296-17-53806	AMD-P	87-07-047
260-70-050	AMD-W	87-09-076	284-23-510	REP-P	87-09-098	296-17-542	AMD-P	87-07-047
260-70-050	AMD-P	87-09-077	284-23-520	REP-P	87-09-098	296-17-544	AMD-P	87-07-047
260-70-090	AMD-P	87-08-029	284-23-530	REP-P	87-09-098	296-17-54401	NEW-P	87-07-047
260-70-090	AMD-W	87-09-076	284-30-330	AMD-P	87-06-039	296-17-562	AMD-P	87-07-047
260-70-090	AMD-P	87-09-077	284-30-330	AMD	87-09-071	296-17-565	AMD-P	87-07-047
260-70-100	AMD-P	87-08-029	284-30-350	AMD-P	87-06-039	296-17-566	AMD-P	87-07-047
260-70-100	AMD-W	87-09-076	284-30-350	AMD	87-09-071	296-17-56601	NEW-P	87-07-047
260-70-100	AMD-P	87-09-077	284-30-390	AMD-P	87-06-039	296-17-568	AMD-P	87-07-047
260-70-120	AMD-P	87-08-029	284-30-390	AMD	87-09-071	296-17-56901	NEW-P	87-07-047
260-70-120	AMD-W	87-09-076	284-30-500	AMD-P	87-06-039	296-17-57001	NEW-P	87-07-047
260-70-120	AMD-P	87-09-077	284-30-500	AMD	87-09-071	296-17-57003	NEW-P	87-07-047
260-70-170	AMD-P	87-08-029	284-30-572	NEW-P	87-06-039	296-17-57601	AMD-P	87-07-047
260-70-170	AMD-W	87-09-076	284-30-572	NEW	87-09-071	296-17-57602	AMD-P	87-07-047
260-70-170	AMD-P	87-09-077	284-30-574	NEW-P	87-06-039	296-17-578	AMD-P	87-07-047
261-50-030	AMD	87-04-008	284-30-574	NEW	87-09-071	296-17-579	AMD-P	87-07-047
261-50-030	AMD-P	87-05-007	284-30-590	NEW-P	87-06-039	296-17-600	AMD-P	87-07-047
261-50-030	AMD	87-08-037	284-30-590	NEW	87-09-071	296-17-603	AMD-P	87-07-047
261-50-035	NEW-P	87-05-007	284-30-620	NEW-P	87-06-039	296-17-612	AMD-P	87-07-047
261-50-040	AMD	87-04-008	284-30-620	NEW	87-09-071	296-17-615	AMD-P	87-07-047
261-50-040	AMD-P	87-05-007	284-30-630	NEW-P	87-06-039	296-17-619	AMD-P	87-07-047
261-50-045	REP	87-04-008	284-30-630	NEW	87-09-071	296-17-620	AMD-P	87-07-047
261-50-050	AMD	87-04-008	284-30-650	NEW-P	87-06-039	296-17-622	AMD-P	87-07-047
261-50-050	AMD-P	87-05-007	284-30-650	NEW	87-09-071	296-17-643	AMD-P	87-07-047
261-50-060	AMD	87-04-008	284-30-750	NEW-P	87-06-039	296-17-649	AMD-P	87-07-047
261-50-060	AMD-P	87-05-007	284-30-750	NEW	87-09-071	296-17-655	AMD-P	87-07-047
261-50-070	NEW-P	87-05-007	284-50-305	AMD-P	87-11-057	296-17-680	AMD-P	87-07-047
261-50-075	NEW	87-08-037	284-54-010	NEW-P	87-11-056	296-17-681	AMD-P	87-07-047
261-50-090	AMD	87-04-008	284-54-015	NEW-P	87-11-056	296-17-686	AMD-P	87-07-047
261-50-090	AMD-P	87-05-007	284-54-020	NEW-P	87-11-056	296-17-689	AMD-P	87-07-047
261-50-090	AMD	87-08-037	284-54-030	NEW-P	87-11-056	296-17-691	AMD-P	87-07-047
275-19-030	AMD-P	87-05-021	284-54-050	NEW-P	87-11-056	296-17-692	AMD-P	87-07-047
275-19-030	AMD	87-09-035	284-54-060	NEW-P	87-11-056	296-17-695	AMD-P	87-07-047
275-19-040	AMD-P	87-05-021	284-54-100	NEW-P	87-11-056	296-17-704	AMD-P	87-07-047
275-19-040	AMD	87-09-035	284-54-150	NEW-P	87-11-056	296-17-724	AMD-P	87-07-047
275-19-050	AMD-P	87-05-021	284-54-160	NEW-P	87-11-056	296-17-758	AMD-P	87-07-047
275-19-050	AMD	87-09-035	284-54-250	NEW-P	87-11-056	296-17-759	AMD-P	87-07-047
275-19-075	AMD	87-03-016	284-54-300	NEW-P	87-11-056	296-17-760	AMD-P	87-07-047
275-19-110	AMD-P	87-05-021	284-54-310	NEW-P	87-11-056	296-17-761	AMD-P	87-07-047
275-19-110	AMD	87-09-035	284-54-350	NEW-P	87-11-056	296-17-765	AMD-P	87-07-047
275-30-010	NEW-P	87-04-023	284-54-500	NEW-P	87-11-056	296-17-850	AMD-P	87-07-047
275-30-020	NEW-P	87-04-023	284-54-600	NEW-P	87-11-056	296-17-87309	REP-P	87-07-047
275-30-030	NEW-P	87-04-023	284-54-610	NEW-P	87-11-056	296-17-885	AMD-P	87-07-047
275-30-040	NEW-P	87-04-023	284-54-620	NEW-P	87-11-056	296-17-895	AMD-P	87-07-047
275-30-050	NEW-P	87-04-023	284-54-630	NEW-P	87-11-056	296-17-913	AMD-P	87-07-017
275-30-060	NEW-P	87-04-023	284-54-650	NEW-P	87-11-056	296-17-916	AMD-P	87-07-017
275-30-070	NEW-P	87-04-023	284-54-660	NEW-P	87-11-056	296-17-917	AMD-P	87-07-017
275-56-135	AMD	87-06-026	284-54-680	NEW-P	87-11-056	296-17-920	AMD	87-04-006
284-07-010	NEW-P	87-02-065	284-54-700	NEW-P	87-11-056	296-18A-450	AMD-P	87-02-057
284-07-010	NEW	87-05-011	284-54-800	NEW-P	87-11-056	296-18A-450	AMD	87-08-004
284-07-014	NEW-P	87-02-065	284-54-900	NEW-P	87-11-056	296-18A-460	AMD-P	87-05-060
284-07-014	NEW	87-05-011	284-74-010	NEW-P	87-02-066	296-18A-460	AMD	87-10-070
284-07-024	NEW-P	87-02-065	284-74-010	NEW	87-05-046	296-18A-465	NEW-P	87-05-056
284-07-024	NEW	87-05-011	284-74-100	NEW-P	87-02-066	296-18A-465	NEW	87-10-071
284-12-080	NEW	87-03-055	284-74-100	NEW	87-05-046	296-18A-470	AMD-P	87-05-060
284-13-110	NEW-P	87-06-049	286-16-035	AMD-P	87-05-026	296-18A-480	AMD-P	87-02-057
284-13-110	NEW	87-09-056	286-16-035	AMD	87-08-032	296-18A-480	AMD	87-08-004
284-13-120	NEW-P	87-06-049	289-15-225	AMD	87-05-040	296-18A-490	AMD-P	87-05-057
284-13-120	NEW	87-09-056	289-15-225	AMD-P	87-10-061	296-18A-490	AMD-E	87-08-044
284-13-130	NEW-P	87-06-049	296-08-025	NEW	87-02-037	296-18A-490	AMD	87-10-072
284-13-130	NEW	87-09-056	296-15-030	AMD	87-05-008	296-18A-510	AMD-P	87-05-059
284-13-140	NEW-P	87-06-049	296-17-310	AMD-P	87-07-047	296-18A-510	AMD	87-10-073
284-13-140	NEW	87-09-056	296-17-340	AMD-P	87-07-047	296-20-022	NEW	87-03-004
284-13-150	NEW-P	87-06-049	296-17-430	AMD-P	87-07-047	296-20-035	AMD-P	87-02-057
284-13-150	NEW	87-09-056	296-17-440	AMD-P	87-07-047	296-20-035	AMD	87-08-004
284-23-400	AMD-P	87-09-098	296-17-470	AMD-P	87-07-047	296-20-125	AMD-P	87-11-050
284-23-410	AMD-P	87-09-098	296-17-502	AMD-P	87-07-047	296-20-135	AMD	87-03-004
284-23-420	AMD-P	87-09-098	296-17-505	AMD-P	87-07-047	296-20-140	AMD	87-03-004
284-23-430	AMD-P	87-09-098	296-17-509	AMD-P	87-07-047	296-20-145	AMD	87-03-004
284-23-440	AMD-P	87-09-098	296-17-50904	AMD-P	87-07-047	296-20-150	AMD	87-03-004
284-23-450	AMD-P	87-09-098	296-17-520	AMD-P	87-07-047	296-20-155	AMD	87-03-004
284-23-455	NEW-P	87-09-098	296-17-52102	AMD-P	87-07-047	296-21-011	AMD-E	87-02-042
284-23-460	AMD-P	87-09-098	296-17-52104	AMD-P	87-07-047	296-21-011	AMD	87-03-005
284-23-470	REP-P	87-09-098	296-17-52105	NEW-P	87-07-047	296-21-013	AMD-P	87-11-050
284-23-480	AMD-P	87-09-098	296-17-526	AMD-P	87-07-047	296-21-013	AMD-E	87-11-051
284-23-490	REP-P	87-09-098	296-17-527	AMD-P	87-07-047	296-21-015	AMD-P	87-11-050
284-23-485	NEW-P	87-09-098	296-17-538	AMD-P	87-07-047	296-21-025	AMD-P	87-11-050

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
296-21-026	AMD-P	87-11-050	296-22-445	AMD-P	87-11-050	296-23A-125	NEW-E	87-02-042
296-21-027	AMD-P	87-11-050	296-22-475	AMD-P	87-11-050	296-23A-125	NEW	87-03-005
296-21-030	AMD-P	87-11-050	296-23-01006	AMD-E	87-02-042	296-23A-130	NEW-E	87-02-042
296-21-035	AMD-P	87-11-050	296-23-01006	AMD	87-03-005	296-23A-130	NEW	87-03-005
296-21-040	AMD-P	87-11-050	296-23-015	AMD-P	87-11-050	296-23A-135	NEW-E	87-02-042
296-21-045	AMD-P	87-11-050	296-23-020	AMD-P	87-11-050	296-23A-135	NEW	87-03-005
296-21-046	AMD-P	87-11-050	296-23-025	AMD-P	87-11-050	296-23A-140	NEW-E	87-02-042
296-21-057	AMD-P	87-11-050	296-23-030	AMD-P	87-11-050	296-23A-140	NEW	87-03-005
296-21-066	AMD-P	87-11-050	296-23-035	AMD-P	87-11-050	296-23A-145	NEW-E	87-02-042
296-21-075	AMD-P	87-11-050	296-23-040	AMD-P	87-11-050	296-23A-145	NEW	87-03-005
296-22-010	AMD-E	87-02-042	296-23-045	AMD-P	87-11-050	296-23A-150	NEW-E	87-02-042
296-22-010	AMD	87-03-005	296-23-050	AMD-P	87-11-050	296-23A-150	NEW	87-03-005
296-22-021	AMD-P	87-11-050	296-23-055	AMD-P	87-11-050	296-23A-150	AMD-P	87-11-050
296-22-022	AMD-P	87-11-050	296-23-065	AMD-P	87-11-050	296-23A-200	NEW-E	87-02-042
296-22-023	AMD-P	87-11-050	296-23-079	AMD-P	87-11-050	296-23A-200	NEW	87-03-005
296-22-024	AMD-P	87-11-050	296-23-07902	AMD-P	87-11-050	296-23A-205	NEW-E	87-02-042
296-22-025	AMD-P	87-11-050	296-23-07903	AMD-P	87-11-050	296-23A-205	NEW	87-03-005
296-22-031	AMD-P	87-11-050	296-23-07904	AMD-P	87-11-050	296-23A-210	NEW-E	87-02-042
296-22-036	AMD-P	87-11-050	296-23-07905	AMD-P	87-11-050	296-23A-210	NEW	87-03-005
296-22-038	AMD-P	87-11-050	296-23-07906	AMD-P	87-11-050	296-23A-215	NEW-E	87-02-042
296-22-039	AMD-P	87-11-050	296-23-07907	AMD-P	87-11-050	296-23A-215	NEW	87-03-005
296-22-042	AMD-P	87-11-050	296-23-07908	AMD-P	87-11-050	296-23A-220	NEW-E	87-02-042
296-22-051	AMD-P	87-11-050	296-23-080	AMD-P	87-11-050	296-23A-220	NEW	87-03-005
296-22-053	AMD-P	87-11-050	296-23-115	REP-P	87-11-050	296-23A-225	NEW-E	87-02-042
296-22-061	AMD-P	87-11-050	296-23-125	AMD-P	87-11-050	296-23A-225	NEW	87-03-005
296-22-063	AMD-P	87-11-050	296-23-20102	AMD-E	87-02-042	296-23A-230	NEW-E	87-02-042
296-22-067	AMD-P	87-11-050	296-23-20102	AMD	87-03-005	296-23A-230	NEW	87-03-005
296-22-071	AMD-P	87-11-050	296-23-204	AMD-P	87-11-050	296-23A-235	NEW-E	87-02-042
296-22-073	AMD-P	87-11-050	296-23-212	AMD-E	87-02-042	296-23A-235	NEW	87-03-005
296-22-079	AMD-P	87-11-050	296-23-212	AMD	87-03-005	296-23A-240	NEW-E	87-02-042
296-22-082	AMD-P	87-11-050	296-23-212	AMD-P	87-11-050	296-23A-240	NEW	87-03-005
296-22-087	AMD-P	87-11-050	296-23-216	AMD-P	87-11-050	296-23A-242	NEW-E	87-02-042
296-22-091	AMD-P	87-11-050	296-23-221	AMD-P	87-11-050	296-23A-242	NEW	87-03-005
296-22-097	NEW-P	87-11-050	296-23-224	AMD-P	87-11-050	296-23A-244	NEW-E	87-02-042
296-22-100	AMD-P	87-11-050	296-23-228	AMD-P	87-11-050	296-23A-244	NEW	87-03-005
296-22-115	AMD-P	87-11-050	296-23-232	AMD-P	87-11-050	296-23A-244	AMD-P	87-11-050
296-22-116	AMD-P	87-11-050	296-23-300	REP-E	87-02-042	296-23A-246	NEW-E	87-02-042
296-22-120	AMD-P	87-11-050	296-23-300	REP	87-03-005	296-23A-246	NEW	87-03-005
296-22-125	AMD-P	87-11-050	296-23-301	REP-E	87-02-042	296-23A-246	AMD-P	87-11-050
296-22-130	AMD-P	87-11-050	296-23-301	REP	87-03-005	296-23A-248	NEW-E	87-02-042
296-22-135	AMD-P	87-11-050	296-23-305	REP-E	87-02-042	296-23A-248	NEW	87-03-005
296-22-141	AMD-P	87-11-050	296-23-305	REP	87-03-005	296-23A-250	NEW-E	87-02-042
296-22-146	AMD-P	87-11-050	296-23-310	REP-E	87-02-042	296-23A-250	NEW	87-03-005
296-22-147	AMD-P	87-11-050	296-23-310	REP	87-03-005	296-23A-252	NEW-E	87-02-042
296-22-150	AMD-P	87-11-050	296-23-315	REP-E	87-02-042	296-23A-252	NEW	87-03-005
296-22-160	AMD-P	87-11-050	296-23-315	REP	87-03-005	296-23A-252	AMD-P	87-11-050
296-22-165	AMD-P	87-11-050	296-23-330	REP-E	87-02-042	296-23A-254	NEW-E	87-02-042
296-22-180	AMD-P	87-11-050	296-23-330	REP	87-03-005	296-23A-254	NEW	87-03-005
296-22-190	AMD-P	87-11-050	296-23-335	REP-E	87-02-042	296-23A-254	AMD-P	87-11-050
296-22-195	AMD-P	87-11-050	296-23-340	REP	87-03-005	296-23A-256	NEW-E	87-02-042
296-22-210	AMD-P	87-11-050	296-23-340	REP	87-03-005	296-23A-256	NEW	87-03-005
296-22-215	AMD-P	87-11-050	296-23-356	REP-E	87-02-042	296-23A-256	AMD-P	87-11-050
296-22-220	AMD-P	87-11-050	296-23-356	REP	87-03-005	296-23A-258	NEW-E	87-02-042
296-22-225	AMD-P	87-11-050	296-23-357	REP-E	87-02-042	296-23A-258	NEW	87-03-005
296-22-230	AMD-P	87-11-050	296-23-357	REP	87-03-005	296-23A-260	AMD-P	87-11-050
296-22-235	AMD-P	87-11-050	296-23-615	AMD-P	87-11-050	296-23A-260	NEW-E	87-02-042
296-22-245	AMD-P	87-11-050	296-23-615	AMD-E	87-11-051	296-23A-260	NEW	87-03-005
296-22-250	AMD-P	87-11-050	296-23-715	AMD-P	87-11-050	296-23A-262	NEW-E	87-02-042
296-22-255	AMD-P	87-11-050	296-23-720	AMD-P	87-11-050	296-23A-262	NEW	87-03-005
296-22-260	AMD-P	87-11-050	296-23-725	AMD-P	87-02-057	296-23A-262	AMD-P	87-11-050
296-22-265	AMD-P	87-11-050	296-23-725	AMD	87-08-004	296-23A-264	NEW-E	87-02-042
296-22-310	AMD-P	87-11-050	296-23-811	AMD-P	87-11-050	296-23A-264	NEW	87-03-005
296-22-315	AMD-P	87-11-050	296-23-811	AMD-E	87-11-051	296-23A-266	NEW-E	87-02-042
296-22-330	AMD-P	87-11-050	296-23-980	AMD-P	87-02-057	296-23A-266	NEW	87-03-005
296-22-337	AMD-P	87-11-050	296-23-980	AMD	87-08-004	296-23A-266	AMD-P	87-11-050
296-22-340	AMD-P	87-11-050	296-23A-100	NEW-E	87-02-042	296-23A-268	NEW-E	87-02-042
296-22-350	AMD-P	87-11-050	296-23A-100	NEW	87-03-005	296-23A-268	NEW	87-03-005
296-22-355	AMD-P	87-11-050	296-23A-100	AMD-P	87-11-050	296-23A-300	NEW-E	87-02-042
296-22-365	AMD-P	87-11-050	296-23A-105	NEW-E	87-02-042	296-23A-300	NEW	87-03-005
296-22-370	AMD-P	87-11-050	296-23A-105	NEW	87-03-005	296-23A-310	NEW-E	87-02-042
296-22-375	AMD-P	87-11-050	296-23A-110	NEW-E	87-02-042	296-23A-310	NEW	87-03-005
296-22-405	AMD-P	87-11-050	296-23A-110	NEW	87-03-005	296-23A-315	NEW-E	87-02-042
296-22-410	AMD-P	87-11-050	296-23A-115	NEW-E	87-02-042	296-23A-315	NEW	87-03-005
296-22-425	AMD-P	87-11-050	296-23A-115	NEW	87-03-005	296-23A-320	NEW-E	87-02-042
296-22-427	AMD-P	87-11-050	296-23A-120	NEW-E	87-02-042	296-23A-320	NEW	87-03-005
296-22-430	AMD-P	87-11-050	296-23A-120	NEW	87-03-005	296-23A-325	NEW-E	87-02-042

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
296-23A-325	NEW	87-03-005	296-46-370	AMD	87-10-030	296-65-005	AMD	87-10-008
296-23A-325	AMD-P	87-11-050	296-46-420	AMD-P	87-06-047	296-65-015	AMD-P	87-05-055
296-23A-330	NEW-E	87-02-042	296-46-420	AMD	87-10-030	296-65-015	AMD	87-10-008
296-23A-330	NEW	87-03-005	296-46-422	NEW-P	87-06-047	296-65-020	AMD-P	87-05-055
296-23A-335	NEW-E	87-02-042	296-46-422	NEW	87-10-030	296-65-020	AMD	87-10-008
296-23A-335	NEW	87-03-005	296-46-495	AMD-P	87-06-047	296-65-030	AMD-P	87-05-055
296-23A-335	AMD-P	87-11-050	296-46-495	AMD	87-10-030	296-65-030	AMD	87-10-008
296-23A-340	NEW-E	87-02-042	296-46-514	NEW-P	87-06-047	296-65-040	AMD-P	87-05-055
296-23A-340	NEW	87-03-005	296-46-514	NEW	87-10-030	296-65-040	AMD	87-10-008
296-23A-340	AMD-P	87-11-050	296-46-680	AMD-P	87-06-047	296-104-701	NEW-P	87-07-023
296-23A-345	NEW-E	87-02-042	296-46-680	AMD	87-10-030	296-104-701	NEW-E	87-07-024
296-23A-345	NEW	87-03-005	296-46-910	AMD-P	87-06-047	296-116-080	AMD-P	87-02-053
296-23A-345	AMD-P	87-11-050	296-46-910	AMD	87-10-030	296-150B-320	NEW-E	87-11-060
296-23A-350	NEW-E	87-02-042	296-46-920	AMD-P	87-06-047	296-155-160	AMD-P	87-05-055
296-23A-350	NEW	87-03-005	296-46-920	AMD	87-10-030	296-155-160	AMD	87-10-008
296-23A-355	NEW-E	87-02-042	296-46-940	AMD-P	87-06-047	296-155-175	NEW-P	87-05-055
296-23A-355	NEW	87-03-005	296-62-05405	AMD-P	87-05-055	296-155-175	NEW	87-10-008
296-23A-355	AMD-P	87-11-050	296-62-05405	AMD	87-10-008	296-155-17505	NEW-P	87-05-055
296-23A-360	NEW-E	87-02-042	296-62-05427	AMD-P	87-05-055	296-155-17505	NEW	87-10-008
296-23A-360	NEW	87-03-005	296-62-05427	AMD	87-10-008	296-155-17510	NEW-P	87-05-055
296-23A-360	AMD-P	87-11-050	296-62-07353	AMD-P	87-02-058	296-155-17510	NEW	87-10-008
296-23A-400	NEW-E	87-02-042	296-62-07353	AMD	87-07-022	296-155-17515	NEW-P	87-05-055
296-23A-400	NEW	87-03-005	296-62-07517	AMD-P	87-05-055	296-155-17515	NEW	87-10-008
296-23A-410	NEW-E	87-02-042	296-62-07517	AMD	87-10-008	296-155-17520	NEW-P	87-05-055
296-23A-410	NEW	87-03-005	296-62-077	NEW-P	87-05-055	296-155-17520	NEW	87-10-008
296-23A-415	NEW-E	87-02-042	296-62-077	NEW	87-10-008	296-155-17525	NEW-P	87-05-055
296-23A-415	NEW	87-03-005	296-62-07701	NEW-P	87-05-055	296-155-17525	NEW	87-10-008
296-23A-420	NEW-E	87-02-042	296-62-07701	NEW	87-10-008	296-155-17530	NEW-P	87-05-055
296-23A-420	NEW	87-03-005	296-62-07703	NEW-P	87-05-055	296-155-17530	NEW	87-10-008
296-23A-425	NEW-E	87-02-042	296-62-07703	NEW	87-10-008	296-155-17532	NEW-P	87-05-055
296-23A-425	NEW	87-03-005	296-62-07705	NEW-P	87-05-055	296-155-17532	NEW	87-10-008
296-23A-425	AMD-P	87-11-050	296-62-07705	NEW	87-10-008	296-155-17535	NEW-P	87-05-055
296-23A-425	AMD-E	87-11-051	296-62-07707	NEW-P	87-05-055	296-155-17535	NEW	87-10-008
296-24-14011	AMD-P	87-02-058	296-62-07707	NEW	87-10-008	296-155-17540	NEW-P	87-05-055
296-24-14011	AMD	87-07-022	296-62-07709	NEW-P	87-05-055	296-155-17540	NEW	87-10-008
296-27-160	AMD	87-03-011	296-62-07709	NEW	87-10-008	296-155-17545	NEW-P	87-05-055
296-27-16001	AMD	87-03-011	296-62-07711	NEW-P	87-05-055	296-155-17545	NEW	87-10-008
296-27-16002	NEW	87-03-011	296-62-07711	NEW	87-10-008	296-155-17550	NEW-P	87-05-055
296-27-16003	AMD	87-03-011	296-62-07713	NEW-P	87-05-055	296-155-17550	NEW	87-10-008
296-27-16004	NEW	87-03-011	296-62-07713	NEW	87-10-008	296-155-17555	NEW-P	87-05-055
296-27-16005	REP	87-03-011	296-62-07715	NEW-P	87-05-055	296-155-17555	NEW	87-10-008
296-27-16007	AMD	87-03-011	296-62-07715	NEW	87-10-008	296-155-17560	NEW-P	87-05-055
296-27-16009	REP	87-03-011	296-62-07717	NEW-P	87-05-055	296-155-17560	NEW	87-10-008
296-27-16011	AMD	87-03-011	296-62-07717	NEW	87-10-008	296-155-17565	NEW-P	87-05-055
296-27-16013	REP	87-03-011	296-62-07719	NEW-P	87-05-055	296-155-17565	NEW	87-10-008
296-27-16015	REP	87-03-011	296-62-07719	NEW	87-10-008	296-155-17570	NEW-P	87-05-055
296-27-16017	REP	87-03-011	296-62-07721	NEW-P	87-05-055	296-155-17570	NEW	87-10-008
296-27-16018	NEW	87-03-011	296-62-07721	NEW	87-10-008	296-155-17575	NEW-P	87-05-055
296-27-16019	REP	87-03-011	296-62-07723	NEW-P	87-05-055	296-155-17575	NEW	87-10-008
296-27-16020	NEW	87-03-011	296-62-07723	NEW	87-10-008	296-155-177	NEW-P	87-05-055
296-27-16021	REP	87-03-011	296-62-07725	NEW-P	87-05-055	296-155-177	NEW	87-10-008
296-27-16022	NEW	87-03-011	296-62-07725	NEW	87-10-008	296-155-179	NEW-P	87-05-055
296-27-16023	REP	87-03-011	296-62-07727	NEW-P	87-05-055	296-155-179	NEW	87-10-008
296-27-16026	NEW	87-03-011	296-62-07727	NEW	87-10-008	296-155-181	NEW-P	87-05-055
296-46-110	AMD-P	87-06-047	296-62-07729	NEW-P	87-05-055	296-155-181	NEW	87-10-008
296-46-110	AMD	87-10-030	296-62-07729	NEW	87-10-008	296-155-183	NEW-P	87-05-055
296-46-130	AMD-P	87-06-047	296-62-07731	NEW-P	87-05-055	296-155-183	NEW	87-10-008
296-46-130	AMD	87-10-030	296-62-07731	NEW	87-10-008	296-155-185	NEW-P	87-05-055
296-46-140	AMD-P	87-06-047	296-62-07733	NEW-P	87-05-055	296-155-185	NEW	87-10-008
296-46-140	AMD	87-10-030	296-62-07733	NEW	87-10-008	296-155-187	NEW-P	87-05-055
296-46-150	AMD-P	87-06-047	296-62-07735	NEW-P	87-05-055	296-155-187	NEW	87-10-008
296-46-150	AMD	87-10-030	296-62-07735	NEW	87-10-008	296-155-189	NEW-P	87-05-055
296-46-160	AMD-P	87-06-047	296-62-07737	NEW-P	87-05-055	296-155-189	NEW	87-10-008
296-46-160	AMD	87-10-030	296-62-07737	NEW	87-10-008	296-155-191	NEW-P	87-05-055
296-46-180	AMD-P	87-06-047	296-62-07739	NEW-P	87-05-055	296-155-191	NEW	87-10-008
296-46-180	AMD	87-10-030	296-62-07739	NEW	87-10-008	296-155-193	NEW-P	87-05-055
296-46-200	AMD-P	87-06-047	296-62-07741	NEW-P	87-05-055	296-155-193	NEW	87-10-008
296-46-200	AMD	87-10-030	296-62-07741	NEW	87-10-008	296-155-265	AMD-P	87-02-058
296-46-220	AMD-P	87-06-047	296-62-07743	NEW-P	87-05-055	296-155-265	AMD-C	87-07-021
296-46-220	AMD	87-10-030	296-62-07743	NEW	87-10-008	296-155-270	AMD-P	87-02-058
296-46-240	AMD-P	87-06-047	296-62-07745	NEW-P	87-05-055	296-155-270	AMD-C	87-07-021
296-46-240	AMD	87-10-030	296-62-07745	NEW	87-10-008	296-155-405	AMD-P	87-02-058
296-46-316	NEW-P	87-06-047	296-62-07747	NEW-P	87-05-055	296-155-405	AMD-C	87-07-021
296-46-316	NEW	87-10-030	296-62-07747	NEW	87-10-008	296-155-425	REP-P	87-02-058
296-46-350	AMD-P	87-06-047	296-62-07749	NEW-P	87-05-055	296-155-425	REP-C	87-07-021
296-46-350	AMD	87-10-030	296-62-07749	NEW	87-10-008	296-155-426	NEW-P	87-02-058
296-46-370	AMD-P	87-06-047	296-65-005	AMD-P	87-05-055	296-155-426	NEW-C	87-07-021

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
296-155-428	NEW-P	87-02-058	308-12-312	AMD-E	87-04-049	308-50-020	AMD-P	87-10-066
296-155-428	NEW-C	87-07-021	308-12-312	REP-P	87-07-046	308-50-035	NEW-P	87-10-066
296-155-429	NEW-P	87-02-058	308-12-312	REP	87-10-028	308-50-375	REP-P	87-07-046
296-155-429	NEW-C	87-07-021	308-12-326	NEW-P	87-07-046	308-50-440	NEW-P	87-07-046
296-155-430	REP-P	87-02-058	308-12-326	NEW	87-10-028	308-51-200	REP-P	87-07-046
296-155-430	REP-C	87-07-021	308-13-150	AMD-E	87-03-031	308-51-210	NEW-P	87-07-046
296-155-432	NEW-P	87-02-058	308-13-150	AMD-P	87-07-046	308-52-315	REP-P	87-07-046
296-155-432	NEW-C	87-07-021	308-13-150	AMD-P	87-10-024	308-52-315	REP	87-10-028
296-155-434	NEW-P	87-02-058	308-13-150	AMD-E	87-10-026	308-52-590	NEW-P	87-07-046
296-155-434	NEW-C	87-07-021	308-13-160	NEW-P	87-10-025	308-52-590	NEW	87-10-028
296-155-435	REP-P	87-02-058	308-13-160	NEW-E	87-10-027	308-53-020	AMD-P	87-07-046
296-155-435	REP-C	87-07-021	308-20-200	REP-P	87-07-046	308-53-020	AMD	87-10-028
296-155-437	NEW-P	87-02-058	308-20-200	REP	87-10-028	308-53-084	AMD-C	87-02-060
296-155-437	NEW-C	87-07-021	308-20-210	NEW-P	87-07-046	308-53-084	AMD	87-09-046
296-155-440	REP-P	87-02-058	308-20-210	NEW	87-10-028	308-53-085	AMD-C	87-02-060
296-155-440	REP-C	87-07-021	308-25-065	AMD-P	87-07-046	308-53-085	AMD	87-09-046
296-155-441	NEW-P	87-02-058	308-25-065	AMD	87-10-028	308-53-320	NEW-P	87-09-074
296-155-441	NEW-C	87-07-021	308-26-040	REP-P	87-07-046	308-53-330	NEW-P	87-09-075
296-155-444	NEW-P	87-02-058	308-26-040	REP	87-10-028	308-54-315	AMD-P	87-07-046
296-155-444	NEW-C	87-07-021	308-26-045	NEW-P	87-07-046	308-55-025	AMD-P	87-07-046
296-155-447	NEW-P	87-02-058	308-26-045	NEW	87-10-028	308-56A-006	NEW-P	87-04-069
296-155-447	NEW-C	87-07-021	308-29-030	AMD-P	87-07-025	308-56A-115	AMD-P	87-04-069
296-155-449	NEW-P	87-02-058	308-29-030	AMD	87-11-064	308-56A-125	AMD-P	87-04-069
296-155-449	NEW-C	87-07-021	308-29-045	AMD-P	87-07-046	308-56A-155	NEW-P	87-04-069
296-155-450	REP-P	87-02-058	308-29-045	AMD	87-10-028	308-56A-156	NEW-P	87-04-069
296-155-450	REP-C	87-07-021	308-29-060	AMD-P	87-07-025	308-56A-160	NEW-P	87-04-069
296-155-452	NEW-P	87-02-058	308-29-060	AMD	87-11-064	308-56A-195	AMD-P	87-04-069
296-155-452	NEW-C	87-07-021	308-29-070	AMD-P	87-07-025	308-93-010	AMD-P	87-04-068
296-155-455	REP-P	87-02-058	308-29-070	AMD	87-11-064	308-93-010	AMD	87-09-073
296-155-455	REP-C	87-07-021	308-29-080	AMD-P	87-07-025	308-93-074	AMD-P	87-04-068
296-155-456	NEW-P	87-02-058	308-29-080	AMD	87-11-064	308-93-074	AMD	87-09-073
296-155-456	NEW-C	87-07-021	308-31-015	AMD	87-04-050	308-94	AMD	87-03-041
296-155-459	NEW-P	87-02-058	308-31-025	NEW	87-04-050	308-94-010	AMD	87-03-041
296-155-459	NEW-C	87-07-021	308-31-025	AMD-P	87-04-054	308-94-020	REP	87-03-041
296-155-462	NEW-P	87-02-058	308-31-025	AMD	87-09-045	308-94-030	AMD	87-03-041
296-155-462	NEW-C	87-07-021	308-31-055	AMD-P	87-07-046	308-94-040	AMD	87-03-041
296-155-745	AMD-P	87-02-058	308-31-100	AMD	87-04-050	308-94-050	AMD	87-03-041
296-155-745	AMD-C	87-07-021	308-31-120	AMD	87-04-050	308-94-060	REP	87-03-041
296-155-775	AMD-P	87-05-055	308-31-500	AMD	87-04-050	308-94-070	AMD	87-03-041
296-155-775	AMD	87-10-008	308-31-500	AMD-P	87-04-054	308-94-080	AMD	87-03-041
296-200-340	AMD	87-07-003	308-31-500	AMD	87-09-045	308-94-100	AMD	87-03-041
296-200-350	AMD	87-07-003	308-32-090	REP-P	87-07-046	308-94-110	AMD	87-03-041
296-200-370	AMD	87-07-003	308-32-100	NEW-P	87-07-046	308-94-160	AMD	87-03-041
296-306-003	NEW-C	87-02-056	308-33-011	AMD-P	87-11-061	308-94-170	AMD	87-03-041
296-306-003	NEW-C	87-05-023	308-33-020	AMD-P	87-11-061	308-94-180	REP	87-03-041
296-306-003	NEW	87-09-079	308-33-030	AMD-P	87-11-061	308-94-181	NEW	87-03-041
296-306-005	REP-C	87-02-056	308-33-040	REP-P	87-11-061	308-94-190	REP	87-03-041
296-306-005	REP-C	87-05-023	308-33-050	REP-P	87-11-061	308-94-191	NEW	87-03-041
296-306-005	REP	87-09-079	308-33-060	AMD-P	87-11-061	308-94-200	AMD	87-03-041
296-306-006	NEW-C	87-02-056	308-33-080	AMD-P	87-11-061	308-94-210	AMD	87-03-041
296-306-006	NEW-C	87-05-023	308-33-095	AMD-P	87-11-061	308-94-220	AMD	87-03-041
296-306-006	NEW	87-09-079	308-33-105	AMD-P	87-07-046	308-94-230	REP	87-03-041
296-306-009	NEW-C	87-02-056	308-33-105	AMD	87-10-028	308-94-240	AMD	87-03-041
296-306-009	NEW-C	87-05-023	308-34-090	NEW-P	87-07-046	308-94-250	AMD	87-03-041
296-306-009	NEW	87-09-079	308-37-190	AMD-P	87-07-045	308-94-260	REP	87-03-041
296-306-012	NEW-C	87-02-056	308-37-190	AMD-W	87-09-095	308-94-261	NEW	87-03-041
296-306-012	NEW-C	87-05-023	308-37-190	AMD-P	87-09-096	308-94-265	NEW	87-03-041
296-306-012	NEW	87-09-079	308-37-190	AMD-W	87-11-026	308-94-270	NEW	87-03-041
296-306-025	AMD-C	87-02-056	308-40-102	AMD-P	87-06-051	308-96A-005	AMD-P	87-04-067
296-306-025	AMD-C	87-05-023	308-40-102	AMD	87-09-097	308-96A-021	NEW-P	87-04-067
296-306-025	AMD	87-09-079	308-40-105	AMD-P	87-06-051	308-96A-065	AMD-P	87-04-067
296-306-057	NEW-C	87-02-056	308-40-105	AMD	87-09-097	308-96A-100	AMD-P	87-04-067
296-306-057	NEW-C	87-05-023	308-40-125	AMD-P	87-07-046	308-96A-136	NEW-P	87-04-067
296-306-057	NEW	87-09-079	308-41-025	REP-P	87-07-046	308-96A-205	AMD-P	87-04-067
296-306-300	NEW-C	87-02-056	308-42-040	AMD-P	87-05-061	308-96A-220	AMD-P	87-04-067
296-306-300	NEW-C	87-05-023	308-42-040	AMD	87-08-065	308-96A-300	AMD-P	87-04-067
296-306-300	NEW	87-09-079	308-42-075	AMD-P	87-07-046	308-96A-306	NEW-P	87-04-067
296-306-310	NEW-C	87-02-056	308-42-075	AMD	87-10-028	308-96A-310	AMD-P	87-04-067
296-306-310	NEW-C	87-05-023	308-48-075	NEW-P	87-08-051	308-96A-325	AMD-P	87-04-067
296-306-310	NEW	87-09-079	308-48-075	NEW	87-11-063	308-96A-330	AMD-P	87-04-067
296-306-320	NEW-C	87-02-056	308-48-210	NEW-P	87-08-051	308-96A-335	AMD-P	87-04-067
296-306-320	NEW-C	87-05-023	308-48-210	NEW	87-11-063	308-96A-400	AMD-P	87-04-067
296-306-320	NEW	87-09-079	308-48-250	REP-P	87-07-046	308-96A-410	NEW-P	87-04-067
304-12-140	AMD-P	87-04-066	308-48-250	REP	87-10-028	308-96A-415	NEW-P	87-04-067
304-12-140	AMD	87-07-029	308-48-800	NEW-P	87-07-046	308-96A-420	NEW-P	87-04-067
308-11-030	AMD-P	87-07-046	308-48-800	NEW	87-10-028	308-115-405	AMD-P	87-07-046
308-11-030	AMD	87-10-028	308-50-010	AMD-P	87-10-066	308-116-325	REP-P	87-07-046

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
308-116-325	REP	87-10-028	308-180-260	NEW-P	87-07-046	320-08-410	AMD-P	87-10-068
308-117-130	AMD-P	87-10-067	314-12-140	AMD	87-04-018	320-08-420	AMD-P	87-10-068
308-117-200	AMD-P	87-10-067	314-12-145	NEW-E	87-11-043	320-08-430	AMD-P	87-10-068
308-117-300	AMD-P	87-10-067	314-12-145	NEW-P	87-11-044	320-08-440	AMD-P	87-10-068
308-117-500	NEW-P	87-07-046	314-12-150	AMD-P	87-11-019	320-08-445	NEW-P	87-10-068
308-117-500	NEW	87-10-028	314-16-160	AMD-C	87-03-025	320-08-450	AMD-P	87-10-068
308-120-275	AMD-P	87-07-046	314-16-160	AMD	87-04-017	320-08-460	AMD-P	87-10-068
308-120-275	AMD	87-10-028	314-20-020	AMD-P	87-05-045	320-08-470	AMD-P	87-10-068
308-122-275	AMD-P	87-07-046	314-20-020	AMD	87-08-015	320-08-510	AMD-P	87-10-068
308-122-275	AMD	87-10-028	314-24-090	AMD-P	87-05-044	320-08-520	AMD-P	87-10-068
308-124D-040	AMD	87-05-065	314-24-090	AMD	87-08-016	320-08-530	AMD-P	87-10-068
308-138-080	AMD-P	87-07-046	314-27	REVIEW	87-03-034	320-08-540	AMD-P	87-10-068
308-138-080	AMD	87-10-028	314-27-010	REVIEW	87-03-034	320-12-030	AMD-P	87-10-069
308-138-321	NEW-P	87-04-048	314-36-020	AMD-P	87-04-063	320-12-050	AMD-P	87-10-069
308-138-321	NEW	87-11-062	314-36-020	AMD	87-07-008	320-12-060	AMD-P	87-10-069
308-138-322	NEW-P*	87-04-048	314-36-100	AMD-P	87-04-063	320-12-070	AMD-P	87-10-069
308-138-322	NEW	87-11-062	314-36-100	AMD	87-07-008	320-16-001	REP-P	87-10-069
308-138-323	NEW-P	87-04-048	314-36-110	AMD-P	87-04-063	320-16-010	REP-P	87-10-069
308-138-323	NEW	87-11-062	314-36-110	AMD	87-07-008	320-16-015	REP-P	87-10-069
308-138-324	NEW-P	87-04-048	314-36-150	AMD-P	87-04-063	320-20-010	AMD-P	87-10-069
308-138-324	NEW	87-11-062	314-36-150	AMD	87-07-008	320-20-020	AMD-P	87-10-069
308-138-325	NEW-P	87-04-048	314-52-114	AMD	87-04-026	320-20-030	AMD-P	87-10-069
308-138-326	NEW-P	87-04-048	315-02-020	AMD	87-05-005	320-20-060	REP-P	87-10-069
308-138-326	NEW	87-11-062	315-04-070	AMD-P	87-07-051	322-12-010	AMD	87-04-035
308-138-327	NEW-P	87-04-048	315-04-070	AMD	87-10-043	323-12-010	NEW	87-05-014
308-138-327	NEW	87-11-062	315-04-090	AMD-P	87-07-051	323-12-020	NEW	87-05-014
308-138-328	NEW-P	87-04-048	315-04-090	AMD	87-10-043	323-12-030	NEW	87-05-014
308-138-330	AMD-P	87-04-048	315-04-190	AMD	87-05-005	323-12-040	NEW	87-05-014
308-138-330	AMD	87-11-062	315-11-240	NEW	87-05-005	323-12-050	NEW	87-05-014
308-138A-020	AMD-P	87-04-048	315-11-241	NEW	87-05-005	323-12-060	NEW	87-05-014
308-152-015	REP-P	87-07-046	315-11-242	NEW	87-05-005	323-12-070	NEW	87-05-014
308-152-015	REP	87-10-028	315-11-250	NEW-P	87-07-050	323-12-080	NEW	87-05-014
308-152-030	NEW-P	87-07-046	315-11-250	NEW-E	87-07-052	323-12-090	NEW	87-05-014
308-152-030	NEW	87-10-028	315-11-250	NEW	87-10-043	323-12-100	NEW	87-05-014
308-171-001	AMD-P	87-05-062	315-11-251	NEW-P	87-07-050	323-12-110	NEW	87-05-014
308-171-001	AMD	87-09-044	315-11-251	NEW-E	87-07-052	323-12-120	NEW	87-05-014
308-171-002	AMD-P	87-05-062	315-11-251	NEW	87-10-043	332-24-001	REP-P	87-06-055
308-171-002	AMD	87-09-044	315-11-252	NEW-P	87-07-050	332-24-001	REP	87-11-005
308-171-003	NEW-P	87-05-062	315-11-252	NEW-E	87-07-052	332-24-005	NEW-P	87-06-055
308-171-003	NEW	87-09-044	315-11-252	NEW	87-10-043	332-24-005	NEW	87-11-005
308-171-010	AMD-P	87-05-062	315-11-260	NEW-P	87-07-050	332-24-015	NEW-P	87-06-055
308-171-010	AMD	87-09-044	315-11-260	NEW	87-10-043	332-24-015	NEW	87-11-005
308-171-020	AMD-P	87-05-062	315-11-261	NEW-P	87-07-050	332-24-020	REP-P	87-06-055
308-171-020	AMD	87-09-044	315-11-261	NEW	87-10-043	332-24-020	REP	87-11-005
308-171-030	AMD	87-04-015	315-11-262	NEW-P	87-07-050	332-24-025	REP-P	87-06-055
308-171-030	REP-P	87-07-046	315-11-262	NEW	87-10-043	332-24-025	REP	87-11-005
308-171-030	REP	87-10-028	315-11-270	NEW-P	87-07-050	332-24-027	REP-P	87-06-055
308-171-040	AMD	87-04-015	315-11-270	NEW	87-10-043	332-24-027	REP	87-11-005
308-171-310	NEW-P	87-07-046	315-11-271	NEW-P	87-07-050	332-24-055	REP-P	87-06-055
308-171-310	NEW	87-10-028	315-11-271	NEW	87-10-043	332-24-055	REP	87-11-005
308-180-100	AMD-E	87-03-013	315-11-272	NEW-P	87-07-050	332-24-056	REP-P	87-06-055
308-180-100	AMD	87-06-050	315-11-272	NEW	87-10-043	332-24-056	REP	87-11-005
308-180-100	REP-P	87-07-046	320-08-001	NEW-P	87-10-068	332-24-057	REP-P	87-06-055
308-180-130	NEW-E	87-03-013	320-08-010	AMD-P	87-10-068	332-24-057	REP	87-11-005
308-180-130	NEW	87-06-050	320-08-030	AMD-P	87-10-068	332-24-058	REP-P	87-06-055
308-180-140	NEW-E	87-03-013	320-08-040	AMD-P	87-10-068	332-24-058	REP	87-11-005
308-180-140	NEW	87-06-050	320-08-050	AMD-P	87-10-068	332-24-059	REP-P	87-06-055
308-180-150	NEW-E	87-03-013	320-08-055	NEW-P	87-10-068	332-24-059	REP	87-11-005
308-180-150	NEW	87-06-050	320-08-070	AMD-P	87-10-068	332-24-060	REP-P	87-06-055
308-180-160	NEW-E	87-03-013	320-08-080	AMD-P	87-10-068	332-24-060	REP	87-11-005
308-180-160	NEW	87-06-050	320-08-090	AMD-P	87-10-068	332-24-063	REP-P	87-06-055
308-180-170	NEW-E	87-03-013	320-08-100	AMD-P	87-10-068	332-24-063	REP	87-11-005
308-180-170	NEW	87-06-050	320-08-140	AMD-P	87-10-068	332-24-070	REP-P	87-06-055
308-180-190	NEW-E	87-03-013	320-08-160	AMD-P	87-10-068	332-24-070	REP	87-11-005
308-180-190	NEW	87-06-050	320-08-180	AMD-P	87-10-068	332-24-090	REP-P	87-06-055
308-180-200	NEW-E	87-03-013	320-08-190	AMD-P	87-10-068	332-24-090	REP	87-11-005
308-180-200	NEW	87-06-050	320-08-200	AMD-P	87-10-068	332-24-095	REP-P	87-06-055
308-180-210	NEW-E	87-03-013	320-08-210	AMD-P	87-10-068	332-24-095	REP	87-11-005
308-180-210	NEW	87-06-050	320-08-260	AMD-P	87-10-068	332-24-100	REP-P	87-06-055
308-180-220	NEW-E	87-03-013	320-08-270	AMD-P	87-10-068	332-24-100	REP	87-11-005
308-180-220	NEW	87-06-050	320-08-300	AMD-P	87-10-068	332-24-105	REP-P	87-06-055
308-180-230	NEW-E	87-03-013	320-08-310	AMD-P	87-10-068	332-24-105	REP	87-11-005
308-180-230	NEW	87-06-050	320-08-350	AMD-P	87-10-068	332-24-10501	REP-P	87-06-055
308-180-240	NEW-E	87-03-013	320-08-370	AMD-P	87-10-068	332-24-10501	REP	87-11-005
308-180-240	NEW	87-06-050	320-08-380	AMD-P	87-10-068	332-24-10502	REP-P	87-06-055
308-180-250	NEW-E	87-03-013	320-08-390	AMD-P	87-10-068	332-24-10502	REP	87-11-005
308-180-250	NEW	87-06-050	320-08-400	AMD-P	87-10-068	332-24-150	REP-P	87-06-055

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
332-24-150	REP	87-11-005	332-24-385	REP-P	87-06-055	352-42-040	REP	87-11-037
332-24-160	REP-P	87-06-055	332-24-385	REP	87-11-005	352-42-050	REP-P	87-04-075
332-24-160	REP	87-11-005	332-24-387	REP-P	87-06-055	352-42-050	REP	87-11-037
332-24-170	REP-P	87-06-055	332-24-387	REP	87-11-005	352-42-060	REP-P	87-04-075
332-24-170	REP	87-11-005	332-24-390	REP-P	87-06-055	352-42-060	REP	87-11-037
332-24-180	REP-P	87-06-055	332-24-390	REP	87-11-005	352-42-070	REP-P	87-04-075
332-24-180	REP	87-11-005	332-24-395	REP-P	87-06-055	352-42-070	REP	87-11-037
332-24-185	REP-P	87-06-055	332-24-395	REP	87-11-005	352-44A	REP-C	87-08-042
332-24-185	REP	87-11-005	332-24-401	NEW-P	87-06-055	352-44A-010	REP-P	87-04-075
332-24-185001	REP-P	87-06-055	332-24-401	NEW	87-11-005	352-44A-010	REP	87-11-037
332-24-185001	REP	87-11-005	332-24-405	NEW-P	87-06-055	352-44A-020	REP-P	87-04-075
332-24-190	REP-P	87-06-055	332-24-405	NEW	87-11-005	352-44A-020	REP	87-11-037
332-24-190	REP	87-11-005	332-24-410	REP-P	87-06-055	352-44A-030	REP-P	87-04-075
332-24-192	REP-P	87-06-055	332-24-410	REP	87-11-005	352-44A-030	REP	87-11-037
332-24-192	REP	87-11-005	332-24-411	NEW-P	87-06-055	352-44A-040	REP-P	87-04-075
332-24-194	REP-P	87-06-055	332-24-411	NEW	87-11-005	352-44A-040	REP	87-11-037
332-24-194	REP	87-11-005	332-24-412	REP-P	87-06-055	352-44A-050	REP-P	87-04-075
332-24-196	REP-P	87-06-055	332-24-412	REP	87-11-005	352-44A-050	REP	87-11-037
332-24-196	REP	87-11-005	332-24-415	REP-P	87-06-055	356-05-013	NEW	87-02-038
332-24-197	REP-P	87-06-055	332-24-415	REP	87-11-005	356-05-048	NEW-P	87-11-054
332-24-197	REP	87-11-005	332-24-418	REP-P	87-06-055	356-05-180	REP	87-02-038
332-24-200	REP-P	87-06-055	332-24-418	REP	87-11-005	356-05-207	NEW	87-02-038
332-24-200	REP	87-11-005	332-24-420	REP-P	87-06-055	356-05-260	NEW	87-02-038
332-24-201	NEW-P	87-06-055	332-24-420	REP	87-11-005	356-05-275	NEW-P	87-11-054
332-24-201	NEW	87-11-005	332-24-430	REP-P	87-06-055	356-05-327	NEW	87-02-038
332-24-205	NEW-P	87-06-055	332-24-430	REP	87-11-005	356-05-333	NEW	87-02-038
332-24-205	NEW	87-11-005	332-24-440	REP-P	87-06-055	356-05-370	AMD-P	87-11-054
332-24-210	REP-P	87-06-055	332-24-440	REP	87-11-005	356-05-390	AMD	87-02-038
332-24-210	REP	87-11-005	332-24-500	REP-P	87-06-055	356-05-430	AMD-P	87-11-054
332-24-211	NEW-P	87-06-055	332-24-500	REP	87-11-005	356-05-447	NEW	87-02-038
332-24-211	NEW	87-11-005	332-24-600	NEW-P	87-06-055	356-05-470	AMD	87-02-038
332-24-215	NEW-P	87-06-055	332-24-600	NEW	87-11-005	356-05-480	AMD-C	87-03-009
332-24-215	NEW	87-11-005	332-24-650	NEW-P	87-06-055	356-05-480	AMD-C	87-06-019
332-24-220	REP-P	87-06-055	332-24-650	NEW	87-11-005	356-05-480	AMD-C	87-07-036
332-24-220	NEW	87-11-005	332-24-652	NEW-P	87-06-055	356-05-480	AMD	87-10-037
332-24-221	NEW-P	87-06-055	332-24-652	NEW	87-11-005	356-05-500	AMD-C	87-03-009
332-24-221	NEW	87-11-005	332-24-654	NEW-P	87-06-055	356-05-500	AMD-C	87-06-019
332-24-225	NEW-P	87-06-055	332-24-654	NEW	87-11-005	356-05-500	AMD-C	87-07-036
332-24-225	NEW	87-11-005	332-24-656	NEW-P	87-06-055	356-05-500	AMD	87-10-037
332-24-230	REP-P	87-06-055	332-24-656	NEW	87-11-005	356-06-001	AMD-P	87-02-045
332-24-230	REP	87-11-005	332-24-658	NEW-P	87-06-055	356-06-001	AMD	87-06-032
332-24-231	NEW-P	87-06-055	332-24-658	NEW	87-11-005	356-07-040	AMD	87-02-038
332-24-231	NEW	87-11-005	332-24-660	NEW-P	87-06-055	356-07-060	AMD	87-02-038
332-24-232	NEW-P	87-06-055	332-24-660	NEW	87-11-005	356-09-010	NEW	87-02-038
332-24-232	NEW	87-11-005	332-24-900	NEW-P	87-06-055	356-09-020	NEW	87-02-038
332-24-234	NEW-P	87-06-055	332-24-900	NEW	87-11-005	356-09-030	NEW	87-02-038
332-24-234	NEW	87-11-005	332-26-081a	REP-E	87-03-022	356-09-040	NEW	87-02-038
332-24-236	NEW-P	87-06-055	332-26-081b	NEW-E	87-03-022	356-09-050	NEW	87-02-038
332-24-236	NEW	87-11-005	332-140-300	AMD-E	87-08-043	356-10-060	AMD-C	87-06-020
332-24-238	NEW-P	87-06-055	332-150-010	AMD-P	87-09-103	356-14-045	AMD-P	87-06-042
332-24-238	NEW	87-11-005	332-150-020	AMD-P	87-09-103	356-14-045	AMD	87-09-037
332-24-240	NEW-P	87-06-055	332-150-030	AMD-P	87-09-103	356-14-140	AMD-P	87-11-054
332-24-240	NEW	87-11-005	332-150-040	REP-P	87-09-103	356-14-240	AMD-P	87-08-013
332-24-242	NEW-P	87-06-055	332-150-050	AMD-P	87-09-103	356-14-240	AMD	87-11-036
332-24-242	NEW	87-11-005	344-12-060	AMD-E	87-06-010	356-15-030	AMD-P	87-04-040
332-24-244	NEW-P	87-06-055	344-12-060	AMD-E	87-11-046	356-15-030	AMD-C	87-07-036
332-24-244	NEW	87-11-005	344-12-060	AMD-P	87-11-048	356-15-030	AMD	87-10-037
332-24-261	NEW-P	87-06-055	352-12-020	AMD-P	87-04-074	356-15-080	AMD-P	87-06-042
332-24-261	NEW	87-11-005	352-12-020	AMD	87-08-008	356-15-080	AMD-P	87-11-054
332-24-301	NEW-P	87-06-055	352-32-010	AMD-P	87-04-074	356-15-090	AMD-P	87-04-040
332-24-301	NEW	87-11-005	352-32-010	AMD	87-08-008	356-15-090	AMD-C	87-07-036
332-24-310	REP-P	87-06-055	352-32-030	AMD-P	87-04-074	356-15-090	AMD	87-10-037
332-24-310	REP	87-11-005	352-32-030	AMD	87-08-008	356-15-125	AMD-P	87-11-054
332-24-320	REP-P	87-06-055	352-32-035	AMD-P	87-04-074	356-18-100	AMD-P	87-02-045
332-24-320	REP	87-11-005	352-32-035	AMD	87-08-008	356-18-100	AMD-C	87-06-021
332-24-330	REP-P	87-06-055	352-32-235	NEW-P	87-04-073	356-18-100	AMD-C	87-07-036
332-24-330	REP	87-11-005	352-32-235	NEW	87-08-007	356-18-100	AMD-C	87-09-036
332-24-340	REP-P	87-06-055	352-32-250	AMD-P	87-04-074	356-18-100	AMD-C	87-11-035
332-24-340	REP	87-11-005	352-32-250	AMD	87-08-008	356-18-110	AMD-P	87-11-053
332-24-350	REP-P	87-06-055	352-42	REP-C	87-08-042	356-18-140	AMD	87-02-038
332-24-350	REP	87-11-005	352-42-010	REP-P	87-04-075	356-18-220	AMD	87-02-038
332-24-360	REP-P	87-06-055	352-42-010	REP	87-11-037	356-22-010	AMD	87-02-038
332-24-360	REP	87-11-005	352-42-020	REP-P	87-04-075	356-22-040	AMD	87-02-038
332-24-370	REP-P	87-06-055	352-42-020	REP	87-11-037	356-22-070	AMD	87-02-038
332-24-370	REP	87-11-005	352-42-030	REP-P	87-04-075	356-22-100	AMD	87-02-038
332-24-380	REP-P	87-06-055	352-42-030	REP	87-11-037	356-22-180	AMD	87-02-038
332-24-380	REP	87-11-005	352-42-040	REP-P	87-04-075	356-22-190	AMD	87-02-038

Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
356-26-010	AMD	87-02-038	360-36-409	NEW-E	87-08-028	388-54-740	AMD	87-03-054
356-26-040	AMD	87-02-038	365-100-010	AMD-E	87-03-035	388-54-740	AMD-P	87-09-090
356-26-040	AMD-P	87-10-041	365-100-010	AMD-P	87-03-043	388-54-745	AMD	87-03-054
356-26-060	AMD	87-02-038	365-100-010	AMD-E	87-10-019	388-54-765	AMD	87-06-003
356-26-090	AMD	87-03-032	365-100-010	AMD	87-10-020	388-54-775	AMD-P	87-09-088
356-26-130	AMD	87-02-038	365-100-020	AMD-E	87-03-035	388-54-775	AMD-E	87-10-065
356-26-140	NEW-E	87-06-023	365-100-020	AMD-P	87-03-043	388-54-805	AMD	87-06-003
356-26-140	NEW	87-06-024	365-100-020	AMD-E	87-10-019	388-54-850	AMD-P	87-04-010
356-26-140	AMD-P	87-08-014	365-100-020	AMD	87-10-020	388-54-850	AMD	87-07-032
356-30-010	AMD	87-02-038	365-100-030	AMD-E	87-03-035	388-70-056	REP-P	87-06-043
356-30-050	AMD	87-02-038	365-100-030	AMD-P	87-03-043	388-70-056	REP	87-09-027
356-30-065	AMD-C	87-03-010	365-100-030	AMD-E	87-10-019	388-83-015	AMD-P	87-02-063
356-30-065	AMD-C	87-06-022	365-100-030	AMD	87-10-020	388-83-015	AMD-E	87-03-002
356-30-070	AMD-C	87-03-010	365-100-040	AMD-E	87-03-035	388-83-015	AMD	87-06-005
356-30-070	AMD-C	87-06-022	365-100-040	AMD-P	87-03-043	388-86-005	AMD-P	87-09-089
356-30-075	AMD	87-02-039	365-100-040	AMD-E	87-10-019	388-86-009	AMD	87-06-001
356-30-090	REP-C	87-03-010	365-100-040	AMD	87-10-020	388-86-00901	AMD-P	87-02-062
356-30-090	REP-C	87-06-022	365-170-010	NEW	87-04-007	388-86-00901	AMD-E	87-03-003
356-30-130	AMD-P	87-02-045	365-170-020	NEW	87-04-007	388-86-00901	AMD	87-06-004
356-30-130	AMD-C	87-06-021	365-170-030	NEW	87-04-007	388-86-071	AMD	87-06-002
356-30-130	AMD-C	87-07-036	365-170-040	NEW	87-04-007	388-87-005	AMD-P	87-09-057
356-30-130	AMD-C	87-09-036	365-170-050	NEW	87-04-007	388-87-105	AMD-P	87-09-057
356-30-130	AMD-C	87-11-035	365-170-060	NEW	87-04-007	388-87-115	NEW-P	87-09-089
356-30-145	AMD-C	87-03-010	365-170-070	NEW	87-04-007	388-92-041	NEW-P	87-07-012
356-30-145	AMD-C	87-06-022	365-170-080	NEW	87-04-007	388-92-041	NEW-E	87-10-021
356-30-255	NEW-P	87-10-041	365-170-090	NEW	87-04-007	388-92-041	NEW	87-10-022
356-30-300	AMD	87-02-038	365-170-100	NEW	87-04-007	388-96-217	NEW-P	87-05-018
356-30-330	AMD-E	87-06-023	388-17-500	NEW	87-03-015	388-96-217	NEW	87-09-058
356-30-330	AMD	87-06-024	388-17-510	NEW	87-03-015	388-96-366	AMD-P	87-05-018
356-34-090	AMD-E	87-06-023	388-24-050	AMD-P	87-10-010	388-96-366	AMD	87-09-058
356-34-090	AMD	87-06-024	388-24-107	AMD-P	87-09-086	388-96-565	AMD-P	87-05-018
356-34-090	AMD-P	87-10-035	388-24-250	AMD-P	87-10-064	388-96-565	AMD	87-09-058
356-35-010	AMD	87-02-038	388-24-253	AMD-P	87-10-064	388-96-585	AMD-P	87-05-018
356-42-020	AMD-P	87-04-036	388-24-254	AMD-P	87-10-064	388-96-585	AMD	87-09-058
356-42-020	AMD-C	87-07-035	388-24-255	AMD-P	87-10-064	388-96-710	AMD-P	87-05-018
356-42-020	AMD-P	87-10-036	388-24-260	AMD-P	87-10-064	388-96-710	AMD	87-09-058
356-42-020	AMD-C	87-11-034	388-24-265	AMD-P	87-10-064	388-96-722	AMD-P	87-05-018
356-42-042	NEW-P	87-10-036	388-24-270	REP-P	87-10-064	388-96-722	AMD	87-09-058
356-42-043	AMD-P	87-10-036	388-24-276	REP-P	87-10-064	388-96-745	AMD-P	87-05-018
356-42-045	AMD-P	87-10-036	388-53-010	AMD-E	87-09-020	388-96-745	AMD	87-09-058
356-42-049	NEW-P	87-10-036	388-53-010	AMD-P	87-09-021	388-96-754	AMD-P	87-05-018
356-42-055	AMD-P	87-10-036	388-53-020	REP-E	87-09-020	388-96-754	AMD	87-09-058
356-42-082	AMD-P	87-04-036	388-53-020	REP-P	87-09-021	388-96-774	AMD-P	87-05-018
356-42-082	AMD-C	87-07-035	388-53-030	REP-E	87-09-020	388-96-774	AMD	87-09-058
356-42-082	AMD-P	87-10-036	388-53-030	REP-P	87-09-021	388-99-020	AMD-P	87-02-064
356-42-082	AMD-C	87-11-034	388-53-040	REP-E	87-09-020	388-99-020	AMD-E	87-03-001
356-42-084	AMD-P	87-04-036	388-53-040	REP-P	87-09-021	388-99-020	AMD	87-06-006
356-42-084	AMD-C	87-07-035	388-53-050	AMD-E	87-09-020	388-100-005	REVIEW	87-04-062
356-42-084	AMD-P	87-10-036	388-53-050	AMD-P	87-09-021	388-100-005	AMD-P	87-09-087
356-42-084	AMD-C	87-11-034	388-53-060	REP-E	87-09-020	390-20-0101	AMD	87-05-001
356-42-105	NEW-P	87-10-036	388-53-060	REP-P	87-09-021	390-20-014	NEW-P	87-05-041
356-46-020	AMD-P	87-02-045	388-53-070	REP-E	87-09-020	390-20-014	NEW	87-08-025
356-46-020	AMD	87-06-032	388-53-070	REP-P	87-09-021	390-20-110	AMD	87-05-001
360-10-010	AMD-P	87-05-063	388-53-080	REP-E	87-09-020	392-100-050	NEW-P	87-07-027
360-10-010	AMD-P	87-08-064	388-53-080	REP-P	87-09-021	392-100-050	NEW	87-10-012
360-10-020	AMD-P	87-05-063	388-53-090	REP-E	87-09-020	392-100-060	NEW-P	87-07-027
360-10-020	AMD-P	87-08-064	388-53-090	REP-P	87-09-021	392-100-060	NEW	87-10-012
360-10-030	AMD-P	87-05-063	388-53-100	REP-E	87-09-020	392-101-010	NEW-P	87-07-026
360-10-030	AMD-P	87-08-064	388-53-100	REP-P	87-09-021	392-101-010	NEW	87-10-013
360-10-040	AMD-P	87-05-063	388-53-120	REP-E	87-09-020	392-122-605	AMD-P	87-04-046
360-10-040	AMD-P	87-08-064	388-53-120	REP-P	87-09-021	392-122-605	AMD	87-09-018
360-10-050	AMD-P	87-05-063	388-54-601	AMD-P	87-08-045	392-123-145	AMD-P	87-05-039
360-10-050	AMD-P	87-08-064	388-54-601	AMD-E	87-08-046	392-123-145	AMD	87-09-019
360-10-060	AMD-P	87-05-063	388-54-630	AMD-P	87-06-033	392-137-060	AMD-P	87-07-028
360-10-060	AMD-P	87-08-064	388-54-630	AMD	87-09-028	392-137-060	AMD	87-10-014
360-10-070	REP-P	87-05-063	388-54-645	AMD-P	87-09-008	392-140-058	AMD-P	87-04-047
360-10-070	REP-P	87-08-064	388-54-645	AMD-E	87-09-009	392-140-058	AMD	87-09-017
360-10-080	AMD-P	87-05-063	388-54-645	RESCIND	87-09-029	415-02-090	AMD-P	87-03-049
360-10-080	AMD-P	87-08-064	388-54-662	NEW	87-06-003	415-02-090	AMD	87-07-013
360-16-235	NEW-P	87-05-063	388-54-670	AMD	87-03-019	415-100	AMD-P	87-03-046
360-16-235	NEW	87-08-031	388-54-675	AMD-P	87-08-045	415-100	AMD	87-07-014
360-16-240	REP-P	87-05-063	388-54-675	AMD-E	87-08-046	415-100-005	NEW-P	87-03-046
360-16-240	REP	87-08-031	388-54-677	AMD-P	87-08-045	415-100-005	NEW	87-07-014
360-16-245	AMD-P	87-05-063	388-54-677	AMD-E	87-08-046	415-100-010	REP-P	87-03-046
360-16-245	AMD	87-08-031	388-54-730	AMD-P	87-11-058	415-100-010	REP	87-07-014
360-36-010	AMD-P	87-07-049	388-54-735	AMD	87-03-019	415-100-015	NEW-P	87-03-046
360-36-010	AMD	87-10-029	388-54-735	AMD-E	87-03-021	415-100-015	NEW	87-07-014

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
415-100-020	REP-P	87-03-046	415-104-150	REP-P	87-03-047	434-09-010	NEW-P	87-02-068
415-100-020	REP	87-07-014	415-104-150	REP	87-07-016	434-09-010	NEW	87-06-009
415-100-025	NEW-P	87-03-046	415-104-155	NEW-P	87-03-047	434-09-020	NEW-E	87-02-067
415-100-025	NEW	87-07-014	415-104-155	NEW	87-07-016	434-09-020	NEW-P	87-02-068
415-100-035	NEW-P	87-03-046	415-104-160	REP-P	87-03-047	434-09-020	NEW	87-06-009
415-100-035	NEW	87-07-014	415-104-160	REP	87-07-016	434-09-030	NEW-E	87-02-067
415-100-040	REP-P	87-03-046	415-104-165	NEW-P	87-03-047	434-09-030	NEW-P	87-02-068
415-100-040	REP	87-07-014	415-104-165	NEW	87-07-016	434-09-030	NEW	87-06-009
415-100-050	REP-P	87-03-046	415-104-170	REP-P	87-03-047	434-09-040	NEW-E	87-02-067
415-100-050	REP	87-07-014	415-104-170	REP	87-07-016	434-09-040	NEW-P	87-02-068
415-100-060	REP-P	87-03-046	415-104-175	NEW-P	87-03-047	434-09-040	NEW	87-06-009
415-100-060	REP	87-07-014	415-104-175	NEW	87-07-016	434-09-050	NEW-E	87-02-067
415-100-100	REP-P	87-03-046	415-104-180	REP-P	87-03-047	434-09-050	NEW-P	87-02-068
415-100-100	REP	87-07-014	415-104-180	REP	87-07-016	434-09-050	NEW	87-06-009
415-100-110	REP-P	87-03-046	415-104-190	REP-P	87-03-047	434-09-060	NEW-E	87-02-067
415-100-110	REP	87-07-014	415-104-190	REP	87-07-016	434-09-060	NEW-P	87-02-068
415-100-120	REP-P	87-03-046	415-104-190	REP	87-07-016	434-09-060	NEW	87-06-009
415-100-120	REP	87-07-014	415-104-200	REP-P	87-03-047	434-09-060	NEW	87-02-067
415-100-130	REP-P	87-03-046	415-104-200	REP	87-07-016	434-09-070	NEW-E	87-02-068
415-100-130	REP	87-07-014	415-104-210	REP-P	87-03-047	434-09-070	NEW-P	87-02-068
415-100-140	REP-P	87-03-046	415-104-210	REP	87-07-016	434-09-070	NEW	87-06-009
415-100-140	REP	87-07-014	415-104-220	REP-P	87-03-047	434-09-080	NEW-E	87-02-067
415-100-150	REP-P	87-03-046	415-104-220	REP	87-07-016	434-09-080	NEW-P	87-02-068
415-100-150	REP	87-07-014	415-104-230	REP-P	87-03-047	434-09-080	NEW	87-06-009
415-100-160	REP-P	87-03-046	415-104-230	REP	87-07-016	434-09-090	NEW-E	87-02-067
415-100-160	REP	87-07-014	415-104-240	REP-P	87-03-047	434-09-090	NEW-P	87-02-068
415-100-170	REP-P	87-03-046	415-104-240	REP	87-07-016	434-09-090	NEW	87-06-009
415-100-170	REP	87-07-014	415-104-250	REP-P	87-03-047	440-44-030	AMD-P	87-09-007
415-100-180	REP-P	87-03-046	415-104-250	REP	87-07-016	440-44-040	AMD-P	87-10-015
415-100-180	REP	87-07-014	415-104-260	REP-P	87-03-047	440-44-045	AMD-P	87-10-015
415-104	AMD-P	87-03-047	415-104-260	REP	87-07-016	440-44-048	AMD-P	87-10-015
415-104	AMD	87-07-016	415-104-270	REP-P	87-03-047	440-44-061	AMD	87-03-017
415-104-005	NEW-P	87-03-047	415-104-270	REP	87-07-016	440-44-070	AMD-P	87-10-015
415-104-005	NEW	87-07-016	415-104-300	REP-P	87-03-047	440-44-075	AMD-P	87-10-015
415-104-010	REP-P	87-03-047	415-104-300	REP	87-07-016	440-44-076	AMD-P	87-10-015
415-104-010	REP	87-07-016	415-104-310	REP-P	87-03-047	440-44-100	AMD-P	87-10-015
415-104-015	NEW-P	87-03-047	415-104-310	REP	87-07-016	446-55-005	NEW-C	87-04-024
415-104-015	NEW	87-07-016	415-104-320	REP-P	87-03-047	446-55-005	NEW	87-05-012
415-104-020	REP-P	87-03-047	415-104-320	REP	87-07-016	446-55-020	AMD-C	87-04-024
415-104-020	REP	87-07-016	415-104-400	REP-P	87-03-047	446-55-020	AMD	87-05-012
415-104-025	NEW-P	87-03-047	415-104-400	REP	87-07-016	446-55-030	AMD-C	87-04-024
415-104-025	NEW	87-07-016	415-104-410	REP-P	87-03-047	446-55-030	AMD	87-05-012
415-104-030	REP-P	87-03-047	415-104-410	REP	87-07-016	446-55-060	AMD-C	87-04-024
415-104-030	REP	87-07-016	415-104-800	REP-P	87-03-047	446-55-060	AMD	87-05-012
415-104-035	NEW-P	87-03-047	415-104-800	REP	87-07-016	446-55-090	AMD-P	87-02-040
415-104-035	NEW	87-07-016	415-104-810	REP-P	87-03-047	446-55-090	AMD-E	87-02-041
415-104-045	NEW-P	87-03-047	415-104-810	REP	87-07-016	446-55-100	AMD-P	87-02-040
415-104-045	NEW	87-07-016	415-104-820	REP-P	87-03-047	446-55-100	AMD-E	87-02-041
415-104-050	NEW-P	87-03-047	415-104-820	REP	87-07-016	446-55-170	AMD-C	87-04-024
415-104-050	NEW	87-07-016	415-104-830	REP-P	87-03-047	446-55-170	AMD	87-05-012
415-104-060	NEW-P	87-03-047	415-104-830	REP	87-07-016	446-55-180	AMD-C	87-04-024
415-104-060	NEW	87-07-016	415-105-050	AMD-P	87-03-048	446-55-180	AMD	87-05-012
415-104-070	NEW-P	87-03-047	415-105-050	AMD	87-07-015	446-55-200	REP-C	87-04-024
415-104-070	NEW	87-07-016	415-105-060	AMD-P	87-03-048	446-55-200	REP	87-05-012
415-104-080	NEW-P	87-03-047	415-105-060	AMD	87-07-015	446-55-210	REP-C	87-04-024
415-104-080	NEW	87-07-016	415-105-070	AMD-P	87-03-048	446-55-210	REP	87-05-012
415-104-090	NEW-P	87-03-047	415-105-070	AMD	87-07-015	446-55-220	AMD-C	87-04-024
415-104-090	NEW	87-07-016	415-105-090	AMD-P	87-03-048	446-55-220	AMD	87-05-012
415-104-100	AMD-P	87-03-047	415-105-090	AMD	87-07-015	446-55-240	REP-C	87-04-024
415-104-100	REP-P	87-03-047	415-105-100	NEW-P	87-03-048	446-55-240	REP	87-05-012
415-104-100	AMD	87-07-016	415-105-100	NEW	87-07-015	446-55-250	AMD-P	87-02-040
415-104-105	REP-P	87-03-047	415-105-110	NEW-P	87-03-048	446-55-250	AMD-E	87-02-041
415-104-105	REP	87-07-016	415-105-110	NEW	87-07-015	446-55-270	AMD-P	87-02-040
415-104-110	REP-P	87-03-047	415-105-120	NEW-P	87-03-048	446-55-270	AMD-E	87-02-041
415-104-110	REP	87-07-016	415-105-120	NEW	87-07-015	446-60-005	NEW-C	87-04-024
415-104-115	NEW-P	87-03-047	415-105-130	NEW-P	87-03-048	446-60-005	NEW	87-05-012
415-104-115	NEW	87-07-016	415-105-130	NEW	87-07-015	446-60-015	NEW-C	87-04-024
415-104-120	REP-P	87-03-047	415-105-140	NEW-P	87-03-048	446-60-015	NEW	87-05-012
415-104-120	REP	87-07-016	415-105-140	NEW	87-07-015	446-60-020	AMD-C	87-04-024
415-104-125	NEW-P	87-03-047	415-105-150	NEW-P	87-03-048	446-60-020	AMD	87-05-012
415-104-125	NEW	87-07-016	415-105-150	NEW	87-07-015	446-60-080	AMD-C	87-04-024
415-104-135	NEW-P	87-03-047	415-105-160	NEW-P	87-03-048	446-60-080	AMD	87-05-012
415-104-135	NEW	87-07-016	415-105-160	NEW	87-07-015	446-70-010	NEW-P	87-06-007
415-104-140	REP-P	87-03-047	415-105-170	NEW-P	87-03-048	446-70-010	NEW	87-09-049
415-104-140	REP	87-07-016	415-105-170	NEW	87-07-015	446-70-020	NEW-P	87-06-007
415-104-145	NEW-P	87-03-047	415-105-180	NEW-P	87-03-048	446-70-020	NEW	87-09-049
415-104-145	NEW	87-07-016	415-105-180	NEW	87-07-015	446-70-030	NEW-P	87-06-007
			434-09-010	NEW-E	87-02-067	446-70-030	NEW	87-09-049

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #
446-70-040	NEW-P 87-06-007	463-54-080	NEW 87-05-017	480-100-072	RESCIND 87-03-059
446-70-040	NEW 87-09-049	468-58-080	AMD-P 87-09-006	480-100-072	AMD-E 87-03-060
446-70-050	NEW-P 87-06-007	468-95-010	AMD 87-05-043	480-100-251	NEW-P 87-06-031
446-70-050	NEW 87-09-049	468-300-010	AMD-P 87-06-052	480-100-251	NEW 87-11-045
446-70-060	NEW-P 87-06-007	468-300-010	AMD-E 87-08-019	480-120-027	NEW-C 87-04-011
446-70-060	NEW 87-09-049	468-300-010	AMD-C 87-09-047	480-120-027	NEW-P 87-05-013
446-70-070	NEW-P 87-06-007	468-300-010	AMD-C 87-10-002	490-800-100	AMD-P 87-10-056
446-70-070	NEW 87-09-049	468-300-020	AMD-P 87-06-052	490-800-130	AMD-P 87-10-056
446-70-080	NEW-P 87-06-007	468-300-020	AMD-C 87-09-047	490-800-180	AMD-P 87-10-056
446-70-080	NEW 87-09-049	468-300-020	AMD-C 87-10-002	490-800-250	AMD-P 87-10-056
458-15-005	NEW 87-05-022	468-300-030	REP-P 87-06-052	491-20-010	AMD-P 87-11-015
458-15-010	NEW 87-05-022	468-300-030	REP-C 87-09-047	491-20-020	AMD-P 87-11-015
458-15-015	NEW 87-05-022	468-300-030	REP-C 87-10-002	491-20-030	AMD-P 87-11-015
458-15-020	NEW 87-05-022	468-300-040	AMD-P 87-06-052	491-20-040	AMD-P 87-11-015
458-15-030	NEW 87-05-022	468-300-040	AMD-C 87-09-047	491-20-060	AMD-P 87-11-015
458-15-040	NEW 87-05-022	468-300-040	AMD-C 87-10-002	491-20-070	AMD-P 87-11-015
458-15-050	NEW 87-05-022	468-300-070	AMD-P 87-06-052	491-20-080	AMD-P 87-11-015
458-15-060	NEW 87-05-022	468-300-070	AMD-C 87-09-047	491-20-090	AMD-P 87-11-015
458-15-070	NEW 87-05-022	468-300-070	AMD-C 87-10-002	504-17-090	AMD-P 87-08-035
458-15-080	NEW 87-05-022	468-300-700	AMD-P 87-06-052	504-24-015	NEW-P 87-08-002
458-15-090	NEW 87-05-022	468-300-700	AMD-C 87-09-047	504-24-020	AMD-P 87-08-002
458-15-100	NEW 87-05-022	468-300-700	AMD-C 87-10-002	504-24-030	AMD-P 87-08-002
458-15-110	NEW 87-05-022	478-116-080	AMD-P 87-10-057	504-28-010	AMD-P 87-08-002
458-15-120	NEW 87-05-022	478-116-240	AMD-P 87-10-057	504-28-020	AMD-P 87-08-002
458-20-168	AMD-P 87-02-061	478-116-250	AMD-P 87-10-057	504-28-030	AMD-P 87-08-002
458-20-168	AMD 87-05-042	478-116-260	AMD-P 87-10-057	504-28-050	AMD-P 87-08-002
458-20-182	AMD-P 87-02-061	478-116-270	AMD-P 87-10-057	504-28-060	AMD-P 87-08-002
458-20-182	AMD 87-05-042	478-116-290	AMD-P 87-10-057	504-32-010	AMD-P 87-08-002
458-20-18801	AMD-P 87-02-061	478-116-350	AMD-P 87-10-057	504-32-020	REP-P 87-08-002
458-20-18801	AMD 87-05-042	478-116-370	AMD-P 87-10-057	504-32-060	AMD-P 87-08-002
458-30-500	NEW 87-07-009	478-116-390	AMD-P 87-10-057	504-34-010	AMD-P 87-08-002
458-30-510	NEW 87-07-009	478-116-450	AMD-P 87-10-057	504-34-030	AMD-P 87-08-002
458-30-520	NEW 87-07-009	478-116-520	AMD-P 87-10-057	504-34-040	AMD-P 87-08-002
458-30-530	NEW 87-07-009	478-116-582	AMD-P 87-10-057	504-34-050	AMD-P 87-08-002
458-30-540	NEW 87-07-009	478-116-584	AMD-P 87-10-057	504-34-070	AMD-P 87-08-002
458-30-550	NEW 87-07-009	478-116-588	AMD-P 87-10-057	504-34-080	AMD-P 87-08-002
458-30-560	NEW 87-07-009	478-116-590	AMD-P 87-10-057	504-34-090	AMD-P 87-08-002
458-30-570	NEW 87-07-009	478-116-600	AMD-P 87-10-057	504-34-100	AMD-P 87-08-002
458-30-580	NEW 87-07-009	478-116-601	AMD-P 87-10-057	504-34-110	AMD-P 87-08-002
458-30-590	NEW 87-07-009	478-138-050	AMD-P 87-11-052	504-34-120	AMD-P 87-08-002
458-40-650	AMD-P 87-10-062	480-12-210	AMD 87-04-012	508-60-008	NEW 87-05-034
458-40-660	AMD-P 87-10-062	480-80-041	NEW-C 87-04-011	516-12-400	AMD-P 87-08-011
458-40-670	AMD-P 87-10-062	480-80-041	NEW-P 87-05-013	516-12-400	AMD-C 87-11-012
458-53-110	AMD-P 87-09-022	480-80-050	AMD-C 87-04-011	516-12-470	AMD-P 87-08-011
458-53-141	AMD-P 87-09-022	480-80-050	AMD-P 87-05-013	516-12-470	AMD-C 87-11-012
458-53-160	AMD-P 87-09-022	480-90-021	AMD-W 87-03-057		
458-53-163	AMD-P 87-09-022	480-90-021	AMD-P 87-03-058		
458-61-030	AMD 87-03-036	480-90-021	RESCIND 87-03-059		
458-61-030	AMD-P 87-09-034	480-90-021	AMD-E 87-03-060		
458-61-050	AMD 87-03-036	480-90-051	AMD-W 87-03-057		
458-61-080	AMD 87-03-036	480-90-051	AMD-P 87-03-058		
458-61-150	AMD 87-03-036	480-90-051	RESCIND 87-03-059		
458-61-210	AMD 87-03-036	480-90-051	AMD-E 87-03-060		
458-61-335	NEW 87-03-036	480-90-071	AMD-W 87-03-057		
458-61-490	AMD 87-03-036	480-90-071	AMD-P 87-03-058		
458-61-555	AMD-P 87-09-034	480-90-071	RESCIND 87-03-059		
458-61-570	AMD 87-03-036	480-90-071	AMD-E 87-03-060		
460-64A-010	AMD 87-03-052	480-90-072	AMD-W 87-03-057		
460-64A-020	AMD 87-03-052	480-90-072	AMD-P 87-03-058		
460-70-005	NEW 87-02-044	480-90-072	RESCIND 87-03-059		
460-70-010	NEW 87-02-044	480-90-072	AMD-E 87-03-060		
460-70-015	NEW 87-02-044	480-90-191	NEW-C 87-06-030		
460-70-020	NEW 87-02-044	480-90-191	NEW-P 87-08-053		
460-70-025	NEW 87-02-044	480-100-021	AMD-W 87-03-057		
460-70-030	NEW 87-02-044	480-100-021	AMD-P 87-03-058		
460-70-035	NEW 87-02-044	480-100-021	RESCIND 87-03-059		
460-70-040	NEW 87-02-044	480-100-021	AMD-E 87-03-060		
460-70-045	NEW 87-02-044	480-100-051	AMD-W 87-03-057		
460-70-050	NEW 87-02-044	480-100-051	AMD-P 87-03-058		
460-70-060	NEW 87-02-044	480-100-051	RESCIND 87-03-059		
463-42-075	AMD 87-05-017	480-100-051	AMD-E 87-03-060		
463-42-455	AMD 87-05-017	480-100-071	AMD-W 87-03-057		
463-42-465	AMD 87-05-017	480-100-071	AMD-P 87-03-058		
463-42-515	AMD 87-05-017	480-100-071	RESCIND 87-03-059		
463-42-655	NEW 87-05-017	480-100-071	AMD-E 87-03-060		
463-42-665	NEW 87-05-017	480-100-072	AMD-W 87-03-057		
463-42-675	NEW 87-05-017	480-100-072	AMD-P 87-03-058		

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

ACCOUNTANCY, BOARD OF		ARTS COMMISSION—cont.	
CPA certificate		Institutional support	87-11-001
educational requirements	87-04-051	Partnership program	87-11-001
Examinations	87-09-059	State-wide services	87-11-001
	87-10-033		
Experience	87-09-060	ASIAN AMERICAN AFFAIRS, COMMISSION ON	
	87-10-034	Meetings	87-01-075
Quality assurance review program	87-03-040		87-04-001
ACUPUNCTURE		ATTORNEY GENERAL OPINIONS	
(See LICENSING, DEPARTMENT OF)		Art removal in legislature	87-10-011
ADMINISTRATIVE HEARINGS, OFFICE OF		Child care by school districts	87-02-048
Teleconference hearings	87-09-038	Community college salary increase	
		authority limited via budget	87-07-001
AGRICULTURE, DEPARTMENT OF		Counties, noncharter, county commissioner	
Alfalfa, Kittitas County restriction	87-11-018	increase	87-08-027
Animal diagnostic testing laboratory fees	87-08-057	Fluoridation	87-03-037
	87-11-004	Forest lands, county deeded	87-08-024
	87-04-027	Higher education coordinating board	87-07-005
Apple ermine moth quarantine		LEOFF, proposed legislation impact	87-04-041
Bees		Long-term care ombudsman	87-02-021
apiary inspection fees	87-05-053	Pharmacy board authority regarding	
board representation	87-05-053	drug samples	87-03-027
colony strength	87-05-053	Platting and subdivisions	87-07-043
Brand inspection	87-08-058	Polygraph exams, Grant County	87-10-055
	87-08-061	Port district formation	87-10-007
Brucellosis	87-04-052	Professional engineers and land	
	87-08-020	surveyors, board employees	87-01-090
Caneberry certification	87-09-085		87-06-016
Clover, Kittitas County restriction	87-11-018	Real Estate Contract Forfeiture Act	87-07-004
Commodity inspection standards	87-05-036	Transportation department, unfair	
	87-08-030	competition, precast concrete	87-11-008
Dairy processing plants			
substandard products	87-02-025	BANKING, DIVISION OF	
	87-02-026	(See GENERAL ADMINISTRATION,	
	87-05-028	DEPARTMENT OF)	
	87-08-038	BEEF COMMISSION	
Desiccants and defoliants	87-11-055	Assessment	87-01-013
Dinoseb, use of on dry peas, chickpeas,		BELLEVUE COMMUNITY COLLEGE	
and lentils	87-09-001	(District 8)	
	87-09-054	Meetings	87-01-082
Grain fees	87-01-032		
	87-01-103	BUILDING CODE COUNCIL	
Herbicides		Meetings	87-01-036
restricted use	87-04-060		87-01-061
	87-05-006	CENTENNIAL COMMISSION	
	87-08-072	Executive committee membership	87-09-099
	87-09-015		87-09-100
Hops assessment	87-04-045	Fundraising and solicitation	
	87-10-059	coordination	87-06-046
Importation of animals	87-04-053		87-09-101
	87-08-021		87-09-102
Milk product labeling	87-06-036	CENTRALIA/SPSCC COLLEGES	
	87-09-032	(District 12)	
	87-09-033	Centralia	
Motor fuel meters, credit or cash price	87-07-019	code procedures	87-07-048
	87-10-042		87-08-018
Noxious weed control board		students rights and responsibilities	87-07-048
noxious weed list	87-01-114		87-08-018
	87-05-016	summary suspension rules	87-07-048
Seed inspection charge	87-08-063		87-08-018
Strawberry certification	87-09-085	Meetings	87-07-030
Tuberculosis	87-04-052		87-11-032
APPRENTICESHIP AND TRAINING COUNCIL		SPSCC	
(See LABOR AND INDUSTRIES,		code procedures	87-07-031
DEPARTMENT OF)			87-08-017
ARCHAEOLOGY AND HISTORIC PRESERVATION,		student rights and responsibilities	87-07-031
OFFICE OF			87-08-017
(See COMMUNITY DEVELOPMENT,		summary suspension rules	87-07-031
DEPARTMENT OF)			87-08-017
ARTS COMMISSION		CHIROPRACTIC DISCIPLINARY BOARD	
Artist fellowship	87-11-001	Acupuncturists	87-01-086
Art in public places	87-11-001		87-05-064
Artists-in-residence	87-11-001	Billing	
Community development	87-11-001	extended office calls	87-01-086
Cultural enrichment	87-11-001	improper billing practices	87-01-086
Governor's arts award	87-11-001	Cost of service, full disclosure	87-01-086

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

CHIROPRACTIC DISCIPLINARY BOARD—cont.		DENTAL DISCIPLINARY BOARD	
Intravaginal adjustment restricted	87-01-086	(See LICENSING, DEPARTMENT OF)	
CHIROPRACTIC EXAMINERS, BOARD OF		ECOLOGY, DEPARTMENT OF	
Fees	87-07-046 87-10-028	Dangerous waste management facilities siting	87-02-004 87-03-014
CLARK COLLEGE		Dangerous waste generation and management	87-09-078
(District 14)		Flood control assistance account program	87-02-043 87-03-044 87-04-022 87-05-034
Meetings	87-01-098	Flood control zones	87-05-034
Reduction in force	87-10-045	Forest practices	
CLEMENCY AND PARDONS BOARD		water quality	87-10-060
Meetings	87-05-009	Motor vehicle emission inspection	87-02-051
COLLECTION AGENCIES		Municipal wastewater treatment contract grants	87-10-044
(See LICENSING, DEPARTMENT OF)		Noise	87-02-059 87-06-056
COMMUNITY COLLEGE EDUCATION, BOARD FOR		Radioactive wastes	
Meetings	87-04-025	low-level radioactive waste disposal site	87-05-032
COMMUNITY DEVELOPMENT, DEPARTMENT OF		site use permits	87-11-028 87-11-029
Archaeology and historic preservation, office of		Sewers	
historic preservation grants advisory committee	87-02-052 87-05-027	combined overflows	87-02-050 87-04-014 87-04-020
Development loan fund board meetings	87-09-002	Shoreline management/development/enforcement	87-09-080
Early childhood education and assistance program	87-01-083 87-04-007	Shoreline master programs	
Fire marshal		Okanogan County	87-06-025 87-11-042
oil tanks, used and above ground	87-02-024 87-03-053 87-06-044	Puyallup	87-02-003 87-08-001
Weatherization assistance hearing	87-03-051	San Juan County	87-09-081
Winter utility moratorium program	87-03-035 87-03-043 87-10-019 87-10-020	Seattle	87-05-015
COMMUNITY ECONOMIC REVITALI-ZATION BOARD		Snohomish County	87-05-015
(See TRADE AND ECONOMIC DEVELOPMENT, DEPARTMENT OF)		Snoqualmie	87-01-060
CONSERVATION COMMISSION		Whatcom County	87-08-059
Meetings	87-09-048	Solid waste incineration	87-03-045 87-04-019 87-04-037 87-04-038 87-05-035 87-07-041 87-08-050
CONVENTION AND TRADE CENTER		State/EPA agreement	
Meetings	87-01-091 87-03-050 87-07-044 87-09-061 87-11-024	Waste handling	
CORRECTIONS, DEPARTMENT OF		minimum functional standards	87-02-035 87-05-054 87-08-060 87-11-038 87-11-039
Financial responsibility for persons in city/county jails	87-11-010	EDMONDS COMMUNITY COLLEGE	
Reimbursable impacts/criminal justice costs	87-11-049	(District 23)	
Reimbursement of one-time cost impacts, new locations	87-06-045	Meetings	87-01-049 87-04-009 87-05-019 87-07-018 87-09-062 87-09-063 87-11-030
CORRECTIONS STANDARDS BOARD		EDUCATION, STATE BOARD OF	
Crowding	87-01-113	Definitions	87-05-052 87-09-039
Definitions	87-03-028	K-3 student teacher ratio	87-09-051
Impact review committee membership changed	87-03-028 87-03-029	Meetings	87-06-017
Maximum capacities	87-01-112 87-05-040 87-10-061	Professional certification	87-05-048 87-05-049 87-05-050 87-05-051 87-09-010 87-09-011 87-09-012 87-09-013 87-09-052
COUNTY ROAD ADMINISTRATION BOARD			
Annual certification	87-08-022 87-11-014		
RATA fund allocation	87-08-022 87-11-014		
Response by county	87-08-022 87-11-014		
CRIMINAL JUSTICE TRAINING COMMISSION			
Meetings	87-04-021		

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

EDUCATION, STATE BOARD OF—cont.

87-09-053
87-09-093
87-09-094
Pupil discipline 87-05-047
87-09-040
School district organization 87-01-018
87-01-116
87-04-059
Teachers, assignment within districts 87-09-092
Uniform entry qualifications 87-01-017

EMPLOYMENT SECURITY DEPARTMENT

Belltown service center 87-03-006
Benefit payment regulations 87-08-049
Claims
continued claims 87-08-049
Conditional payment 87-08-049
Notice and opportunity to be heard 87-08-049
Overpayments 87-01-026
Tips as wages 87-01-026

ENERGY FACILITY SITE EVALUATION COUNCIL

Explanation of entire certification process 87-01-065
General
assurances 87-01-042
87-01-115
87-05-017
87-01-065
conditions
Physical environment
description of measures taken to protect vegetation, animal life, and aquatic life 87-01-042
87-01-115
87-05-017
87-01-042
87-01-115
87-05-017
87-01-042
87-01-115
87-05-017
87-01-042
87-01-115
87-05-017
87-01-042
87-01-115
87-05-017
87-01-042
87-01-115
87-05-017

EQUIPMENT, COMMISSION ON

Display of electronic messages 87-01-020
87-04-065

EVERETT COMMUNITY COLLEGE

(District 5)
Facility use agreement 87-10-038
Facility use policy 87-10-039
Meetings 87-01-093

EVERGREEN STATE COLLEGE, THE

Parking regulations 87-10-054
President's advisory board 87-03-038

FINANCIAL MANAGEMENT, OFFICE OF

Moving expenses 87-02-006
87-06-012

FIRE MARSHAL

(See COMMUNITY DEVELOPMENT, DEPARTMENT OF)

FISHERIES, DEPARTMENT OF

Agency procedures
hydraulic code 87-08-062
license transfer 87-02-033
Aquaculture disease control 87-04-071
87-08-033

Commercial

bottomfish
beam trawl and bottom trawl – seasons 87-04-003
beam trawl and otter trawl – gear 87-04-003

FISHERIES, DEPARTMENT OF—cont.

coastal bottomfish catch limits 87-01-084
87-09-030
87-09-083
coastal sable fish 87-09-016
cod, true cod closure 87-04-028
dogfish 87-04-003
drag seine 87-09-050
Pacific cod set net 87-04-003
Pacific whiting 87-05-002
87-07-007
87-08-010
87-04-003
pelagic trawl – seasons 87-04-003
Puget Sound whiting 87-04-003
set bottomfish limits 87-04-070
87-07-042
87-09-055
87-10-004
87-11-002
sac-roe herring
salmon
Chehalis River 87-10-031
Columbia River 87-05-037
87-06-037
Nisqually River 87-03-008
Pacific Ocean 87-10-003
87-11-006
87-11-023
Puget Sound 87-01-044
87-01-045
87-09-082
87-03-008
87-11-059
Samish River
shad
shellfish
crab 87-01-107
87-05-038
87-08-047
razor clams
sea cucumber 87-04-004
areas and seasons 87-02-013
districts 87-09-025
87-08-034
sea urchins
shrimp
closed area **87-11-022**
Hood Canal **87-11-031**
sturgeon
Columbia River 87-05-037
gear, seasons 87-04-013
Personal use
halibut 87-07-006
salmon
1987-88 season 87-03-056
87-08-005
87-08-006
87-08-048
87-06-035
87-07-020
87-07-011
87-09-066
87-10-016
87-08-048
87-09-014
87-09-024
87-11-021
87-08-048
87-08-048
87-09-024
87-09-024
Wind River
shellfish
clams
closed areas 87-08-048
crab
gear 87-08-048
razor clams 87-06-034
87-08-047
87-08-048
87-08-048
sanctuaries 87-08-048

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

FISHERIES, DEPARTMENT OF—cont.

shrimp
 closed area 87-11-022
 Hood Canal 87-11-031
 limit 87-08-048
 sturgeon
 unlawful acts 87-08-048
Subsistence
 Columbia River tributary 87-09-065
 87-09-084
 Wanapum Indians 87-11-033

FOREST FIRE ADVISORY BOARD
(See NATURAL RESOURCES,
DEPARTMENT OF)

FOREST PRACTICES BOARD

Erosion prevention 87-10-018
 Major revisions 87-10-018
 Meetings 87-01-056
 87-08-003
 87-10-018
 Riparian management zones 87-10-018

FUNERAL DIRECTORS AND EMBALMERS
(See LICENSING, DEPARTMENT OF)

GAMBLING COMMISSION

Amusement games
 limited locations 87-11-011
 Amusement parks 87-03-024
 87-07-037
 87-07-038
 Bingo 87-03-024
 87-07-037
 87-07-038
 87-09-041
 87-09-042
 87-11-016
 Bona fide charitable organizations 87-06-013
 Charitable purposes 87-06-013
 Commercial stimulant 87-03-024
 87-07-037
 87-07-038
 Fees 87-03-024
 87-07-037
 87-07-038
 Licenses
 application procedure
 mandatory training required 87-06-008
 87-09-043
 87-10-017
 bingo game managers 87-06-008
 87-09-043
 card room employees 87-06-008
 87-09-043
 distributor's representative 87-06-008
 87-09-043
 updated documents 87-06-008
 87-09-043
 Prizes
 minimum percentage 87-11-011
 Punchboards/pull tabs
 construction 87-11-011
 flares 87-11-011
 87-11-017
 operation 87-11-011
 prizes 87-03-023
 87-11-011
 restrictions 87-03-023
 retention 87-11-011

GAME COMMISSION/DEPARTMENT

Agency procedures
 hydraulic code 87-08-062
 87-08-070
 Game fish seasons and catch limits
 Bogachiel River 87-01-010
 87-01-078
 Calawah River 87-01-010
 87-01-078

GAME COMMISSION/DEPARTMENT—cont.

Carbon River 87-02-046
 Dickey River 87-01-010
 87-01-078
 Puyallup River 87-02-046
 Quillayute River 87-01-010
 87-01-078
 Snohomish River 87-06-028
 Snoqualmie River 87-06-028
 Solduc River 87-01-010
 87-01-078
 Tucannon River 87-08-039
 Hunting
 contests 87-05-030
 87-09-026
 elk hunting unit 472 87-03-042
 elk, special permits 87-08-067
 hound hunter reports 87-08-068
 1987 hunting seasons and bag limits 87-08-069
 1987 mountain goat, sheep, and moose 87-05-031
 1987 spring bear and turkey seasons 87-06-027
 87-06-029
 Trapping
 bobcat, lynx, river otter, tagging 87-08-066

**GENERAL ADMINISTRATION,
DEPARTMENT OF**

Banking, division of
 interstate acquisition laws 87-08-071
 87-10-047
 87-10-058
 real estate investment/community
 reinvestment 87-02-010
 Land bank 87-10-046
GOVERNOR, OFFICE OF THE
 Disability issues and employment,
 governor's committee 87-06-011
 Drugs, alliance against drugs 87-06-040
 Emergencies
 rains and flooding 87-01-024
 terminating an emergency 87-05-033
 Historic properties, state use of 87-09-072
 Mt. St. Helens emergency ended 87-10-006
 Private activity bond state ceiling
 volume cap 87-02-047
 87-06-041
 87-10-005
 Special 1987 legislative session

GRAIN

(See AGRICULTURE, DEPARTMENT OF)

GREEN RIVER COMMUNITY COLLEGE

(District 10)
 Meetings 87-01-106
 87-09-003
 87-09-004
 87-10-032

HEALTH, BOARD OF

Communicable and other diseases 87-07-039
 87-11-047
 Newborn metabolic screening 87-07-033
 87-07-040
 87-11-040
 Phenylketonuria 87-07-033
 87-07-040
 87-11-040

HEALTH CARE FACILITIES AUTHORITY

Meetings
 bond issuance notice 87-09-091

HEARING AIDS, COUNCIL ON

Examination appeal procedures 87-10-066

HIGHER EDUCATION COORDINATING BOARD

Definition
 the care of students with extremely
 high unmet needs 87-04-076
 Work study 87-04-077

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

HIGHER EDUCATION FACILITIES AUTHORITY

Bond counsel selection 87-01-035
 Bond issuance resolution 87-01-035
 Investment banking firms selection 87-01-035

**HIGHER EDUCATION IN SPOKANE,
 JOINT CENTER FOR**

Meetings 87-01-080

HIGHER EDUCATION PERSONNEL BOARD

Affirmative action 87-02-036
 87-06-053
 87-10-049

Appointment 87-02-036
 temporary 87-06-053
 Availability 87-10-050

Child care emergency leave 87-10-052
 87-10-053

Compensation plans 87-04-056
 Dismissal/separation, grounds for 87-04-057
 Emergency leave 87-10-052
 87-10-053

Exclusive representation decertification 87-02-036
 Exemptions 87-02-036

Hearings 87-02-036
 burden of proof 87-02-036

Holidays 87-04-057
 Immediate dismissal 87-02-036

Layoff 87-10-052
 Leave 87-10-053

Periodic increment pay 87-04-056
 87-10-051

Personnel files 87-04-055
 87-08-056

Preseparation or predisciplinary notice 87-02-054
 87-04-057
 87-06-054

Records 87-02-036

Resignation, withdrawals 87-08-054
 87-08-055

Sick leave 87-10-053

Special pay 87-04-056

Trial service reversion 87-02-036

Vacation leave 87-10-052

Withdrawal of WSR 86-24-075 87-02-055

**HIGHLINE COMMUNITY COLLEGE
 (District 9)**

Meetings 87-01-047

**HISTORIC PRESERVATION, ADVISORY
 COUNCIL ON**

Rehabilitation, special tax valuation 87-03-039

HORSE RACING COMMISSION

Rules of horse racing 87-08-029
 87-09-031
 87-09-076
 87-09-077

HOSPITAL COMMISSION

Patient discharge information 87-01-053
 87-04-008
 87-05-007
 87-08-037

HUMAN RIGHTS COMMISSION

Meetings 87-01-062
 87-01-105
 87-04-043
 87-06-038
 87-08-041
 87-10-063

INDIANS

Salmon 87-10-031
 Chehalis River 87-01-044
 Puget Sound

INDIANS—cont.

Subsistence 87-09-065
 Columbia River tributaries 87-09-084
 Wanapum Indians **87-11-033**

INSURANCE COMMISSIONER

Accidental death or injury 87-06-039
 Annuity, mortality tables 87-02-066
 87-05-046

Brokers' fee 87-06-039
 Disability insurance **87-11-057**
 Discrimination prohibited 87-06-039
 Health questions to be clear 87-06-039

Insurer to make independent decision 87-06-039
 on reinsurance 87-09-098

Life insurance and annuities 87-06-049
 Life reinsurance 87-09-056

Long-term care coverage **87-11-056**
87-11-057

Misrepresentation of policy provisions 87-06-039

Motor vehicles 87-06-039
 prompt, fair, and equitable 87-06-039
 settlement 87-03-055

Premiums, separation and accounting 87-02-017
 Property and casualty insurance 87-02-065
 special liability insurance reports 87-05-011

Pure endowment contracts, mortality 87-02-066
 tables 87-02-066

Smokers/nonsmokers, mortality tables 87-06-039
 Unfair claims settlement practices 87-06-039
 Unfair practices 87-09-071

INTEREST RATES

(See inside front cover)

INVESTMENT BOARD

Meetings 87-01-104

ISSAQUAH

Ground water advisory committee 87-08-036
 operating rules and procedures

JUDICIAL CONDUCT, COMMISSION ON

Rules rewritten in light of SJR 136 87-04-058

KING COUNTY

Ground water advisory committee 87-08-036
 operating rules and procedures

LABOR AND INDUSTRIES, DEPARTMENT OF

Agricultural safety standard 87-02-056
 87-05-023
 87-09-079

Apprenticeship and training council 87-01-046
 objective wage

Asbestos 87-05-055
 encapsulation 87-05-055
 removal 87-02-037

Attorney fees 87-07-023
 Civil penalties 87-07-024

Construction work safety 87-05-055
 standards 87-07-021

Contractor compliance infractions 87-07-003
 Driving safety standards 87-02-002

Electrical installations, safety 87-06-047
 standards 87-07-021

General occupational health standards 87-10-030
 87-05-055
 87-10-008

General safety and health 87-02-058
 accident prevention tags 87-07-022

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

LABOR AND INDUSTRIES, DEPARTMENT OF

LICENSING, DEPARTMENT OF—cont.

—cont.		Debuture	87-03-052
construction work, electrical code	87-07-021	Dental disciplinary board	
ethylene oxide	87-02-058	specialty representation	87-07-045 87-09-095 87-09-096 87-11-026
Medical aid rules and maximum fee schedules	87-02-027 87-02-034 87-02-042 87-02-057 87-03-004 87-03-005 87-08-004 87-08-044 87-11-050 87-11-051	Dental examiners, board of exams	
Retrospective rating plans and group insurance plans	87-07-017	content	87-06-051 87-09-097 87-06-051 87-09-097
Risk classifications	87-07-047	review	87-06-051 87-11-061
Safety and health inspections		Employment agencies	87-03-031 87-04-049 87-07-046
recordkeeping	87-03-011	Fees	
Self-insurance		Funeral directors and embalmers	
posting of security by local governments	87-05-008	licenses	
Supplemental pension fund	87-02-028 87-04-006 87-11-060	display	87-08-051 87-11-063 87-08-051 87-11-063
Transporting fuel powered vehicles		establishment licensure	87-10-024 87-10-025 87-10-026 87-10-027
Vocational rehabilitation		Landscape architect licenses and fees	
billing codes	87-05-057 87-10-072 87-05-058 87-05-059 87-10-073 87-05-060 87-10-070 87-05-056 87-10-071	Medical examiners, board of meetings	87-01-077 87-07-010
disputes		Motor vehicles	
interns, counselors, etc.		certificates	
performance criteria		duplicates	87-01-030 87-04-069
provider solicitation		issuance	87-04-067
request for proposal		licenses	
LIBRARY		license tabs	
Certification board		surrender of plates	87-01-028
meetings	87-08-040	vehicle reciprocity, nonresident students	87-01-029
Library commission		Nursing home administrators, board of examiners for	
western library computer network service	87-01-019 87-11-041	definitions	87-02-008
Meetings	87-04-031 87-05-020 87-11-009 87-11-041	examinations	
Performance evaluation of state librarian	87-04-030	application	87-02-008
Rules and regulations, staff briefing, hearing	87-04-072	approval	87-02-008
Service grant programs	87-04-066 87-07-029	disqualification	87-02-008
Western library network		preexamination	87-02-008
meetings	87-01-094 87-04-044 87-11-041	subjects	87-02-008
LICENSING, DEPARTMENT OF		executive secretary	87-02-008
Acupuncturists	87-01-087 87-02-007 87-03-013 87-06-050	preceptors, administrator-in-training program	87-02-008
Collection agencies		Practical nursing, board of programs	
license records	87-07-025 87-11-064	curriculum content	87-10-067
notice to credit reporting bureau	87-07-025 87-11-064	survey visits	87-10-067
rate of interest, disclosure	87-07-025 87-11-064	Occupational therapy practice, board of consulting capacity	87-05-062 87-09-044 87-05-062 87-09-044 87-09-044 87-04-015 87-04-015
sale of agency	87-07-025 87-11-064	definitions	
Commodity broker — dealers	87-02-044	educational programs	87-09-044 87-05-062 87-09-044
Cosmetology/barber/manicurist advisory board		fees	87-04-015
passing grades on examination	87-01-006 87-01-007	license renewal date	87-04-015
		occupational therapy aide, persons exempt from the definition	87-01-088 87-05-062 87-09-044
		supervised fieldwork experience	87-01-088
		Off-road and nonhighway vehicles	87-03-041
		Optometry, board of	
		contact lens prescription examinations	87-01-099
		appeal procedures	87-09-074
		grading	87-01-111 87-02-060 87-09-046

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

LICENSING, DEPARTMENT OF—cont.

results	87-01-111
	87-02-060
subjects	87-09-046
improper professional relationship with physicians	87-09-075
Osteopathic medicine and surgery, board of	
licenses	
reinstatement	87-04-048
mandatory reporting	87-04-048
	87-11-062
physician's assistants	87-04-048
Physical therapy board	
examination of applicants	87-05-061
	87-08-065
Podiatry board	
ethical standards	87-04-050
	87-04-054
	87-09-045
examinations	87-04-050
meetings	87-04-002
purpose	87-04-050
scope of practice	87-04-050
	87-04-054
	87-09-045
	87-04-050
unlicensed acts	
Real estate	
approval of classes	87-01-085
disclosure of agency representation	87-01-089
	87-05-065
Real estate commission	
meetings	87-02-032
Scrap haulers	
general procedures and requirements	87-01-005
Snowmobiles	87-03-041
Vehicle dealers	
license application	87-01-016
Watercraft registration	87-04-068
	87-09-073
Wreckers	
general procedures and requirements	87-01-005
LIQUOR CONTROL BOARD	
Advertising by retail licensees	
beer, wine, or spirituous liquors	87-01-015
	87-01-052
	87-04-026
Beer labels	87-05-045
	87-08-015
Beer suppliers	
price filings, contracts, and memoranda	87-01-014
Definitions	
gallon	87-11-019
pasteurized beer	87-11-019
Gallon	87-11-019
Importation	87-04-063
	87-07-008
Licenses	
Class H	87-02-011
	87-02-012
Meetings	87-03-033
Nonliquor food items	87-11-043
	87-11-044
Pasteurized beer	87-11-019
Prohibited practices	
contracts, gifts, rebates	87-01-051
	87-04-018
Records	87-03-025
	87-04-017
Rules review plan	87-03-034
Wine labels	87-05-044
	87-08-016
Wine suppliers	
price filings, contracts, and memoranda	87-01-014

LOTTERY COMMISSION

Change of business structure	87-01-058
Contested cases	87-01-057
Debts owed the state	87-01-057
Description of central and field organization	87-01-057
Indian tribes	87-01-057
<u>Instant game number 16 – Peoples Choice</u>	
criteria	87-01-059
definitions	87-01-059
ticket validation	87-01-059
<u>Instant game number 17 – Doubling Dollars</u>	
criteria	87-01-059
definitions	87-01-059
ticket validation	87-01-059
<u>Instant game number 18 – Washington Winners</u>	
criteria	87-01-059
definitions	87-01-059
ticket validation	87-01-059
<u>Instant game number 19 – Three Cards Up</u>	
criteria	87-01-059
definitions	87-01-059
ticket validation	87-01-059
<u>Instant game number 20 – Silver Lining/ Silver Bells</u>	
criteria	87-01-057
definitions	87-01-057
ticket validation	87-01-057
<u>Instant game number 23 – Three Cards Up</u>	
criteria	87-01-059
definitions	87-01-059
ticket validation	87-01-059
<u>Instant game number 24 – Tic-Tac-Toe</u>	
criteria	87-01-117
	87-05-005
definitions	87-01-117
	87-05-005
ticket validation	87-01-117
	87-05-005
<u>Instant game number 25 – Triple Header</u>	
criteria	87-07-050
	87-07-052
	87-10-043
definitions	87-07-050
	87-07-052
ticket validation	87-10-043
	87-07-050
	87-07-052
	87-10-043
<u>Instant game number 26 – Summer Doubler</u>	
criteria	87-07-050
	87-10-043
definitions	87-07-050
	87-10-043
ticket validation	87-07-050
	87-10-043
<u>Instant game number 27 – Cash Harvest</u>	
criteria	87-07-050
	87-10-043
definitions	87-07-050
	87-10-043
ticket validation	87-07-050
	87-10-043
Licenses	
charges	87-07-051
	87-10-043
denial, suspension, or revocation	87-01-058
fees	87-01-058
issuance eligibility	87-07-051
	87-10-043
Meeting schedule	87-01-025
	87-05-010
time and place of meetings	87-01-117
	87-05-005
On-line games	
credit criteria	87-01-058

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

LOTTERY COMMISSION—cont.

Prizes
 general provisions 87-01-117
 payment of 87-01-057
 Proposed orders 87-01-057
 Retailers
 compensation 87-01-117
 87-05-005

MEDICAL DISCIPLINARY BOARD

Appearance and practice 87-10-068
 Contested cases 87-10-068
 General provisions 87-10-069
 Hearings 87-10-068
 Meetings 87-01-072
 Service of process 87-10-068

MEDICAL EXAMINERS, BOARD OF

(See LICENSING, DEPARTMENT OF)

MEETINGS

Asian American affairs, commission on 87-01-075
 87-04-001
 Bellevue Community College 87-01-082
 Building code council 87-01-036
 87-01-061
 87-01-098
 Clark College 87-05-009
 Clemency and pardons board 87-07-030
 Community College District Twelve **87-11-032**
 Community college education, board for 87-04-025
 Community economic revitalization board 87-01-023
 87-01-074
 Conservation commission 87-09-048
 Convention and trade center 87-01-091
 87-03-050
 87-07-044
 87-09-061
 87-11-024
 Criminal justice training commission 87-04-021
 Development loan fund board 87-09-002
 Ecology 87-08-050
 87-10-044
 Edmonds Community College 87-01-049
 87-04-009
 87-05-019
 87-07-018
 87-09-062
 87-09-063
 87-11-030
 Education, state board of 87-06-017
 Everett Community College 87-01-093
 Forest fire advisory board 87-03-012
 87-08-003
 Forest practices board 87-01-056
 Green River Community College 87-01-106
 87-09-003
 87-09-004
 87-10-032
 87-09-091
 Health care facilities authority 87-01-080
 Higher education in Spokane,
 joint center for 87-01-047
 Highline Community College 87-01-062
 Human rights commission 87-01-105
 87-04-043
 87-06-038
 87-08-041
 87-10-063
 Investment board 87-01-104
 Librarian certification board 87-08-040
 Liquor control board 87-03-033
 Lottery commission 87-01-025
 87-05-010
 Medical disciplinary board 87-01-072
 Medical examiners, board of 87-01-077
 87-07-010
 Mexican American affairs, commission on 87-04-034
 87-04-035

MEETINGS—cont.

Natural heritage advisory council 87-02-005
 87-04-029
 Natural resources, board of **87-11-013**
 Oil and gas conservation committee 87-08-009
 Olympic College 87-05-029
 Outdoor recreation, interagency
 committee for 87-01-068
 87-05-004
 87-01-076
 87-04-002
 87-01-011
 87-04-033
 87-11-020
 Public works board 87-01-027
 87-04-005
 87-05-024
 87-05-025
 87-07-002
 87-10-001
 Puget Sound water quality authority 87-04-042
 87-09-005
 Real estate commission 87-02-032
 Seattle Community College District 87-01-022
 87-08-012
 87-11-007
 Seattle-King County department
 of public health 87-08-036
 Shoreline Community College 87-01-092
 Skagit Valley College 87-01-069
 87-11-025
 Spokane Community Colleges 87-01-034
 State library 87-04-030
 87-04-031
 87-04-072
 87-05-020
 87-11-009
 87-11-041
 Tacoma Community College 87-01-067
 Traffic safety commission 87-02-001
 Transportation commission 87-06-015
 University of Washington 87-02-009
 Urban arterial board 87-02-020
 87-02-049
 87-08-023
 87-10-040
 Vocational education, commission for 87-01-008
 87-03-026
 Volunteer firemen, board for 87-03-007
 87-09-023
 Walla Walla Community College 87-01-012
 Washington State University 87-04-032
 87-10-009
 Western library network 87-01-094
 87-04-044
 87-11-041
 Whatcom Community College 87-01-048
 87-05-003
 87-06-018
 87-09-064

**MEXICAN AMERICAN AFFAIRS,
 COMMISSION ON**
 Meetings 87-04-034
 87-04-035

MILITARY DEPARTMENT
 SEPA 87-05-014

NATURAL RESOURCES, DEPARTMENT OF
 Board meetings **87-11-013**
 Fire protection rules 87-03-022
 87-06-055
 87-11-005
 Forest fire advisory board
 meetings 87-03-012
 Natural heritage advisory council
 meetings 87-02-005
 87-04-029

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

NATURAL RESOURCES, DEPARTMENT OF		PERSONNEL BOARD/DEPARTMENT—cont.	
—cont.		temporary	
Recording fees	87-09-103	classified service	87-01-064
Timber sales		veterans	87-02-039
deposits	87-08-043	Assignment pay provisions	87-11-054
NOXIOUS WEED CONTROL BOARD		Background inquiries	87-02-029
(See AGRICULTURE, DEPARTMENT OF)			87-06-023
NURSING HOME ADMINISTRATORS, BOARD OF			87-06-024
EXAMINERS FOR			87-08-014
(See LICENSING, DEPARTMENT OF)		Bargaining unit, generally	87-04-036
NURSING HOMES			87-07-035
Accounting and reimbursement system	87-05-018		87-10-036
	87-09-058	Base range	87-11-034
Continuing care retirement community		Certification	87-11-054
applications	87-09-007	underfill	87-03-032
Licensure	87-03-018	Declaration of purpose	87-02-045
Ownership, change	87-03-018		87-06-032
OCCUPATIONAL THERAPY PRACTICE, BOARD OF		Discrimination	87-02-045
(See LICENSING, DEPARTMENT OF)			87-06-032
OFF-ROAD VEHICLES		DSHS employees, background inquiries	87-01-033
(See LICENSING, DEPARTMENT OF)		Immigration control	87-10-041
OLYMPIC COLLEGE		Mediation and arbitration requests	87-10-036
Meetings	87-05-029	Overtime provisions and compensation	87-04-040
OIL AND GAS CONSERVATION COMMITTEE			87-07-036
Bond to be furnished			87-08-013
bank letter of credit	87-06-010		87-10-037
	87-11-046	Point range	87-11-036
	87-11-048	Project employment	87-11-054
Meetings	87-08-009		87-01-064
OPTOMETRY, BOARD OF			87-03-010
(See LICENSING, DEPARTMENT OF)		Protests	87-06-022
OSTEOPATHIC MEDICINE AND SURGERY,			87-01-033
BOARD OF			87-02-029
(See LICENSING, DEPARTMENT OF)			87-06-023
OUTDOOR RECREATION, INTERAGENCY			87-06-024
COMMITTEE FOR			87-10-035
Applications deadlines	87-05-026	Reduction in force	87-01-033
	87-08-032		87-02-029
Meetings	87-01-068		87-06-023
	87-05-004	Registers	87-06-024
PARKS AND RECREATION COMMISSION		name removal	87-10-041
Advisory council on historic preservation	87-04-075	Salaries, comparable worth	87-06-042
	87-08-042		87-09-037
	87-11-037	Salary, increase or promotion	87-11-054
Camping	87-04-074	Salary range	87-11-054
	87-08-008	Schedule change and compensation	87-04-040
Campsite reservation	87-04-074		87-07-036
	87-08-008	Seasonal career employment	87-10-037
Definitions	87-04-074		87-02-045
	87-08-008		87-06-021
Financing historic preservation	87-04-075	Separations	87-07-036
	87-08-042	immigration control and control act	87-09-036
	87-11-037	Sick leave credit	87-11-035
Metal detectors in parks	87-04-073	purpose, accrual, conversion	87-10-041
	87-08-007	Standby compensation	87-01-073
Moorage fees	87-04-074		87-06-042
	87-08-008	Temporary appointment	87-11-054
Standard fees	87-04-074	Temporary employment	87-03-010
	87-08-008		87-01-064
PENINSULA COLLEGE			87-03-010
(District 1)		Transfer	87-06-022
Meetings	87-01-076	Unfair labor practice charge	87-11-054
PERSONNEL BOARD/DEPARTMENT		answer to complaint	87-04-036
Affirmative action	87-02-038		87-07-035
	87-02-045	filing charge	87-10-036
Allocation			87-11-034
request for review	87-01-063		87-04-036
	87-06-020	Union shop	87-07-035
Appointments		Vacation leave allowance	87-10-036
acting	87-01-064		87-11-034
	87-03-010		87-10-036
	87-06-022		87-11-053

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

PERSONNEL BOARD/DEPARTMENT—cont.		PUGET SOUND WATER QUALITY AUTHORITY	
Vacation leave disposition	87-02-045	Meetings	87-04-042
	87-06-021		87-09-005
	87-07-036	REAL ESTATE COMMISSION	
	87-09-036	(See LICENSING, DEPARTMENT OF)	
	87-11-035	REDMOND	
Workday	87-03-009	Ground water advisory committee	
	87-06-019	operating rules and procedures	87-08-036
	87-07-036	RETIREMENT SYSTEMS, DEPARTMENT OF	
	87-10-037	Actuarial tables	87-03-049
Workweek	87-03-009		87-07-013
	87-06-019	Judicial retirement	87-03-046
	87-07-036		87-07-014
	87-10-037	LEOFF	87-03-047
PHARMACY, BOARD OF			87-03-048
Alfentanil	87-08-028		87-07-015
Inspections	87-05-063		87-07-016
	87-08-031	REVENUE, DEPARTMENT OF	
Internship requirements	87-05-063	Assignments, purchasers	87-01-004
	87-08-064	Forest land and timber	87-02-022
Poison control	87-05-063		87-02-023
	87-08-031		87-10-062
Uniform Controlled Substances Act		Historic property	
federal regulations, update	87-07-049	special valuation	87-01-041
	87-10-029		87-05-022
PHYSICAL THERAPY BOARD		Hospitals	
(See LICENSING, DEPARTMENT OF)		medical care facilities	87-02-061
PILOTAGE COMMISSIONERS, BOARD OF			87-05-042
Grays Harbor district		property tax exemptions	87-01-039
pilotage rates	87-01-081	Joint tenancy	87-01-004
Licensing of pilots	87-02-053	Levies	
Puget Sound district		limitation of consolidated levy rate	87-01-021
pilotage rates	87-01-081	proration	87-01-021
PODIATRY BOARD		Partnership, nonfamily	87-01-004
(See LICENSING, DEPARTMENT OF)		Prescription drugs, orthotic devices,	
		etc.	87-02-061
PRACTICAL NURSING, BOARD OF			87-05-042
(See LICENSING, DEPARTMENT OF)		Property tax annual ratio study	87-09-022
PROFESSIONAL ENGINEERS AND LAND		Real estate excise tax	87-03-036
SURVEYORS, BOARD OF			87-09-034
REGISTRATION FOR		Special assessments, tax deferral	
Branch registration	87-08-052	farm and agricultural land	87-01-040
Examinations			87-07-009
applications	87-08-052	Use tax	87-01-050
candidate criteria	87-08-052	Warehouse businesses	87-02-061
engineer-in-training	87-08-052		87-05-042
review process	87-08-052	SEATTLE	
Fees	87-07-046	Ground water advisory committee	
Meeting day	87-08-052	operating rules and procedures	87-08-036
Nonresidents	87-08-052	SEATTLE COMMUNITY COLLEGE DISTRICT	
Professional standards	87-08-052	(District 6)	
PUBLIC DISCLOSURE COMMISSION		Affirmative action	87-04-064
Lobbyist employers report			87-08-026
forms	87-01-079	Meetings	87-01-022
	87-05-001		87-08-012
Lobbyist registration			87-11-007
calendar quarters	87-05-041	SECRETARY OF STATE	
	87-08-025	Citizens commission for salaries of	
forms	87-01-079	elected officials	87-02-067
	87-05-001		87-02-068
Meetings	87-01-011		87-06-009
	87-04-033	SHORELINE COMMUNITY COLLEGE	
	87-11-020	(District 7)	
PUBLIC INSTRUCTION		Meetings	87-01-092
(See SUPERINTENDENT OF		SHORELINE MASTER PROGRAMS	
PUBLIC INSTRUCTION)		(See ECOLOGY, DEPARTMENT OF)	
PUBLIC WORKS BOARD		SKAGIT VALLEY COLLEGE	
Meetings	87-01-027	(District 4)	
	87-04-005	Meetings	87-01-069
	87-05-024		87-11-025
	87-05-025		
	87-07-002		
	87-10-001		

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

**SOCIAL AND HEALTH SERVICES,
DEPARTMENT OF**

AFDC and general assistance
consolidated emergency assistance
program, CEAP 87-10-064
consolidation of assistance units 87-10-010
net cash income
exempt earned income 87-01-096
emergent situations
additional requirements 87-01-071
SSI program 87-01-102
standard utility allowance 87-09-090
work incentive program 87-09-086
Aging, agencies on aging, review 87-03-015
Alcohol and drug treatment facilities 87-03-016
87-05-021
87-09-035
87-02-063
87-03-002
87-06-005
87-09-020
87-09-021
Disaster assistance, individual and
family grant program
Food stamps
categorical eligibility 87-06-003
eligibility standards **87-11-058**
employment and training 87-08-045
87-08-046
expedited applicants, policy 87-09-008
87-09-009
87-09-029
financial aid 87-03-019
87-03-021
household determination 87-01-009
87-02-030
87-02-031
87-03-019
87-03-021
87-03-054
87-03-054
migrants 87-04-010
overpayments 87-07-032
SSI recipients 87-10-065
students 87-03-019
verification 87-06-033
87-09-028
Foster care 87-06-043
87-09-027
Hospitals
certificate of need 87-06-048
87-09-007
87-10-023
documents adopted by reference
Appendix B 87-01-070
87-04-061
87-03-030
87-03-030
governing body and administration 87-03-020
physical and occupational therapy
services 87-03-030
services 87-03-030
Juvenile parole revocation 87-04-023
Kitsap Physicians Service Sound
Care Plan 87-02-062
87-03-003
87-06-004
87-10-015
Licensing program fees
Medical assistance
eligibility
medically needy income level 87-02-064
87-03-001
87-06-006
87-01-097
special categories 87-01-097
emergency medical conditions 87-09-087
limited casualty program
medically indigent 87-04-062

**SOCIAL AND HEALTH SERVICES,
DEPARTMENT OF—cont.**

Medicaid qualifying trusts 87-07-012
87-10-021
87-10-022
87-09-089
organ transplants
out-of-state provider billing
limitations 87-09-057
Mental health
provider fiscal administration
written schedule of fees 87-01-095
87-06-026
Nursing homes (See NURSING HOMES)
Prepaid health plans 87-02-015
87-06-001
87-02-016
87-06-002
87-01-031
87-03-017
SSI
certification periods 87-09-088
standards of assistance 87-01-102
SOUTH PUGET SOUND COMMUNITY COLLEGE
(See CENTRALIA/SPSCC COLLEGES)
SPOKANE COMMUNITY COLLEGES
(District 17)
Meetings 87-01-034
Reduction in force for
classified personnel 87-01-043
87-06-014
STATE EMPLOYEES INSURANCE BOARD
Extended self-pay medical and
dental coverage 87-04-016
87-04-039
87-07-034
Extension of retiree dependents'
eligibility **87-11-003**
STATE PATROL
Affirmative action 87-06-007
87-09-049
Private carriers
driver qualifications and hours of
service 87-01-100
87-01-101
87-02-040
87-02-041
87-04-024
87-05-012
SUPERINTENDENT OF PUBLIC INSTRUCTION
Abbreviations 87-07-027
87-10-012
Administrative hearings 87-07-026
87-07-028
87-10-013
Finance
nonresidence attendance 87-10-014
Interfund loans 87-05-039
RAP 87-04-047
87-09-017
87-09-019
Remediation assistance program
distribution formula 87-04-046
87-09-017
87-09-018
SUPREME COURT
CR 80(b) 87-09-068
GR 1 87-01-037
GR 8.3 87-09-069
GR 9(i) 87-01-037
JCrR 10.05 **87-11-027**
Limited practice 87-09-067
MPR
2.5 87-01-038
6.1A 87-01-038
RPC 3.6 87-09-070

Subject/Agency Index
(Citations in **bold type** refer to material in this issue)

TACOMA COMMUNITY COLLEGE (District 22)		WASHINGTON STATE UNIVERSITY—cont.	
Meetings	87-01-067	Mall, use of	87-08-002
Student rights and responsibilities	87-01-066	Motorcycles, mopeds, etc.	87-08-035
TRADE AND ECONOMIC DEVELOPMENT, DEPARTMENT OF		Social policies and procedures	87-08-002
Community economic revitalization board meetings	87-01-023 87-01-074	Student discipline	87-08-002
TRAFFIC SAFETY COMMISSION		Student organizations	87-08-002
Meetings	87-02-001	WESTERN WASHINGTON UNIVERSITY	
TRANSPORTATION COMMISSION/DEPARTMENT		Leasing of university property for business purposes	87-01-110
Commission meetings	87-06-015	Parking fines	87-08-011 87-11-012
Crossroads and interchange ramps, access guides	87-09-006	WHATCOM COMMUNITY COLLEGE (District 21)	
Ferry tolls revised	87-06-052 87-08-019 87-09-047 87-10-002	Meetings	87-01-048 87-05-003 87-06-018 87-09-064
Motorist information signs	87-01-054		
Outdoor advertising control	87-01-055		
Uniform traffic control devices	87-05-043		
TREASURER			
Interest rates (see inside front cover)			
UNIVERSITY OF WASHINGTON			
Boat moorage fees	87-11-052		
Meetings	87-02-009		
Parking and traffic regulations	87-10-057		
URBAN ARTERIAL BOARD			
Meetings	87-02-020 87-02-049 87-08-023 87-10-040		
USURY			
Interest rates (see inside front cover)			
UTILITIES AND TRANSPORTATION COMMISSION			
Budgets	87-01-001		
Common and contract carrier equipment leasing	87-04-012 87-01-108 87-06-031 87-11-045		
Electric utility least cost planning	87-03-057 87-03-058 87-03-059 87-03-060		
Gas and electric companies	87-01-109 87-06-030 87-08-053		
Gas utility least cost planning	87-01-003 87-01-002		
Insurance	87-01-003		
Motor carrier equipment leasing	87-01-002		
Telecommunications companies price lists	87-04-011 87-05-013		
VOCATIONAL EDUCATION, COMMISSION FOR			
Meetings	87-01-008 87-03-026		
Private vocational schools	87-02-018 87-02-019		
Tuition recovery fund	87-10-056		
VOLUNTEER FIREMEN, BOARD FOR			
Meetings	87-03-007 87-09-023		
Public records	87-11-015		
WALLA WALLA COMMUNITY COLLEGE (District 20)			
Meetings	87-01-012		
WASHINGTON STATE UNIVERSITY			
ASWSU meetings	87-04-032		
Board of regents, meetings	87-10-009		
Facilities use	87-08-002		
Housing regulations for undergraduates	87-08-002		

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