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Executive Orders

EXECUTIVE ORDER BJ 13-10

Bilingual Directional Signs on Streets and Highways in State Highway System

WHEREAS, the Louisiana French language has a long and deep history in the State of Louisiana;

WHEREAS, the parishes of the Acadiana region have large Louisiana French speaking populations;

WHEREAS, pursuant to R.S. 32:235, the Department of Transportation and Development provides for and maintains a uniform system of traffic control devices for use upon highways in this state in accordance with the system then current as approved by the United States Department of Transportation, Federal Highway Administration;

WHEREAS, the current system as approved by the United States Department of Transportation, Federal Highway Administration does not allow the uniform system of traffic control devices to include signs that express a language other than English;

WHEREAS, R.S. 25:651 provides for the creation of the Council for the Development of French in Louisiana and provides further that it "oversee the development and expansion of the state's economic development and tourism activities designed to promote our French culture, heritage, and language";

WHEREAS, there is a local interest in collaborating with the Council for the Development of French in Louisiana and the Department of Transportation and Development on the promulgation of highway signs that include both English and Louisiana French;

WHEREAS, R.S. 32:238 allows for the governing authority of any parish, municipality, or school board to request the Department of Transportation to place directional signs on streets and highways within the state highway system, provided the signing requested is paid for in advance, sign cost only, by the requestor or public body making such request;

NOW THEREFORE, I, Bobby Jindal, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: The Department of Transportation and Development shall submit to the United States Department of Transportation, Federal Highway Administration, a supplement to the manual for a uniform system of traffic control devices in order to permit parish, municipal, or school board governing authorities to request directional signs in both English and Louisiana French for streets or highways within their territorial jurisdictions that are in the state highway system, provided that the local authority making such request pays for the full cost of the directional sign in advance.

SECTION 2: Nothing in this Order shall be construed to allow any parish, municipal, or school board governing authority to place such directional signs on streets or highways in the state highway system without strict compliance with R.S. 32:238 and/or prior approval from the Department of Transportation and Development.

SECTION 3: This Order is effective upon signature and shall remain in effect, unless amended, modified, terminated, or rescinded by the Governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 21st day of June, 2013.

Bobby Jindal
Governor

ATTEST BY
THE GOVERNOR
J. Thomas Schedler
Secretary of State
1307#085

Policy and Procedure Memoranda

POLICY AND PROCEDURE MEMORANDA

Office of the Governor
Division of Administration
Office of State Purchasing and Travel

General Travel—PPM-49 (LAC 4:V.Chapter 15)

The following shows the amended text in PPM-49. This supersedes all prior issues of PPM-49 published in the *Louisiana Register*. This revised PPM-49 also supersedes and replaces PPM-49 which is designated as LAC 4:V.Chapter 15.

Title 4
ADMINISTRATION
Part V. Policy and Procedure Memoranda
Chapter 15. General Travel Regulations—PPM Number 49

§1501. Authorization and Legal Basis

A. In accordance with the authority vested in the commissioner of administration by section 231 of title 39 of the Revised Statutes of 1950, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950-968 as amended, notice is hereby given of the revision of Policy and Procedure Memoranda No. 49, the state general travel regulations, effective July 1, 2013. These amendments are both technical and substantive in nature and are intended to clarify certain portions of the previous regulations or provide for more efficient administration of travel policies. These regulations apply to all state departments, boards and commissions created by the legislature or executive order and operating from funds appropriated, dedicated, or self-sustaining; federal funds; or funds generated from any other source.

> Please note that when political subdivisions are required to follow PPM-49 for any pass through money issued by the state of Louisiana, any and all required approvals must be sent to the correct appointing authority, not to the commissioner of administration.

B. Legal Basis (R.S. 39:231(B)). The commissioner of administration, with the approval of the governor, shall, by rule or regulation, prescribe the conditions under which each of various forms of transportation may be used by state officers and employees in the discharge of the duties of their respective offices and positions in the state service and the conditions under which allowances will be granted for traveling expenses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:231.

HISTORICAL NOTE: Written by the Office of the Governor, Division of Administration, November 1, 1972, published LR 1:179 (April 1975), amended LR 1:338 (August 1975), LR 2:312 (October 1976), LR 5:93 (May 1979), LR 6:405 (August 1980), LR 7:7 (January 1981), LR 8:406 (August 1982), LR 15:820 (October 1989), LR 16:965 (November 1990), LR 26:1252 (June 2000), LR 27:802 (June 2001), LR 28:1125 (June 2002), LR 29:822 (June 2003), LR 30:1111 (June 2004), LR 31:1183 (June 2005), LR 32:938 (June 2006), LR 33:966 (June 2007), republished LR 33:1314 (July 2007), amended LR 34:1299 (July 2008), LR 35:1192 (July 2009), LR 36:1647 (July 2010), LR 37:2048 (July 2011), LR 38:1475 (July 2012), LR 39:0000 (July 2013).

§1502. Definitions

A. For the purposes of this PPM, the following words have the meaning indicated.

Authorized Persons—

a. advisors, consultants, contractors and other persons who are called upon to contribute time and services to the state who are not otherwise required to be reimbursed through a contract for professional, personal, or consulting services in accordance with R.S. 39:1481 et seq.;

b. members of boards, commissions, and advisory councils required by federal or state legislation or regulation. Travel allowance levels for all such members and any staff shall be those authorized for state employees unless specific allowances are legislatively provided;

c. the department head or his/her designee is allowed to deem persons as an authorized traveler for official state business only.

> NOTE: College/university students must be deemed authorized travelers to be reimbursed for state business purposes. A file must be kept containing all of these approvals.

Conference/Convention—a meeting (other than routine) for a specific purpose and/or objective. *Non-routine meetings* can be defined as a seminar, *conference*, *convention*, or training. Documentation required is a formal agenda, program, letter of invitation, or registration fee. Participation as an exhibiting vendor in an exhibit/trade show also qualifies as a *conference*. For a hotel to qualify for *conference* rate lodging, it requires that the hotel is hosting or is in "conjunction with hosting" the meeting. In the event the designated *conference* hotel(s) have no room available, a department head may approve to pay actual hotel cost not to exceed the *conference* lodging rates for other hotels located near the *conference* hotel.

Controlled Billed Account (CBA)—credit account issued in an agency's name (no plastic card issued). These accounts are direct liabilities of the state and are paid by each agency. *CBA* accounts are controlled through an authorized approver(s) to provide a means to purchase airfare, registration, lodging, rental vehicles, pre-paid shuttle service and any other allowable charges outlined in the current state of Louisiana state liability travel and *CBA* policy. Each department head determines the extent of the account's use.

Corporate Travel Card—credit cards issued in a state of Louisiana employee's name to be used for specific, higher cost official business travel expenses. *Corporate travel cards* are state liability cards, paid by each agency.

Emergency Travel—each department shall establish internal procedures for authorizing travel in emergency situations. Approval may be obtained after the fact from the commissioner of administration with appropriate documentation, under extraordinary circumstances when PPM-49 regulations cannot be followed but where the best interests of the state requires that travel be undertaken.

Extended Stays—any assignment made for a period of 31 or more consecutive days at a place other than the official domicile.

Higher Education Entities—entities listed under schedule 19, higher education of the general appropriations bill.

In-State Travel—all travel within the borders of Louisiana or travel through adjacent states between points within Louisiana when such is the most efficient route.

International Travel—all travel to destinations outside the 50 United States, District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and Saipan.

Lowest Logical Airfare—in general, these types of airfares are non-refundable, penalty tickets. Penalties could include restrictions such as advanced purchase requirements, weekend stays, etc. Prices will increase as seats are sold. When schedule changes are required for lowest logical tickets, penalty fees are added.

Official Domicile—every state officer, employee, and authorized person, except those on temporary assignment, shall be assigned an *official domicile*:

a. except where fixed by law, official domicile of an officer or employee assigned to an office shall be, at a minimum, the city limits in which the office is located. The department head or his designee should determine the extent of any surrounding area to be included, such as parish or region. As a guideline, a radius of at least 30 miles is recommended. The *official domicile* of an authorized person shall be the city in which the person resides, except when the department head has designated another location (such as the person's workplace);

b. a traveler whose residence is other than the *official domicile* of his/her office shall not receive travel and subsistence while at his/her *official domicile* nor shall he/she receive reimbursement for travel to and from his/her residence;

c. the *official domicile* of a person located in the field shall be the city or town nearest to the area where the majority of work is performed, or such city, town, or area as may be designated by the department head, provided that in all cases such designation must be in the best interest of the agency and not for the convenience of the person;

d. the department head or his/her designee may authorize approval for an employee to be reimbursed for lodging expenses within an employee's domicile with proper justification as to why this is necessary and in the best interest of the state.

Out-of-State Travel—travel to any of the other 49 states plus District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and Saipan.

Passport—a document identifying an individual as a citizen of a specific country and attesting to his or her identity and ability to travel freely.

Per Diem—a flat rate paid in lieu of travel reimbursements for people on extended stays only.

Receipts/Document Requirements—supporting documentation, including original *receipts*, must be retained according to record retention laws. It shall be at the discretion of each agency to determine where the *receipts*/documents will be maintained.

Routine Travel—travel required in the course of performing his/her job duties. This does not include non-routine meetings, conferences, and out-of-state travel.

State Employee—employees below the level of state officer.

State Officer—

a. state elected officials;

b. department head as defined by title 36 of the *Revised Statutes* (secretary, deputy secretary, undersecretary, assistant secretary, and the equivalent positions in higher education and the office of elected officials).

Suburb—an immediate or adjacent location (overflow of the city) to the higher cost areas which would be within approximately 30 miles of the highest cost area.

Temporary Assignment—any assignment made for a period of less than 31 consecutive days at a place other than the official domicile.

Travel Period—a period of time between the time of departure and the time of return.

Travel Routes—the most direct traveled route must be used by official state travelers.

Travel Scholarships—if any type of scholarship for travel is offered/received by a state employee, it is the agency/employee's responsibility to receive/comply with all ethic laws/requirements (see R.S. 42:1123).

Traveler—a state officer, state employee, or authorized person performing authorized travel.

Visa—a document, or more frequently a stamp in a passport, authorizing the bearer to visit a country for specific purposes and for a specific length of time.

AUTHORITY NOTE: Published in accordance with R.S. 39:231.

HISTORICAL NOTE: Written by the Office of the Governor, Division of Administration, November 1, 1972, published LR 1:179 (April 1975), amended LR 1:338 (August 1975), LR 2:312 (October 1976), LR 5:93 (May 1979), LR 6:405 (August 1980), LR 7:7 (January 1981), LR 8:406 (August 1982), LR 15:820 (October 1989), LR 16:965 (November 1990), LR 26:1252 (June 2000), LR 27:802 (June 2001), LR 28:1125 (June 2002), LR 29:822 (June 2003), LR 30:1111 (June 2004), LR 31:1183 (June 2005), LR 32:938 (June 2006), LR 33:966 (June 2007), republished LR 33:1314 (July 2007), amended LR 34:1299 (July 2008), LR 35:1192 (July 2009), LR 36:1647 (July 2010), LR 37:2048 (July 2011), LR 38:1475 (July 2012), LR 39:0000 (July 2013).

§1503. General Specifications

A. Department Policies

1. Department heads may establish travel regulations within their respective agencies, but such regulations shall not exceed the maximum limitations established by the commissioner of administration. Three copies of such regulations shall be submitted for prior review and approval by the commissioner of administration. One of the copies shall highlight any exceptions/deviations to PPM-49.

2. Department and agency heads will take whatever action necessary to minimize all travel to carry on the department mission.

3. Contracted travel services the state has contracted, for travel agency services, which use is mandatory for airfares unless exemptions have been granted by the Division of Administration, Office of State Travel, prior to purchasing airfare tickets. The contracted travel agency has

an online booking system which can and should be used by all travelers for booking airfare. Use of the online booking system can drastically reduce the cost paid per transaction and state travelers are strongly encouraged to utilize.

4. When a state agency enters into a contract with an out-of-state public entity, the out-of-state public entity may have the authority to conduct any related travel in accordance with their published travel regulations.

5. Authorization to Travel

a. All non-routine travel must be authorized and approved in writing by the head of the department, board, or commission from whose funds the traveler is paid. A department head may delegate this authority in writing to one designated person. Additional persons within a department may be designated with approval from the commissioner of administration. A file shall be maintained, by the agency, on all approved travel authorizations.

b. Annual travel authorizations are no longer a mandatory requirement of PPM-49 for routine travel; however, an agency can continue to utilize this process if determined to be in your department's best interest. A travel authorization is still required for non-routine meetings, conferences and out-of-state travel.

B. Funds for Travel Expenses

1. Persons traveling on official business will provide themselves with sufficient funds for all routine travel expenses not covered by the corporate travel card, LaCarte purchasing card, if applicable, and/or agency's CBA account. Advance of funds for travel shall be made only for extraordinary travel and should be punctually repaid when submitting the travel expense form covering the related travel, no later than the fifteenth day of the month following the completion of travel.

2. Exemptions. Cash advance(s) meeting the exception requirement(s) listed below, must have an original receipt to support all expenditures in which a cash advance was given, including meals. At the agency's discretion, cash advances may be allowed for:

a. state employees whose salary is less than $30,000/year;

b. state employees who accompany and/or are responsible for students or athletes for a group travel advance;

NOTE: In this case and in regards to meals, where there is group travel advancements, a roster with signatures of each group member along with the amount of funds received by each group member, may be substituted for individual receipts. (This exception does not apply when given for just an individual employee's travel which is over a group.)

c. state employees who accompany and/or responsible for client travel;

d. new employees who have not had time to apply for and receive the state's corporate travel card;

e. employees traveling for extended periods, defined as 30 or more consecutive days;

f. employees traveling to remote destinations in foreign countries, such as jungles of Peru or Bolivia;

g. lodging purchase, if hotel will not allow direct bill or charges to agency's CBA and whose salary is less than $30,000/year;

h. registration for seminars, conferences, and conventions;

i. any ticket booked by a traveler 30 days or more in advance and for which the traveler has been billed, may be reimbursed by the agency to the traveler on a preliminary expense reimbursement request. The traveler should submit the request with a copy of the bill or invoice. Passenger airfare receipts are required for reimbursement;

j. employees who infrequently travel or travelers that incur significant out-of-pocket cash expenditures and whose salary is less than $30,000/year.

3. Expenses Incurred on State Business. Traveling expenses of travelers shall be limited to those expenses necessarily incurred by them in the performance of a public purpose authorized by law to be performed by the agency and must be within the limitations prescribed herein.

4. CBA (controlled billed account) issued in an agency's name, and paid by the agency may be used for airfare, registration, rental cars, prepaid shuttle charges, lodging and any allowable lodging associated charges such as parking and internet charges. Other credit cards issued in the name of the state agency are not to be used without written approval.

5. No Reimbursement When No Cost Incurred by Traveler. This includes, but is not limited to, reimbursements for any lodging and/or meals furnished at a state institution or other state agency, or furnished by any other party at no cost to the traveler. In no case will a traveler be allowed mileage or transportation when he/she is gratuitously transported by another person.

C. Claims for Reimbursement

1. All claims for reimbursement for travel shall be submitted on the state's travel expense Form BA-12 unless exception has been granted by the commissioner of administration and shall include all details provided for on the form. It must be signed by the person claiming reimbursement and approved by his/her immediate supervisor. In all cases, the date and hour of departure from and return to domicile must be shown, along with each final destination throughout the trip clearly defined on the form. On the state's travel authorization Form GF-4, the second page must be completed with breakdown of the estimated travel expenses. This is necessary for every trip, not just when requesting a travel advance. For every travel authorization request, the "purpose of the trip" for travel must be stated in the space provided on the front of the form.

2. Except where the cost of air transportation, registration, lodging, rental vehicles, shuttle service, and all other allowable charges outlined in the current state of Louisiana state liability travel and CBA policy are invoiced directly to the agency or charged to a state liability card, any and all expenses incurred on any official trip shall be paid by the traveler and his travel expense form shall show all such expenses in detail so that the total cost of the trip shall be reflected on the travel expense form. If the cost of the expenses listed above are paid directly or charged directly to the agency/department, a notation will be indicated on the travel expense form indicating the date of travel, destination, amount, and the fact that it has been paid by the agency/department. The traveler's copy of the receipts for all items charged or billed direct to the agency is required.

3. In all cases, and under any travel status, cost of meals shall be paid by the traveler and claimed on the travel expense form for reimbursement, and not charged to the state department, unless otherwise authorized by the department head or his designee, allowed under the state

liability travel, CBA and/or LaCarte purchasing card policy or with written approval from the Office of State Purchasing and Travel. A file must be kept containing all of these special approvals.

4. Claims should be submitted within the month following the travel, but preferably held until a reimbursement of at least $25 is due. Department heads, at their discretion, may make the 30-day submittal mandatory on a department-wide basis.

5. Any person who submits a claim pursuant to these regulations and who willfully makes and subscribes to any claim which he/she does not believe to be true and correct as to every material matter, or who willfully aids or assists in, or procures, counsels or advises the preparation or presentation of a claim, which is fraudulent or is false as to any material matter, shall be guilty of official misconduct. Whoever shall receive an allowance or reimbursement by means of a false claim shall be subject to severe disciplinary action as well as being criminally and civilly liable within the provisions of state law.

6. Agencies are required to reimburse travel in an expeditious manner. In no case shall reimbursements require more than 30 days to process from receipt of complete, proper travel documentation.

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§1504. Methods of Transportation

A. Cost-Effective Transportation. The most cost-effective method of transportation that will accomplish the purpose of the travel shall be selected. Among the factors to be considered should be length of travel time, employee's salary, cost of operation of a vehicle, cost and availability of common carrier services, etc. Common carrier shall be used for out-of-state travel unless it is documented that utilization of another method of travel is more cost-efficient or practical and approved in accordance with these regulations.

B. Air

1. Private Owned or Charter Planes

a. Before travel by privately-owned or by chartered aircraft is authorized for individual's travel by a department head, the traveler shall certify that: at least two hours of working time will be saved by such travel; and no other form of transportation, such as commercial air travel or a state plane, will serve this same purpose.

i. Chartering a privately-owned aircraft must be in accordance with the procurement code.

ii. Reimbursement for use of a chartered or un-chartered privately owned aircraft under the above guidelines will be made on the following basis:

(a). at the rate of $1.29 per mile; or

(b). at the lesser of coach economy airfare.

b. If there are extenuating circumstances requiring reimbursement for other than listed above, approval must be granted by the commissioner of administration.

i. When common carrier services are unavailable and time is at a premium, travel via state aircraft shall be investigated, and such investigation shall be documented and readily available in the department's travel reimbursement files. Optimum utilization will be the responsibility of the department head.

2. Commercial Airlines (receipts required). All state travelers are to purchase commercial airline tickets through the state-contracted travel agency (see front cover for contract travel agency contact numbers). This requirement is mandatory unless approval is granted from the Office of State Travel. (In the event travelers seek approval to go outside the travel agency, they shall submit their request through their agency travel program administrator, who will determine if the request should be submitted to the Office of State Travel.) While state contractors are not required to use the state's contracted travel agency when purchasing airfare, it will be the agency's responsibility to monitor cost, ensuring that the contractor(s) are purchasing the lowest, most logical airfare. The state always supports purchasing the best value ticket. Therefore once all rates are received, the traveler must compare cost and options to determine which fare would be the best value for their trip. To make this determination, the traveler must ask the question: "Is there a likelihood my itinerary could change or be cancelled?" Depending on the response, the traveler must determine if the costs associated with changing a non-refundable ticket (usually around $200) would still be the best value. Another factor to assist having a travel agent search the lowest fare is advising the agent if traveler is flexible in either your dates or time of travel. By informing the travel agent of your window-of-time for your departure and return will assist them to search for the best price.

a. Travelers are to seek airfares allowing an ample amount of lead-time prior to departure date. The lead-time should be about 10 to 14 days in advance of travel dates to ensure the lowest fares are available.

b. Commercial air travel will not be reimbursed in excess of lowest logical airfare when it has been determined to be the best value (receipts required). The difference between coach/economy class rates and first class or business class rates will be paid by the traveler. Upgrades at the expense of the state are not permitted without prior approval of the commissioner of administration. If space is not available in less than first or business class air accommodations in time to carry out the purpose of the travel, the traveler will secure a certification from the airline or contracted travel agency indicating this fact. The certification is required for travel reimbursement.

c. The policy regarding airfare penalties is that the state will pay for the airfare and/or penalty incurred for a change in plans or cancellation when the change or cancellation is required by the state or other unavoidable situations approved by the agency's department head. Justification for the change or cancellation by the traveler's department head is required on the travel expense form.

d. When an international flight segment is more than 10 hours in duration, the state will allow the business class rate not to exceed 10 percent of the coach rate. The

traveler's itinerary provided by the travel agency must document the flight segment as more than 10 hours and must be attached to the travel expense form.

e. A lost airline ticket is the responsibility of the person to whom the ticket was issued. The airline fee of searching and refunding lost tickets will be charged to the traveler. The difference between the prepaid amount and the amount refunded by the airlines must be paid by the employee.

f. If companion fares are purchased for a state employee and non-state employee, the reimbursement to the state employee will be the amount of the lowest logical fare.

g. Traveler is to use the lowest logical airfare whether the plane is a prop or a jet.

h. Employees may retain promotional items, including frequent flyer miles, earned on official state travel. However, if an employee makes travel arrangements that favor a preferred airline/supplier to receive promotional items/points and this circumvents purchasing the most economical means of travel, they are in violation of this travel policy. Costs for travel arrangements subject to this violation are non-reimbursable.

i. When making airline reservations for a conference, let the travel agent know that certain airlines have been designated as the official carrier for the conference. In many instances, the conference registration form specifies that certain airlines have been designated as the official carrier offering discount rates, if available. If so, giving this information to our contracted agency could result in them securing that rate for your travel.

j. Tickets which are unused by a traveler should always be monitored by the traveler and the agency. Traveler should ensure that any unused ticket is considered when planning future travel arrangements. Some airlines have a policy which would allow for a name change to another employee within the agency. A view of the latest airline policies regarding unused tickets are available at the state travel office's website, http://www.doa.louisiana.gov/osp/travel/airfare.htm.

C. Motor Vehicle. No vehicle may be operated in violation of state or local laws. No traveler may operate a vehicle without having in his/her possession a valid U.S. driver's license. Safety restraints shall be used by the driver and passengers of vehicles. All accidents, major and minor, shall be reported first to the local police department or appropriate law enforcement agency. In addition, an accident report form, available from the Office of Risk Management (ORM) of the Division of Administration, should be completed as soon as possible and must be returned to ORM, together with names and addresses of principals and witnesses. Any questions about this should be addressed to the Office of Risk Management of the Division of Administration. These reports shall be in addition to reporting the accident to the Department of Public Safety as required by law. Operating a state-owned vehicle, state-rented vehicle, or state-leased vehicle, or operating a non-state-owned vehicle for state business, while intoxicated, as set forth in R.S. 14:98 and 14:98.1, is strictly prohibited, unauthorized, and expressly violates the terms and conditions of use of said vehicle. In the event such operation results in the employee being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 and 14:98.1, such would constitute evidence of the employee violating the terms and conditions of use of said vehicle, violating the direction of his/her employer, and acting beyond the course and scope of his/her employment with the state of Louisiana. Personal use of a state-owned, state-rented or state-leased vehicle is not permitted. No person may be authorized to operate or travel in a state-owned or rental vehicle unless that person is a classified or unclassified employee of the state of Louisiana; any duly appointed member of a state board, commission, or advisory council; or any other person who has received specific approval and is deemed as an "authorized traveler" on behalf of the state, from the department head or his designee to operate or travel in a fleet vehicle on official state business. A file must be kept containing all of these approvals. Any persons who are not official state employees must sign a hold harmless agreement form, located at the Office of State Travel's website, http://www.doa.louisiana.gov/osp/travel/forms.htm, prior to riding in or driving a state-owned vehicle or rental vehicle on behalf of the state. Each agency is responsible in ensuring that this, along with any other necessary documents and requirements, are completed and made part of the travel file prior to travel dates. Students not employed by the state shall not be authorized to drive state-owned or rented vehicles for use on official state business. A student may be deemed as an authorized traveler on behalf of the state by the department head or his designee to operate or travel in a state-owned or rented vehicle on official state business. The hold harmless agreement form acknowledging the fact that the state assumes no liability for any loss, injury, or death resulting from said travel must be signed as part of the approval process. A file must be kept containing all of these approvals. Persons operating a state-owned, rental or personal vehicle on official state business will be completely responsible for all traffic, driving, and parking violations received. This does not include state-owned or rental vehicle violations (i.e. inspections sticker) as the state and/or rental company would be liable for any cost associated with these types of violations.

1. State-Owned Vehicles

a. Travelers in state-owned automobiles who purchase needed fuel, repairs and equipment while on travel status shall make use of all fleet discount allowances and state bulk purchasing contracts where applicable. Reimbursements require a receipt and only regular unleaded gasoline, or diesel when applicable, should be used. This applies for both state-owned vehicles and rental vehicles, as mid-grade, super, plus or premium gasoline is typically not necessary. Each agency/department shall familiarize itself with the existence of the fuel/repair contract(s), terms and conditions as well as location of vendors.

b. State-owned vehicles may be used for out-of-state travel only if permission of the department head has been given prior to departure. If a state-owned vehicle is to be used to travel to a destination more than 500 miles from its usual location, documentation that this is the most cost-effective means of travel should be readily available in the department's travel reimbursement files.

c. Unauthorized persons should not be transported in state vehicles. Approval of exceptions to this policy may be made by the department head if he determines that the

unauthorized person is part of the official state business and the best interest of the state will be served and the passenger (or passenger's guardian) signs a hold harmless agreement form acknowledging the fact that the state assumes no liability for any loss, injury, or death resulting from said travel.

d. If a state vehicle is needed/requested to be brought to the home of a state employee overnight, then the agency/traveler should ensure it is in accordance with requirements outlined in R.S. 39:361-364.

2. Personally-Owned Vehicles

a. When two or more persons travel in the same personally-owned vehicle, only one charge will be allowed for the expense of the vehicle. The person claiming reimbursement shall report the names of the other passengers.

b. A mileage allowance shall be authorized for travelers approved to use personally-owned vehicles while conducting official state business. Mileage may be reimbursable on the basis of no more than $0.51 per mile and in accordance with the following.

i. For official in-state business travel:

(a). employee should utilize a state vehicle when available;

(b). employee may rent a vehicle from the state's in-state, or when renting out-of-state, the state's out-of-state rental contracts, if a state vehicle is not available and travel exceeds 100 miles; or

(c). if an employee elects to use his/her personal vehicle, reimbursement may not exceed a maximum of 99 miles per round-trip and/or day at $0.51 cents per mile. Please note that mileage is applicable for round-trip (multiple days) and/or round-trip (one day).

> Example No. 1: If someone leaves Baton Rouge, travels to New Orleans and returns that same day, they are entitled to 99 miles maximum for that day "trip" if they choose to drive their personal vehicle.
>
> Example No. 2: If someone leaves Baton Rouge, travels to New Orleans, and returns two days later, they are entitled to 99 miles maximum for the entire "trip" if they choose to drive their personal vehicle.
>
> Example No. 3: If someone leaves Baton Rouge, travels to New Orleans then on to Lafayette, Shreveport, Monroe and returns to the office four days later, they are entitled to 99 miles maximum for the entire "trip" if they choose to drive their personal vehicle.

c. Mileage shall be computed by one of the following options:

i. on the basis of odometer readings from point of origin to point of return;

ii. by using a website mileage calculator or a published software package for calculating mileage such as Tripmaker, How Far Is It, Mapquest, etc. Employee is to print the page indicating mileage and attach it with his/her travel expense form.

d. An employee shall never receive any benefit from not living in his/her official domicile. In computing reimbursable mileage, while the employee is on official state travel status, to an authorized travel destination from an employee's residence outside the official domicile, the employee is always to claim the lesser of the miles from their official domicile or from their residence. If an employee is leaving on a non-work day or leaving significantly before or after work hours, the department head may determine to pay the actual mileage from the employee's residence not to exceed a maximum of 99 miles per round trip and/or day at $0.51 per mile (see example, Subparagraph C.2.b).

e. The department head or his designee may approve an authorization for routine travel for an employee who must travel in the course of performing his/her duties; this may include domicile travel if such is a regular and necessary part of the employee's duties, but not for attendance to infrequent or irregular meetings, etc., within the city limits where his/her office is located. The employee may be reimbursed for mileage only, not to exceed a maximum of 99 miles per round trip and/or day, at $0.51 per mile (see example, Subparagraph C.2.b).

f. Reimbursements will be allowed on the basis of $0.51 per mile, not to exceed a maximum of 99 miles per round trip and/or day, to travel between a common carrier/terminal and the employees point of departure, i.e., home, office, etc., whichever is appropriate and in the best interest of the state (see example, Subparagraph C.2.b).

g. When the use of a privately-owned vehicle has been approved by the department head for out-of-state travel for the travelers convenience, the traveler will be reimbursed for mileage on the basis of $0.51 per mile only, not to exceed a maximum of 99 miles per round trip and/or day. If approval for reimbursement of actual mileage is requested and granted by the commissioner of administration, the total cost of the mileage reimbursement may never exceed the cost of a rental vehicle or the cost of travel by using the lowest logical airfare obtained at least 14 days prior to the trip departure date, whichever is the lesser of the two. The reimbursement would be limited to one lowest logical airfare quote, not the number of persons traveling in the vehicle. The traveler is personally responsible for any other expenses in-route to and from destination, which is inclusive of meals and lodging. If a traveler, at the request of the department, is asked to take his/her personally-owned vehicle out-of-state for a purpose that will benefit the agency, then the department head may, on a case-by-case basis, determine to pay a traveler for all/part of in-route travel expenses; however, mileage reimbursement over 99 miles would still require the commissioner of administration's approval. In this case, once approval is obtained from the commissioner of administration to exceed 99 miles, then the department head may authorized actual mileage reimbursements. File should be justified accordingly.

h. When a traveler is required to regularly use his/her personally-owned vehicle for agency activities, the agency head may request authorization from the commissioner of administration for a lump sum allowance for transportation or reimbursement for transportation (mileage). Request for lump sum allowance must be accompanied by a detailed account of routine travel listing exact mileage for each such route and justification why a rental vehicle is not feasible. Miscellaneous travel must be justified by at least a three-month travel history to include a complete mileage log for all travel incurred, showing all points traveled to or from and the exact mileage. Request for lump sum allowance shall be granted for periods not to exceed one fiscal year. A centralized file must be kept containing all approvals.

i. In all cases, the traveler shall be required to pay all operating expenses for his/her personal vehicle including fuel, repairs, and insurance.

j. The only exemption which would not require the commissioner of administration's approval for exceeding 99 miles reimbursement and receiving actual mileage reimbursements is for students which are traveling on a grant, scholarship, or any other occasion where use of a personal vehicle is the best and/or only method of transportation available. Department head approval is required.

3. Rented Motor Vehicles (receipts required). Any rental vehicles not covered in the state in-state or out-of-state contracts should be bid in accordance with proper purchasing rules and regulations.

a. In-State Vehicle Rental. The state has contracted for all rentals based out of Louisiana through Enterprise Rent-A-Car's state motor pool rental contract, which use is mandatory, for business travel which applies to all state of Louisiana employees and/or authorized travelers, contractors, etc., traveling on official state business.

i. A rental vehicle should be used, if a state owned vehicle is not available, for all travel over 99 miles. All exemptions must be requested and granted by the commissioner of administration for a reimbursement which exceed 99 miles. Requests for exemption must be accompanied by a detailed explanation as to why a rental is not feasible. If an exemption from the program is granted by the commissioner of administration as stated above, then the employee will not be required to rent a vehicle and may receive actual mileage reimbursement up to $0.51 per mile.

ii. Members of boards and commissions are required to utilize the state's vehicle rental contracts, both in-state and out-of-state, unless approval from the commissioner of administration is requested and granted. If approval is granted, board and commission members may receive actual mileage reimbursement of no more than $0.51 per mile.

iii. All state contractors, who have entered into a contract with the state of Louisiana on or after March 1, 2013, and whose contracts are required to follow PPM-49 for travel reimbursements, are required to utilize both in-state and out-of-state mandatory contracts awarded by the state.

iv. Although exemptions may be granted, by the commissioner of administration, if exemption is approved, in any case, all must adhere to the current mileage reimbursement rate of no more than $0.51 per mile.

(a). The only exemption which would not require the commissioner of administration's approval for exceeding 99 miles reimbursement and receiving actual mileage reimbursements is for students which are traveling on a grant, scholarship, or any other occasion where use of a personal vehicle is the best and/or only method of transportation available. Department head approval is required.

v. For trips of 100 miles or more, any employee and/or authorized traveler, should use a state-owned vehicle or rental from Enterprise Rent-A-Car state motor pool rental contract, when a state vehicle is not available.

vi. For trips of less than 100 miles employees should utilize a state vehicle when available, may utilize their own vehicle and receive mileage reimbursement not to exceed a maximum of 99 miles per round trip and/or day at $0.51 per mile or may rent a vehicle from Enterprise Rent-A Car's state motor pool rental contract.

vii. Reservations should not be made at an airport location for daily routine travel, as this will add additional unnecessary cost to your rental charges.

b. Payments for rentals through the state motor pool rental contract may be made using the LaCarte purchasing card, an agency's CBA account, an employee's state corporate travel card or by direct bill to the agency. This will be an agency decision as to the form of payment chosen. If direct bill is chosen, agency must set up account billing information with Enterprise. An account may be established by contacting Joseph Rosenfeld at (225) 445-7250, joseph.g.rosenfeld@erac.com

c. Out-of-State Vehicle Rental. The state has contracted for rental vehicles for domestic and out-of-state travel, excluding Louisiana and international travel, utilizing the state of Louisiana's out-of-state contracts, which use is mandatory. All state of Louisiana employees and/or authorized travelers, contractors are mandated to use these contracts due to exceptional pricing which includes CDW (Collision Damage Waiver) and one million dollar liability insurance. The State of Louisiana Out-of-State participating vendors include Enterprise Rent-A-Car, National Car Rental and Hertz Car Rental Corporation. It is the traveler's discretion which rental company is utilized. Members of boards and commissions are required to utilize the state's vehicle rental contracts, both in-state and out-of-state, unless approval from the commissioner of administration is requested and granted. If approval is granted. board and commission members may receive actual mileage reimbursement of no more than 51 cents per mile. All state contractors who have entered into a contract with the State of Louisiana on or after March 1, 2013, and whose contracts are required to follow PPM-49 for travel reimbursements, are required to utilize both in-state and out-of-state mandatory contracts awarded by the state. Although exemptions may be granted, by the commissioner of administration, if exemption is approved, in any case, all must adhere to the current mileage reimbursement rate of no more than .51 cents per mile. The only exemption which would not require the commissioner of administration's approval for exceeding 99 miles reimbursement and receiving actual mileage reimbursements is for students which are traveling on a grant, scholarship, or any other occasion where use of a personal vehicle is the best and/or only method of transportation available. Department head approval is required.

d. Payments for rentals made through the state of Louisiana out-of-state contracts may be made using the LaCarte purchasing card, an employee's corporate travel card or by direct bill to the agency. This will be an agency decision as to the form of payment chosen. If a direct bill account is chosen for Enterprise and National, you may contact Joseph Rosenfeld at (225) 445-7250, joseph.g.rosenfeld@erac.com, and for Hertz, you may contact Tami Vetter at (225) 303-5973, tvetter@hertz.com.

e. Approvals. Written approval of the department head or his designee prior to departure is not required for the rental of vehicles, however, if your agency chooses, approval

may be made mandatory or handled on an annual basis if duties require frequent rentals. Special approval is required, from the department head or his/her designee, for rental of any vehicle in the "full size" category or above.

f. Vehicle Rental Size

i. Only the cost of a compact or intermediate model is reimbursable unless non-availability is documented or the vehicle will be used to transport more than two persons.

NOTE: When a larger vehicle is necessary as stated in 1, or a larger vehicle is necessary due to the number of persons being transported, the vehicle shall be upgraded only to the next smallest size and lowest price necessary to accommodate the number of persons traveling.

ii. A department head or his/her designee may, on a case-by-case basis, authorize a larger size vehicle provided detailed justification is made in the employee's file. Such justification could include, but is not limited to, specific medical requirements when supported by a doctor's recommendation.

g. Personal Use of Rental. Personal use of a rental vehicle, when rented for official state business, is not allowed.

h. Gasoline (receipts required). Reimbursements require an original receipt and only regular unleaded gasoline, or diesel when applicable, should be used. This applies for both state-owned vehicles and rental vehicles, as mid-grade, super, plus, or premium gasoline is typically not necessary. An employee should purchase gasoline with the state's fuel card or other approved credit card, at reasonable cost, from a local gasoline station prior to returning the rental. Pre-paid fuel options for rental vehicles are only to be allowed with prior approval from the department head when the traveler can document that the pre-purchased amount was necessary and that the amount charged by the rental company is reasonable in relation to local gasoline cost.

i. Insurance for Vehicle Rentals within the 50 United States. Insurance billed by car rental companies is not reimbursable. All insurance coverage for rental vehicles, other than the state's in-state and out-of-state mandatory contracts, is provided by the Office of Risk Management. Should a collision occur while on official state business, the accident should immediately be reported to the Office of Risk Management and rental company. Any damage involving a third party must be reported to appropriate law enforcement entity to have a police report generated.

i. CDW/damage waiver insurance and $1,000,000 liability protection coverage is included in the state in-state and out-of-state rental contract pricing.

NOTE: Lost keys for rental vehicles are not covered under the damage waiver policy and are very costly. The agency should establish an internal procedure regarding liability of these costs.

ii. No other insurance will be reimbursed when renting, except when renting outside the 50 United States (see §1504.C.3.i). There should be no other charges added to the base price, unless the traveler reserves the vehicle at an airport location (which is not recommended for daily routine travel). Reimbursable amounts would then be submitted at the end of the trip on a travel expense form.

j. Insurance for Vehicles Rentals outside the 50 United States (receipts required). The Office of Risk Management (ORM) recommends that the appropriate insurance (liability and physical damage) provided through the car rental company be purchased when the traveler is renting a vehicle outside the 50 United States. With the approval of the department head or his/her designee, required insurance costs may be reimbursed for travel outside the 50 United States only.

4. The following are insurance packages available by rental vehicle companies which are reimbursable:

a. collision damage waiver (CDW). Should a collision occur while on official state business, the cost of the deductible should be paid by the traveler and submit a reimbursement claimed on a travel expense form. The accident should also be reported to the Office of Risk Management;

b. loss damage waiver (LDW);

c. auto tow protection (ATP) (*approval of department head);

d. supplementary liability insurance (SLI) (*if required by the rental company);

e. theft and/or super theft protection (coverage of contents lost during a theft or fire) (*if required by the car rental company);

f. vehicle coverage for attempted theft or partial damage due to fire (*if required by the car rental company).

5. The following are some of the insurance packages available by rental vehicle companies that are not reimbursable:

a. personal accident coverage insurance (PAC);

b. emergency sickness protection (ESP).

6. Navigation equipment (GPS system) rented, not purchased, from a rental car company, may only be reimbursed if an employee justifies the need for such equipment and with prior approval of the department head or his designee.

D. Public Ground Transportation. The cost of public ground transportation such as buses, subways, airport shuttle/limousines, and taxis are reimbursable when the expenses are incurred as part of approved state travel (see receipt requirements below).

1. Airport shuttle/limousines, taxi, and all other public transportation where a receipt is available, requires a receipt for reimbursements. A driver's tip for shuttle/limousines and taxis may be given and must not exceed 15 percent of total charge. Amount of tip must be included on receipt received from driver/company.

2. All other forms of public ground transportation, where a receipt in not possible and other than those listed above, are limited to $15 per day without a receipt; claims in excess of $15 per day requires a receipt. At the agency's discretion, the department head may implement an agency wide policy requiring receipts for all public transportation request less than $15 per day.

3. To assist agencies with verification of taxi fares, you may contact the taxi company for an estimate or visit sites such as taxifarefinder.com. An employee should always get approval, prior to a trip, if multiple taxis will be used, as it may be in the agency's best interest to rent a vehicle versus reimbursement of multiple taxi expenses.

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§1505. State Issued Travel Credit Cards/CBA Accounts

A. Use. The state travel office contracts for an official state corporate travel card to form one source of payment for travel. If a supervisor recommends an employee be issued a state travel card, the employee should complete an application through their agency travel program administrator.

1. The employee's corporate travel card is for official state travel business purposes only. Personal use on the state travel card shall result in disciplinary action.

B. Liability

1. The corporate travel card is the liability of the state. Each monthly statement balance is due in full to the card-issuing bank. The state will have no tolerance to assist those employees who abuse their travel card privileges.

2. The department/agency is responsible for cancellation of corporate travel cards for those employees terminating/retiring from state service.

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§1506. Lodging and Meals

A. Eligibility

1. Official Domicile/Temporary Assignment. Travelers are eligible to receive reimbursement for travel only when away from official domicile or on temporary assignment unless exception is granted in accordance with these regulations. Temporary assignment will be deemed to have ceased after a period of 30 calendar days, and after such period, the place of assignment shall be deemed to be his/her official domicile. He/she shall not be allowed travel and subsistence unless permission to extend the 30-day period has been previously secured from the commissioner of administration.

2. Extended Stays. For travel assignments approved by the commissioner of administration involving duty for extended periods (31 or more consecutive days) at a fixed location, the reimbursement rates indicated should be adjusted downward whenever possible. Claims for meals and lodging may be reported on a per diem basis supported by lodging receipt. Care should be exercised to prevent allowing rates in excess of those required to meet the necessary authorized subsistence expenses. It is the responsibility of each agency head to authorize only such travel allowances as are justified by the circumstances affecting the travel.

a. The only exemption for travel of 31 days or more which does not require the commissioner of administration's approval are students, professors, or other state employees which are traveling on a grant, scholarship, studying abroad, or any other occasion where funds utilized are other than state general funds. Department head approval is required.

3. Single-Day Travel

a. Meals are not eligible for reimbursements on single-day travel. This means that when an authorized traveler of the state is in travel status where no overnight stay is required, no meals are eligible for reimbursement. Each department head or their designees are to determine the reasonableness of when an overnight stay is justified.

b. However, the department head will be allowed to authorize single-day meal reimbursements on a case-by-case basis or by type(s) of single-day travel when it is determined to be in the best interest of the department. In those cases, the department must keep the approvals in the travel file and must be responsible to take appropriate steps to report the reimbursement as wages to the employee.

c. If a department head or his/her designee determines that single-day meals will be provided for, they must adhere the following allowances. To receive any meal reimbursement on single-day travel, an employee must be in travel status for a minimum of 12 hours.

i. The maximum allowance for meal reimbursement for single-day travel will be $37:

(a). breakfast and lunch ($22)—the 12-hours travel duration must begin at or before 6 a.m.;

(b). lunch ($13)—requires 12-hours duration in travel status;

(c). lunch and dinner ($37) —the 12-hour travel duration must end at or after 8 p.m.

4. Travel with Over Night Stay (minimum of 12 hours in travel status). Travelers may be reimbursed for meals according to the following schedule:

a. breakfast—when travel begins at/or before 6 a.m. on the first day of travel or extends at/or beyond 9 a.m. on the last day of travel, and for any intervening days;

b. lunch—when travel begins at/or before 10 a.m. on the first day of travel or extends at/or beyond 2 p.m. on the last day of travel, and for any intervening days;

c. dinner—when travel begins at/or before 4 p.m. on the first day of travel or extends at/or beyond 8 p.m. on the last day of travel, and for any intervening days.

5. Alcohol. Reimbursement for alcohol is prohibited.

B. Exceptions

1. Routine Lodging Overage Allowances (receipts required). Department head or his/her designee has the authority to approve actual costs for routine lodging provisions on a case-by-case basis, not to exceed 50 percent over PPM-49 current listed rates. (Note, this authority for increase in allowance is for lodging only and not for any other area of PPM-49.) Justification must be maintained in the file to show that attempts were made with hotels in the area to receive the state/best rate. In areas where the governor has declared an emergency, a department head or his/her designee will have the authority to approve actual routine lodging provisions on a case-by-case basis, not to exceed 75 percent over PPM-49 current listed rates. Each

case must be fully documented as to necessity (e.g., proximity to meeting place) and cost-effectiveness of alternative options. Documentation must be readily available in the department's travel reimbursement files.

2. Actual Expenses for State Officers. (Itemized receipts or other supporting documents are required for each item claimed.) State officers and others so authorized by statute (see definition under *state officer*) or individual exception will be reimbursed on an actual expense basis for meals and lodging except in cases where other provisions for reimbursement have been made by statute. Request shall not be extravagant and will be reasonable in relation to the purpose of travel. State officers entitled to actual expense reimbursements are only exempt from meals and lodging rates; they are subject to the time frames and all other requirements as listed in these travel regulations.

C. Meals and Lodging Allowances. Meal rates are not a per diem, only the maximum allowed while in travel status.

1. Meal Allowance (includes tax and tips). Receipts are not required for routine meals within these allowances unless a cash advance was received (see Section 1503.B.2). Number of meals claimed must be shown on travel expense form. For meal rates, the inclusion of suburbs (see definition of *suburb*) shall be determined by the department head or his/her designee on a case-by-case basis (see tier pricing below). Partial meals, such as continental breakfast or airline meals are not considered meals. Note, if a meal is included in a conference schedule, it is part of the registration fee, therefore, an employee cannot request/receive additional reimbursement for that meal. If meals of state officials receiving actual expenses exceed these allowances, itemized receipt are required (see §1506.B.2).

2. Meals with relatives or friends may not be reimbursed unless the host can substantiate costs for providing for the traveler. The reimbursement amount will not automatically be the meal cost for that area, but rather the actual cost of the meal.

Example: The host would have to show proof of the cost of extra food, etc. Cost shall never exceed the allowed meal rate listed for that area.

3. Routine Lodging Allowance. Employees will be reimbursed lodging rate, plus tax and any mandatory surcharge (receipts are required). For lodging rates, the inclusion of suburbs (see definition of *suburb*) shall be determined by the department head on a case-by-case basis. Employees should always attempt to use the tax exempt form located on the state travel website, http://www.doa.louisiana.gov/osp/travel/forms/hoteltaxexemption.pdf, when traveling in-state on official state business and must be used if hotel expenses are being charged to employee's state corporate travel card, the LaCarte card, or the agency's CBA account. When two or more employees on official state business share a lodging room, the state will reimburse the actual cost of the room, subject to a maximum amount allowed for an individual traveler times the number of employees.

4. Lodging with relatives or friends may not be reimbursed unless the host can substantiate costs for accommodating the traveler. The amount will not automatically be the lodging cost for that area, but rather the actual cost of accommodations.

Example: The host would have to show proof of the cost of extra water, electricity, etc. Cost shall never exceed the allowed routine lodging rate listed for that area.

5. Department head or his/her designee's approval must be provided to allow lodging expenses to be direct billed to an agency.

6. Conference Lodging Allowance. Employees may be reimbursed lodging rate, plus tax (other than state of Louisiana tax) and any mandatory surcharge (receipts are required). Department head or his/her designee has the authority to approve the actual cost of conference lodging for a single occupancy standard room when the traveler is staying at the designated conference hotel. If there are multiple designated conference hotels, the lower cost designated conference hotel should be utilized, if available. In the event the designated conference hotel(s) have no room availability, a department head or his/her designee may approve to pay actual hotel cost not to exceed the conference lodging rates for other hotels in the immediate vicinity of the conference hotel. This allowance does not include agency-hosted conference lodging allowances; see §1510 for these allowances. In the event a traveler chooses to stay at a hotel which is not associated with the conference, then the traveler is subject to making reservations and getting reimbursed within the hotel rates allowed in routine lodging only, as listed below.

7. No reimbursements are allowed for functions not relating to a conference (i.e., tours, dances, golf tournaments, etc.).

Tier I	
Breakfast	$9
Lunch	$13
Dinner	$24
Total	$46
Lodging Area	**Routine Lodging**
In-State Cities (except as listed)	$77
Alexandria/Leesville/Natchitoches	$80
Baton Rouge—EBR	$93
Covington/Slidell—St.Tammany	$89
Lake Charles—Calcasieu	$77
Lafayette	$85

Tier II	
Breakfast	$10
Lunch	$15
Dinner	$29
Total	$54
Lodging Area	**Routine Lodging**
New Orleans—Orleans, St. Bernard, Jefferson and Plaquemines Parishes	$135
Out-of-State (except cities listed in Tier III and IV)	$85

Tier III	
Breakfast	$12
Lunch	$17
Dinner	$31
Total	$60

Tier III	
Lodging Area	**Routine Lodging**
Austin,TX; Atlanta, GA; Cleveland, OH; Dallas/Fort Worth, TX; Denver, CO; Ft. Lauderdale, FL; Hartford, CT; Houston, TX; Kansas City, MO; Las Vegas, NV; Los Angeles, CA; Miami, FL; Minneapolis/St. Paul, MN; Nashville, TN; Oakland, CA; Orlando, FL; Philadelphia, PA; Phoenix, AZ; Pittsburgh, PA; Portland, OR, Sacramento, CA; San Antonio, TX; San Diego, CA; Sedona, AZ; St. Louis, MO; Tampa, FL; Wilmington, DE; all of Alaska and Hawaii; Puerto Rico; Virgin Island; American Samoa; Guam, Saipan	$120

Tier IV	
Breakfast	$13
Lunch	$19
Dinner	$33
Total	$65
Lodging Area	**Routine Lodging**
Baltimore, MD; San Francisco, CA; Seattle, WA	$175
Alexandria, VA; Arlington, VA; New York City, NY; Washington DC	$225
Chicago, IL; Boston, MA; and International Cities	$200

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§1507. Parking and Related Parking Expenses

A. Parking at the Baton Rouge Airport. The state's current contract rate is $3.50 per day (no receipts required) for parking in the indoor parking garage as well as the outside, fenced parking lot at the Baton Rouge airport. Documentation required to receive the contract price is the airport certificate and a state ID. If the agency does not issue a state ID, the traveler would need a business card and a driver's license, along with the certificate, to be eligible for the state contracted rate. Airport certificate may be found on state travel office's website at http://www.doa.louisiana.gov/osp/travel/parking/brairport.pdf. At the agency discretion an employee may be paid actual expenses up to $5 per day with a receipt.

B. New Orleans Airport Parking. The state's current contract is with Park-N-Fly and the rate, inclusive of all allowable and approved taxes/fees, etc., will not exceed $7 per day and $42 weekly (no receipts required for parking at Park-N-Fly in New Orleans). Promotional code 0050081 must be used to obtain this rate. For on-line reservations, no other documentation will be required to receive this rate. For all "pay when you exit" employees, a state-issued ID or a valid ID with a state business card along with a tax exempt form is required to receive the state contracted rate. At the agency discretion, an employee may be paid actual expenses, at another location, up to $7 per day with a receipt.

C. Travelers using motor vehicles on official state business may be reimbursed for all other parking, including airport parking, except as listed in Subsections A and B above, ferry fares, and road and bridge tolls. For each transaction over $5, a receipt is required.

D. Tips for valet parking not to exceed $2 per day.

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§1508. Reimbursement for Other Expenses

NOTE: These charges are while in travel status only.

A. The following expenses incidental to travel may be reimbursed:

1. communications expenses:

a. for official state business, all business communication costs may be reimbursed (receipts required);

b. for domestic overnight travel, up to $3 for personal calls upon arrival at each destination and up to $3 for personal calls every second night after the first night if the travel extends several days;

c. for international travel, up to $10 for personal calls upon arrival at each destination and up to $10 for personal calls every second night after the first night if the travel extends several days;

d. internet access charges for official state business from hotels or other travel locations are treated the same as business telephone charges. A department may implement a stricter policy for reimbursement of internet charges. (receipts required).

B. Charges for storage and handling of state equipment (receipts required).

C. Baggage tips:

1. hotel allowances, up to $3 tip per hotel check-in and $3 tip per hotel checkout, if applicable;

2. airport allowances, up to $3 tip for airport outbound departure trip and $3 tip for inbound departure trip.

D. Luggage Allowances (receipt required). A department head or his designee may approve reimbursement to a traveler for airline charges for first checked bag for a business trip of 5 days or less and for the second checked bag for a 6-10 day business trip and/or any additional baggage which is business-related and required by the department. The traveler must present a receipt to substantiate these charges.

1. Travelers will be reimbursed for excess baggage charges (overweight baggage) only in the following circumstances:

a. when traveling with heavy or bulky materials or equipment necessary for business;

b. the excess baggage consists of organization records or property.

NOTE: Traveler should always consider shipping materials to final destination or splitting materials into additional pieces of luggage to avoid the excess baggage charges in order to save their agency costs.

E. Registration fees at conferences (meals that are a designated integral part of the conference may be reimbursed on an actual expense basis with prior approval by the department head).

NOTE: If a meal is included in a conference schedule, it is part of the registration fee; therefore, an employee cannot request/receive additional reimbursement for that meal.

F. Laundry Services. Employees on travel for more than seven days may be reimbursed with department head or his/her designee's approval, up to actual, but reasonable, costs incurred. Receipts are required for reimbursement.

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§1509. Special Meals

A. Reimbursement designed for those occasions when, as a matter of extraordinary courtesy or necessity, it is appropriate and in the best interest of the state to use public funds for provision of a meal to a person who is not otherwise eligible for such reimbursement and where reimbursement is not available from another source. Requests should be within reason and may include tax and tips. Itemized receipts are required:

1. visiting dignitaries or executive-level persons from other governmental units, and persons providing identified gratuity services to the state. This explicitly does not include normal visits, meetings, reviews, etc., by federal or local representatives;

2. *extraordinary situations* are when state employees are required by their supervisor to work more than a 12-hour weekday or six-hours on a weekend (when such are not normal working hours to meet crucial deadlines or to handle emergencies).

B. All special meals must have prior approval from the commissioner of administration or, for higher education, the entity head or his designee in order to be reimbursed, unless specific authority for approval has been delegated to a department head for a period not to exceed one fiscal year with the exception in Subsection C, as follows.

C. A department head may authorize a special meal within allowable rates listed under meals, Tier 1, to be served in conjunction with a working meeting of departmental staff.

D. In such cases, the department will report on a quarterly basis to the commissioner of administration all special meal reimbursements made during the previous three months. For higher education, these reports should be sent to the respective institution of higher education management board. These reports must include, for each special meal, the name and title of the person receiving reimbursement, the name and title of each recipient, the cost of each meal, and an explanation as to why the meal was in the best interest of the state. Renewal of such delegation will depend upon a review of all special meals authorized and paid during the period. Request to the commissioner for special meal authorization must include, under signature of the department head:

1. name and position/title of the state officer or employee requesting authority to incur expenses and assuming responsibility for such;

2. clear justification of the necessity and appropriateness of the request;

3. names, official titles or affiliations of all persons for whom reimbursement of meal expenses is being requested;

4. statement that allowances for meal reimbursement according to these regulations will be followed unless specific approval is received from the commissioner of administration to exceed this reimbursement limitation;

a. all of the following must be reviewed and approved by the department head or his/her designee prior to reimbursement:

i detailed breakdown of all expenses incurred, with appropriate receipts(s);

ii. subtraction of cost of any alcoholic beverages;

iii. copy of prior written approval from the commissioner of administration or, for higher education, the entity head or his/her designee.

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§1510. Agency-Hosted Conferences (both in-state and out-of-state)

A. State-Sponsored Conferences. An agency must solicit three bona fide competitive quotes in accordance with the governor's Executive Order for small purchase.

B. Conference Lunch Allowance. Lunch direct-billed to an agency in conjunction with a state-sponsored conference is to be within the following rates plus mandated gratuity.

Lunch—In-State excluding, New Orleans	$20
Lunch—New Orleans and Out-of-State	$25

1. Any other meals such as breakfast and dinner require special approval in accordance with PPM-49, §1509,

special meal, and must have prior approval from the commissioner of administration or, for higher education, the entity head or his/her designee.

C. Conference Refreshment Allowance. Cost for break allowances for meeting, conference, or convention are to be within the following rates.

1. Refreshments shall not exceed $4.50 per person, per morning and/or afternoon sessions. A mandated gratuity may be added if refreshments are being catered.

D. Conference Lodging Allowances. Lodging rates may not exceed $20 above the current listed routine lodging rates listed for the area in which the conference is being held.

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§1511. International Travel

A. International travel must be approved by the commissioner of administration or, for higher education, the entity head or his designee prior to departure, unless specific authority for approval has been delegated to a department head. Requests for approval must be accompanied by a detailed account of expected expenditures (such as room rate, date, meals, local transportation, etc.) and an assessment of the adequacy of this source to meet such expenditures without curtailing subsequent travel plans.

B. International travelers will be reimbursed the Tier IV area rates for meals and lodging, unless U.S. State Department rates are requested and authorized by the commissioner of administration or, for higher education, the entity head or his designee, prior to departure. Itemized receipts are required for reimbursement of meals and lodging claimed at the U.S. State Department rates, http://aoprals.state.gov/web920/per_diem.asp.

C. It is the agency's decision, if justification is given, to allow state employees to be reimbursed for a visa and/or immunizations when the traveler is traveling on behalf of the agency/university on official state business. However, it is not considered best practice for the state to reimburse for a passport; therefore, passport reimbursements must be submitted to the department head for approval along with detailed justification as to why this reimbursement is being requested/approved.

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§1512. Waivers

A. The commissioner of administration may waive, in writing, any provision in these regulations when the best interest of the state will be served.

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Sandra G. Gillen
Director

1307#013

Emergency Rules

DECLARATION OF EMERGENCY

Department of Children and Family Services
Economic Stability Section

Child Welfare Emergency Assistance Services Program
(LAC 67:III.5597)

The Department of Children and Family Services (DCFS), Economic Stability, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953(B) to amend LAC 67:III, Subpart 15, Temporary Assistance for Needy Families (TANF) Initiatives, Chapter 55, TANF Initiatives, Section 5597, Child Welfare Emergency Assistance Services Program. This declaration is necessary to extend the original Emergency Rule since it is effective for a maximum of 120 days and will expire before the Final Rule takes effect. This Emergency Rule extension is effective on July 20, 2013 and will remain in effect until the Final Rule becomes effective.

Section 5597 Child Welfare Emergency Assistance Services Program is being amended to clarify the program's service period and financial eligibility criteria, which must mirror eligibility rules in effect as of August 21, 1996 under the Louisiana Aid to Families with Dependent Children (AFDC) Emergency Assistance Program.

The department considers emergency action necessary to prevent a threat to the health, safety, and welfare of TANF-eligible children who have been removed from their parents by the courts and are in need of emergency assistance to cover the urgent situation.

The authorization to promulgate emergency rules to facilitate the expenditure of Temporary Assistance for Needy Families (TANF) is contained in Act 13 of the 2012 Regular Session of the Louisiana Legislature.

Title 67
SOCIAL SERVICES
Part III. Economic Stability
Subpart 15. Temporary Assistance for Needy Families (TANF) Initiatives
Chapter 55. TANF Initiatives
§5597. Child Welfare Emergency Assistance Services Program

A. The Child Welfare Emergency Assistance Services Program will provide services to children who are removed from their parents by the courts and are in foster care. These services include case management and planning as performed by DCFS' staff. The types of assistance that meet the emergency situation may include shelter care, foster family care or emergency shelter care including food, clothing and supervision.

B. TANF eligibility is limited within any 12-month period to a single episode of need with a maximum duration of 12 months. TANF eligibility is also limited to families with income less than twice the state median income (SMI).

C. These services are TANF-eligible based on inclusion in the state's approved AFDC Emergency Assistance Program that was in effect as of August 21, 1996.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; P.L. 104-193, R.S. 46:231 and R.S. 36:474.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Economic Stability Section, LR 39:67 (January 2013), amended LR 39:

Suzy Sonnier
Secretary

1307#023

DECLARATION OF EMERGENCY

Student Financial Assistance Commission
Office of Student Finanical Assistance

Scholarship/Grant Programs
Taylor Opportunity Program for Student (TOPS)
(LAC 28:IV.301, 703, 1701, and 1703)

The Louisiana Student Financial Assistance Commission (LASFAC) is exercising the emergency provisions of the Administrative Procedure Act [R.S. 49:953(B)] to amend and re-promulgate the rules of the Scholarship/Grant programs [R.S. 17:3021-3025, R.S. 3041.10-3041.15, and R.S. 17:3042.1.1-3042.8, R.S. 17:3048.1, R.S. 56:797.D(2)].

This rulemaking implements Acts 140 and 359 of the 2013 Regular Session of the Louisiana Legislature by amending the Taylor Opportunity Program for Students (TOPS) rules.

The list of high schools from which students may graduate and participate in TOPS is expanded to include high schools outside of Louisiana that are authorized to offer an International Baccalaureate Diploma when the student graduates with such a diploma in 2009-2010 or later.

The TOPS core curriculum is revised to change the courses required for students graduating in 2017-2018 and thereafter to qualify for a TOPS award. The calculation of the TOPS Cumulative Grade Point Average is revised for students graduating in 2017-2018 and thereafter to provide that Advanced Placement, International Baccalaureate, Gifted and Dual Enrollment courses are graded on a 5.00 scale.

This Declaration of Emergency is effective June 20, 2013, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act. (SG13147E)

Title 28
EDUCATION
Part IV. Student Financial Assistance—Higher Education Scholarship and Grant Programs
Chapter 3. Definitions
§301. Definitions

A. Words and terms not otherwise defined in this Chapter shall have the meanings ascribed to such words and terms in this Section. Where the masculine is used in these

rules, it includes the feminine, and vice versa; where the singular is used, it includes the plural, and vice versa.

* * *

Dual Enrollment Course—a course for which both high school and college credit may be granted.

Gifted Course—a course developed and provided to fulfill an Individualized Education Program for a student who has been deemed to be gifted pursuant to R.S. 17:1941 *et. seq*. as implemented in State Board of Elementary and Secondary Education policy.

TOPS Cumulative High School Grade Point Average—

a. effective for high school graduates beginning with academic year (high school) 2002-2003, the grade point average calculated by LOSFA including only the grades achieved in those courses that were used to satisfy core curriculum requirements. In the event a student has received credit for more than 16.5 hours of courses that are included in the core curriculum, the TOPS cumulative high school grade point average shall be calculated by using the course in each core curriculum category for which the student received the highest grade. For example, if a student has taken more than one advanced mathematics course, the cumulative grade point average shall be determined by using only the course in which the student has received the highest grade;

b. effective for high school graduates beginning with academic year (high school) 2002-2003, the grade point average for students qualifying for a performance award using a minimum ACT score of 24 and a minimum grade point average of 3.00 must include at least 10 units of honors curriculum courses (see §703.A.5.f.ii);

c. effective for high school graduates beginning with academic year (high school) 2007-2008, the grade point average shall be calculated on 17.5 hours of units of courses that are used to satisfy the core curriculum;

d. effective for high school graduates beginning with academic year (high school) 2013-2014, the grade point average shall be calculated on 19.0 hours of units of courses that are used to satisfy the core curriculum;

e. effective for high school graduates through academic year (high school) 2016-2017, for those high schools that utilize other than a 4.00 scale, all grade values shall be converted to a 4.00 scale utilizing the following formula.

$$\frac{\text{Quality Points Awarded for the Course}}{\text{Maximum Points Possible for the Course}} = \frac{X\ \text{(Converted Quality Points)}}{4.00\ \text{(Maximum Scale)}}$$

For example, if a school awards a maximum of 5 points for honors courses, the school must use the following formula to convert an honors course grade of "C":

$$\frac{3.00}{5.00} = \frac{X}{4.00}$$

By cross multiplying,

$$5X = 12;\ X = 2.40$$

Quality points = Credit for course multiplied by the value assigned to the letter grade.

f. effective for high school graduates beginning with academic year (high school) 2017-2018, the TOPS Cumulative Grade Point Average will be calculated by dividing the total number of quality points earned on the courses used to complete the TOPS core curriculum by the total units earned to complete the TOPS core curriculum.

i. Quality points equal the credit for the course multiplied by the value assigned to the letter grade.

ii. The quality points for courses used to complete the TOPS core curriculum, except for Advanced Placement, International Baccalaureate, Gifted and dual enrollment courses, shall be converted to a 4.00 scale utilizing the following formula:

$$\frac{\text{Quality Points Awarded for the Course}}{\text{Maximum Points Possible for the Course}} = \frac{X\ \text{(Converted Quality Points)}}{4.00\ \text{(Maximum Scale)}}$$

iii. The quality points for Advanced Placement, International Baccalaureate, Gifted and Dual Enrollment courses used to complete the TOPS core curriculum shall be converted to a 5.00 scale utilizing the following formula.

$$\frac{\text{Quality Points Awarded for the Course}}{\text{Maximum Points Possible for the Course}} = \frac{X\ \text{(Converted Quality Points)}}{5.00\ \text{(Maximum Scale)}}$$

Examples

1. If a school awards a maximum of 5 points for honors courses, use the following formula to convert an honors course grade of "B" to the 4.00 scale:

$$\frac{4.00}{5.00} = \frac{X}{4.00}$$

By cross multiplying,

5X = 16; X = 3.20

2. If a school awards a maximum of 6 points for Advanced Placement courses, use the following formula to convert an Advanced Placement course grade of "C" to the 5.00 scale:

$$\frac{3.00}{6.00} = \frac{X}{5.00}$$

By cross multiplying,

6X = 15; X = 2.50

3. If a school awards a maximum of 4 points for Gifted courses, use the following formula to convert an Gifted course grade of "A" to the 5.00 scale:

$$\frac{4.00}{4.00} = \frac{X}{5.00}$$

By cross multiplying,

4X = 40; X = 5.00

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3025, R.S. 17:3042.1 and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:632 (April 1998), amended LR 24:1898 (October 1998), LR 24:2237 (December 1998), LR 25:256 (February 1999), LR 25:654 (April 1999), LR 25:1458 and 1460 (August 1999), LR 25:1794 (October 1999), LR 26:65 (January 2000), LR 26:688 (April 2000), LR 26:1262 (June 2000), LR 26:1601 (August 2000), LR 26:1993, 1999 (September 2000), LR 26:2268 (October 2000), LR 26:2752 (December 2000), LR 27:36 (January 2001), LR 27:284 (March 2001), LR 27:1219 (August 2001), LR 27:1840 (November 2001), LR 27:1875 (November 2001), LR 28:45 (January 2002), LR 28:446 (March 2002), LR 28:772 (April 2002), LR 28:2330, 2331 (November 2002), LR 29:555 (April 2003), LR 29:879 (June 2003), LR 30:1159 (June 2004), LR 30:2015 (September 2004), LR 31:36 (January 2005), LR 31:3112 (December 2005), LR 33:86 (January 2007), LR 33:439 (March 2007), LR 33:1339 (July 2007), LR 33:2612 (December 2007), LR 34:234 (February 2008), LR 34:1388 (July 2008), LR 34:1884 (September 2008), LR 35:228 (February 2009), LR 35:1489 (August 2009), LR 35:1490 (August 2009), LR 36:311 (February 2010), LR 36:490 (March 2010), LR 36:2854 (December 2010), LR 37:1561 (June 2011), LR 37:1562 (June 2011), LR 38:1953 (August 2012), LR 38:3156 (December 2012), LR 39:308 (February 2013), LR 39:

Chapter 7. Taylor Opportunity Program for Students (TOPS) Opportunity, Performance, and Honors Awards

§703. Establishing Eligibility

A. - A.5.a.i.(e). …

(f). beginning with the graduates of academic year (high school) 2013-14 through 2016-2017, at the time of high school graduation, an applicant must have successfully completed 19 units of high school course work that constitutes a core curriculum and is documented on the student's official transcript as approved by the Louisiana Department of Education as follows.

Units	Course
1	English I
1	English II
1	English III
1	English IV
1	Algebra I (1 unit) or Applied Algebra 1A and 1B (2 units)
1	Algebra II
2	Geometry, Calculus, Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III, Advanced Math – Pre-Calculus, Advanced Math – Functions and Statistics, Integrated Mathematics III
1	Biology
1	Chemistry
2	Earth Science, Environmental Science, Physical Science, Biology II, Chemistry II, Physics, Physics II, or Physics for Technology or Agriscience I and II (both for 1 unit)
1	American History
2	World History, Western Civilization, World Geography or History of Religion
1	Civics and Free Enterprise (1 unit combined) or Civics (1 unit)
1	Fine Arts Survey; (or substitute one unit of a performance course in music, dance, or theater; or substitute one unit of a visual art course; or substitute one unit of a studio art course)
2	Foreign Language, both units in the same language

(g). beginning with the graduates of academic year (high school) 2017-2018, at the time of high school graduation, an applicant must have successfully completed 19 units of high school course work that constitutes a core curriculum and is documented on the student's official transcript as approved by the Louisiana Department of Education as follows.

Units	Course
	English – 4 Units
1	English I
1	English II
1	English III, AP English Language Arts and Composition, or IB English III (Language A or Literature and Performance)
1	English IV, AP English Literature and Composition, or IB English IV (Language A or Literature and Performance)
	Math – 4 Units
1	Algebra I
1	Geometry
1	Algebra II
1	One unit from: Algebra III; Advanced Math- Functions and Statistics, Advanced Math- Pre-Calculus, Pre-Calculus, or Math Methods I IB (Mathematical Studies SL); Calculus, AP Calculus AB, or Math Methods II IB (Mathematics SL); AP Calculus BC; Probability and Statistics or AP Statistics; IB Further Mathematics HL; IB Mathematics HL
	Science – 4 Units
1	Biology I
1	Chemistry I
2	Two units from: Earth Science; Environmental Science; Physical Science; Agriscience I and Agriscience II (one unit combined); Chemistry II or AP Chemistry or IB Chemistry II; AP Environmental Science or IB Environmental Systems; Physics I, AP Physics B, or IB Physics I; AP Physics C: Electricity and Magnetism, AP Physics C: Mechanics, or IB Physics II; AP Physics I and AP Physics II; Biology II or AP Biology or IB Biology II
	Social Studies – 4 Units
1	U.S. History or AP U.S. History or IB U.S. History
½	Government, AP US Government and Politics: Comparative, or AP US Government and Politics: United States
½	Economics, AP Macroeconomics, or AP Microeconomics
2	Two units from: Western Civilization, European History or AP European History; World Geography, AP Human Geography, or IB Geography; World History, AP World History, or World History IB; History of Religion; IB Economics
	Foreign Language – 2 Units
2	Foreign Language, both units in the same language, which may include: AP Chinese Language and Culture, AP French Language and Culture, AP German Language and Culture, AP Italian Language and Culture, AP Japanese Language and Culture, AP Latin, AP Spanish Language and Culture, French IV IB, French V IB, Spanish IV IB, and Spanish V IB

Units	Course
Art – 1 Unit	
1	One unit of Art from: Performance course in Music, Dance, or Theatre; Fine Arts Survey; Arts I, II, III, and IV; Talented Art I, II, III, and IV; Talented Music I, II, III, and IV; Talented Theater Arts I, II, III, and IV; Speech III and IV (one unit combined); AP Art History; AP Studio Art: 2-D Design; AP Studio Art: 3-D Design; AP Studio Art: Drawing; AP Music Theory; Film Study I IB; Film Study II IB; Music I IB; Music II IB; Art Design III IB; Art Design IV IB; or Theatre I IB
	NOTE: AP = Advanced Placement IB = International Baccalaureate

A.5.a.ii(a). - A.5.a.ii(d). …

(b). For students graduating in academic year (high school) 2006-2007 through the 2008-2009 academic year (high school), for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Mathematics I[beginning with the 2008-2009 academic year (high school) this course is renamed Advanced Math – Pre-Calculus], Advanced Mathematics II [beginning with the 2008-2009 academic year (high school) this course is renamed Advanced Math –Functions and Statistics]
Chemistry	Chemistry Com
Fine Arts Survey	Speech III and Speech IV (both units)
Western Civilization	European History
World Geography	AP Human Geography
Civics	AP American Government
*Applied Mathematics III was formerly referred to as Applied Geometry	

(c). For students graduating in academic year (high school) 2009-2010, for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I, Applied Algebra I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III, Applied Geometry
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Math – Pre-Calculus**, Advanced Math – Functions and Statistics***
Chemistry	Chemistry Com
Fine Arts Survey	Speech III and Speech IV (both units)
Western Civilization	European History
World Geography	AP Human Geography
Civics	AP American Government
*Applied Mathematics III was formerly referred to as Applied Geometry **Advanced Math—Pre-Calculus was formerly referred to as Advanced Mathematics II ***Advanced Math—Functions and Statistics was formerly referred to as Advanced Mathematics II	

(d). For students graduating in academic year (high school) 2010-2011 through academic year (high school) 2016-17, for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I, Applied Algebra I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III, Applied Geometry
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Math – Pre-Calculus**, Advanced Math – Functions and Statistics***
Chemistry	Chemistry Com
Earth Science, Environmental Science, Physical Science, Biology II, Chemistry II, Physics, Physics II, or Physics for Technology or Agriscience I and II (both for 1 unit;	Anatomy and Physiology
Fine Arts Survey	Speech III and Speech IV (both units)
Western Civilization	European History
World Geography	AP Human Geography
Civics	AP American Government
*Applied Mathematics III was formerly referred to as Applied Geometry **Advanced Math—Pre-Calculus was formerly referred to as Advanced Mathematics II ***Advanced Math—Functions and Statistics was formerly referred to as Advanced Mathematics II	

(e). For students graduating in academic year (high school) 2017-2018 and after, for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course(s)	Equivalent (Substitute) Course
Algebra I, Geometry and Algebra II	Integrated Mathematics I, II and III
½ unit: Government, AP US Government and Politics: Comparative, or AP US Government and Politics: United States AND ½ unit: Economics, AP Macroeconomics, or AP Microeconomics	Civics (one unit)
Any listed core course or its equivalent.	Any core curriculum course taken by a student who has been deemed to be gifted pursuant to R.S. 17:1941 *et. seq.* as implemented in State Board of Elementary and Secondary Education policy and in fulfillment of the student's Individualized Education Program shall be considered a gifted course and shall fulfill the core curriculum requirement in its given subject area.

A.5.a.iii(a) - J.4.b.ii. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3025, R.S. 17:3042.1, and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:636 (April 1998), amended LR 24:1902 (October 1998), LR 24:2237 (December 1998), LR 25:257 (February 1999), LR 25:655 (April 1999), LR 25:1794 (October 1999), LR 26:64, 67 (January 2000), LR 26:689 (April 2000), LR 26:1262 (June 2000), LR 26:1602 (August 2000), LR 26:1996, 1999, 2001 (September 2000), LR 26:2268 (October 2000), LR 26:2753 (December 2000), LR 27:36 (January 2001), LR 27:702 (May 2001), LR 27:1219, 1219 (August 2001), repromulgated LR 27:1850 (November 2001), amended LR 28:772 (April 2002), LR 28:2330, 2332 (November 2002), LR 29:125 (February 2003), LR 29:2372 (November 2003), LR 30:1162 (June 2004), LR 30:1471 (July 2004), LR 30:2019 (September 2004), LR 31:37 (January 2005), LR 31:2213 (September 2005), LR 31:3112 (December 2005), LR 32:2239 (December 2006), LR 33:435 (March 2007), LR 33:2357 (November 2007), LR 33:2612 (December 2007), LR 34:1389 (July 2008), LR 35:228 (February 2009), LR 36:312 (February 2010), LR 36:490 (March 2010), LR 36:2269 (October 2010), LR 36:2855 (December 2010), LR 37:2987 (October 2011), LR 38:354 (February 2012), LR 38:3158 (December 2012), LR 39:481 (March 2013), LR 39:

Chapter 17. Responsibilities of High Schools, School Boards, Special School Governing Boards, the Louisiana Department of Education and LASFAC on Behalf of Eligible Non-Louisiana High Schools

§1701. Eligibility of Graduates Based upon the High School Attended

A. - A3.d. …

4. Out-of-State High Schools

a. All other public or non-public high schools located in one of the United States or territories of the United States, other than Louisiana:

i. which have been approved by the state or territory's chief school officer as listed in the Louisiana Department of Education Bulletin 1462, or by the public body which is that state's or territory's equivalent of the Louisiana Board of Elementary and Secondary Education (BESE), or

ii. which high school has been approved by the Southern Association of Colleges and Schools' Commission on Secondary and Middle Schools and can demonstrate that it meets the standards adopted by BESE for approval of nonpublic schools of Louisiana as set forth in §1701.A.2, above or,

iii. for students graduating during the 2002-2003 school year and thereafter, which high school has been approved by a regional accrediting organization recognized by the United States Department of Education and can demonstrate that it meets the standards adopted by BESE for approval of nonpublic schools of Louisiana as set forth in §1701.A.2, above, and

iv. For students graduating during the 2009-2010 school year and thereafter with an International Baccalaureate Diploma, which high school has been approved by the International Baccalaureate Organization to issue such a diploma.

b. graduates of out-of-state high schools are eligible to participate in the Rockefeller State Wildlife Scholarship and the Leveraging Educational Assistance Partnership Program;

c. graduates of out-of-state high schools who are Louisiana residents or the dependents of a Louisiana resident serving on active duty with the Armed Forces or who have a parent who is a Louisiana resident are eligible to participate in TOPS.

d. A school will be deemed to be approved by the appropriate state agency if that state agency certifies:

i. that the high school in question received funding from the state to cover all or a portion of the costs of instruction; and

ii. that the high school in question adopted and does adhere to state and federal non-discrimination policies and statutes.

5. Out of Country High Schools

a. All other public or non-public high schools located outside the United States or the territories of the United States that meet the standards adopted by BESE for approval of nonpublic schools in Louisiana and which are accredited by an accrediting organization recognized by the United States Department of Education; and

b. Those high schools located in foreign countries which have been authorized or approved by a Department in the Executive Branch of the United States government to teach the dependents of members of the U.S. Armed Forces stationed abroad; and

c. For students graduating during the 2009-2010 school year and thereafter with an International Baccalaureate Diploma, those high schools located outside the United States and its territories that have been approved by the International Baccalaureate Organization to issue such a diploma.

B. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1, R.S. 17:3048.1, and R.S. 17:3050.1-3050.4.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:642 (April 1998), amended LR 24:1911 (October 1998), LR 25:849 (May 1999), LR 26:67 (January 2000), LR 26:1997 (September 2000), repromulgated LR 27:1862 (November 2001), amended LR 30:784 (April 2004), LR 30:1165 (June 2004), LR 34:242 (February 2008), LR 39:

§1703. High School's Certification of Student Achievement

A. - B.2.a. …

b. Commencing with the 2003 academic year (high school), certification shall contain, but is not limited to, the following reportable data elements:

i. student's name and Social Security number;

ii. month and year of high school graduation;

iii. the course code for each course completed;

iv. the grade for each course completed;

v. designation of each Advanced Placement, International Baccalaureate, Gifted and Dual Enrollment course;

vi. the grading scale for each course reported;

vii. list the high school attended for each course reported; and

viii. through the graduating class of the academic year (high school) 2002-2003, number of core units earned and the number of core units unavailable to the student at the school attended. After the graduating class of the academic year (high school) 2002-2003, core unit requirements may not be waived.

B.3. - D.3. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1 and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:643 (April 1998), amended LR 24:1912 (October 1998), LR 25:258 (February 1999), LR 26:1998 (September 2000), LR 26:2269 (October 2000), repromulgated LR 27:1863 (November 2001), amended LR 29:880 (June 2003), LR 30:1165 (June 2004), LR 39:

George Badge Eldredge
General Counsel

1307#012

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Behavioral Health Services
Physician Payment Methodology
(LAC 50:XXXIII.1701)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health adopt LAC 50:XXXIII.Chapter 17 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions to implement a coordinated behavioral health services system under the Medicaid Program, called the Louisiana Behavioral Health Partnership (LBHP), to provide adequate coordination and delivery of behavioral health services through the utilization of a Statewide Management Organization (*Louisiana Register*, Volume 38, Number 2).

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health promulgated an Emergency Rule which amended the provisions governing the reimbursement of physician services rendered in the LBHP in order to establish a distinct payment methodology that is independent of the payment methodology established for physicians in the Professional Services Program (*Louisiana Register,* Volume 39, Number 4). This Emergency Rule is being promulgated to continue the provisions of the April 20, 2013 Emergency Rule.

This action is being taken to protect the public health and welfare of Medicaid recipients who rely on behavioral health services by ensuring continued provider participation in the Medicaid Program.

Effective August 19, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health amend the provisions governing behavioral health services rendered in the Medicaid Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXXIII. Behavioral Health Services
Subpart 2. General Provisions

Chapter 17. Behavioral Health Services Reimbursements

§1701. Physician Payment Methodology

A. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

B. Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this

Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#048

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Crisis Receiving Centers—Licensing Standards
(LAC 48:I.Chapters 53 and 54)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 48:I.Chapters 53 and 54 in the Medical Assistance Program as authorized by R.S. 36:254 and R.S. 28:2180.13. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1), et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule to adopt provisions to establish licensing standards for Level III crisis receiving centers (CRCs) in order to provide intervention and crisis stabilization services for individuals who are experiencing a behavioral health crisis (*Louisiana Register*, Volume 39, Number 4). This Emergency Rule is being promulgated to continue the provisions of the April 20, 2013 Emergency Rule. This action is being taken to prevent imminent peril to the public health, safety or welfare of behavioral health clients who are in need of crisis stabilization services.

Effective August 19, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing licensing standards for Level III crisis receiving centers.

Title 48
PUBLIC HEALTH—GENERAL
Part 1. General Administration
Subpart 3. Licensing and Certification
Chapter53. Level III Crisis Receiving Centers
Subchapter A. General Provisions
§5301. Introduction

A. The purpose of this Chapter is to:

1. provide for the development, establishment, and enforcement of statewide licensing standards for the care of patients and clients in Level III crisis receiving centers (CRCs);

2. ensure the maintenance of these standards; and

3. regulate conditions in these facilities through a program of licensure which shall promote safe and adequate treatment of clients of behavioral health facilities.

B. The purpose of a CRC is to provide intervention and stabilization services in order for the client to achieve stabilization and be discharged and referred to the lowest appropriate level of care that meets the client's needs. The estimated length of stay in a CRC is 3-7 days.

C. In addition to the requirements stated herein, all licensed CRCs shall comply with applicable local, state, and federal laws and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5303. Definitions

Active Client—a client of the CRC who is currently receiving services from the CRC.

Administrative Procedure Act—R.S. 49:950 et seq.

Administrative Review—Health Standards Section's review of documentation submitted by the center in lieu of an on-site survey.

Adult—a person that is at least 18 years of age.

Authorized Licensed Prescriber—a physician or nurse practitioner licensed in the state of Louisiana and with full prescriptive authority authorized by the CRC to prescribe treatment to clients of the specific CRC at which he/she practices.

Building and Construction Guidelines—structural and design requirements applicable to a CRC; does not include occupancy requirements.

Coroner's Emergency Certificate (CEC)—a certificate issued by the coroner pursuant to R.S. 28:53.3.

Change of Ownership (CHOW)—the sale or transfer, whether by purchase, lease, gift or otherwise, of a CRC by a person/corporation of controlling interest that results in a change of ownership or control of 30 percent or greater of either the voting rights or assets of a CRC or that results in the acquiring person/corporation holding a 50 percent or greater interest in the ownership or control of the CRC.

CLIA—clinical laboratory improvement amendment.

Client Record—a single complete record kept by the CRC which documents all treatment provided to the client. The record may be electronic, paper, magnetic material, film or other media.

Construction Documents—building plans and specifications.

Contraband—any object or property that is against the CRC's policies and procedures to possess.

*Level III Crisis Receiving Center (*or *Center* or *CRC)*—an agency, business, institution, society, corporation, person or persons, or any other group, licensed by the Department of Health and Hospitals to provide crisis identification, intervention and stabilization services for people in behavioral crisis. A CRC shall be no more than 16 beds.

Crisis Receiving Services—services related to the treatment of people in behavioral crisis, including crisis identification, intervention and stabilization.

Department—the Louisiana Department of Health and Hospitals.

Direct Care Staff—any member of the staff, including an employee or contractor, that provides the services delineated in the comprehensive treatment plan. Food services, maintenance and clerical staff and volunteers are not considered as direct care staff.

Disaster or *Emergency*—a local, community-wide, regional or statewide event that may include, but is not limited to:

1. tornados;
2. fires;
3. floods;
4. hurricanes;
5. power outages;
6. chemical spills;
7. biohazards;
8. train wrecks; or
9. declared health crisis.

Division of Administrative Law (DAL)—The Louisiana Department of State Civil Service, Division of Administrative Law or its successor entity.

Grievance—a formal or informal written or verbal complaint that is made to the CRC by a client or the client's family or representative regarding the client's care, abuse or neglect when the complaint is not resolved at the time of the complaint by staff present.

HSS—the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Care Integrity, Health Standards Section.

Human Services Field—an academic program with a curriculum content in which at least 70 percent of the required courses for the major field of study are based upon the core mental health disciplines.

Licensed Mental Health Professional (LMHP)—an individual who is licensed in the state of Louisiana to diagnose and treat mental illness or substance abuse, acting within the scope of all applicable state laws and their professional license. A LMHP must be one of the following individuals licensed to practice independently:

1. a physician/psychiatrist;
2. a medical psychologist;
3. a licensed psychologist;
4. a licensed clinical social worker (LCSW);
5. a licensed professional counselor (LPC);
6. a licensed marriage and family therapist (LMFT);
7. a licensed addiction counselor (LAC); or
8. an advanced practice registered nurse or APRN (must be a nurse practitioner specialist in adult psychiatric and mental health and family psychiatric and mental health, or a certified nurse specialist in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice).

LSBME—Louisiana State Board of Medical Examiners.

MHERE—mental health emergency room extension operating as a unit of a currently-licensed hospital.

Minor—a person under the age of 18.

OBH—the Department of Health and Hospitals, Office of Behavioral Health.

On-duty—scheduled, present, and awake at the site to perform job duties.

On-call—immediately available for telephone consultation and less than one hour from ability to be on duty.

OHSEP—Office of Homeland Security and Emergency Preparedness.

OPC—order for protective custody issued pursuant to R.S. 28:53.2.

OSFM—the Louisiana Department of Public Safety and Corrections, Office of State Fire Marshal.

PEC—an emergency certificate executed by a physician, psychiatric mental health nurse practitioner, or psychologist pursuant to R.S. 28:53.

Physician—an individual who holds a medical doctorate or a doctor of osteopathy from a medical college in good standing with the LSBME and a license, permit, certification, or registration issued by the LSBME to engage in the practice of medicine in the state of Louisiana.

Qualifying Experience—experience used to qualify for any position that is counted by using one year equals 12 months of full-time work.

Seclusion Room—a room that may be secured in which one client may be placed for a short period of time due to the client's increased need for security and protection.

Shelter-in-place—when a center elects to stay in place rather than evacuate when located in the projected path of an approaching storm of tropical storm strength or a stronger storm.

Sleeping Area—a single constructed room or area that contains a minimum of three beds.

Tropical Storm Strength—a tropical cyclone in which the maximum sustained surface wind speed (using the U.S. 1 minute average standard) ranges from 34 kt (39 mph 17.5 m/s) to 63 kt (73 mph 32.5 mps).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter B. Licensing

§5309. General Licensing Provisions

A. All entities providing crisis receiving services shall be licensed by the Department of Health and Hospitals (DHH). It shall be unlawful to operate as a CRC without a license issued by the department. DHH is the only licensing authority for CRCs in Louisiana.

B. A CRC license authorizes the center to provide crisis receiving services.

C. The following entities are exempt from licensure under this Chapter:

1. community mental health centers;
2. hospitals;
3. nursing homes;
4. psychiatric rehabilitative treatment facilities;
5. school-based health centers;
6. therapeutic group homes;
7. HCBS agencies;
8. substance abuse/addictive disorder facilities;
9. mental health clinics;
10. center-based respites;
11. MHEREs;
12. individuals certified by OBH to provide crisis intervention services; and
13. federally-owned facilities.

D. A CRC license is not required for individual or group practice of LMHPs providing services under the auspices of their individual license(s).

E. A CRC license shall:

1. be issued only to the person or entity named in the license application;

2. be valid only for the CRC to which it is issued and only for the geographic address of that CRC approved by DHH;

3. be valid for up to one year from the date of issuance, unless revoked, suspended, or modified prior to that date, or unless a provisional license is issued;

4. expire on the expiration date listed on the license, unless timely renewed by the CRC;

5. be invalid if sold, assigned, donated or transferred, whether voluntary or involuntary; and

6. be posted in a conspicuous place on the licensed premises at all times.

F. In order for the CRC to be considered operational and retain licensed status, the following applicable operational requirements shall be met. The CRC shall:

1. be open and operating 24 hours per day, 7 days per week;

2. have the required staff on duty at all times to meet the needs of the clients; and

3. be able to screen and either admit or refer all potential clients at all times.

G. The licensed CRC shall abide by any state and federal law, rule, policy, procedure, manual or memorandum pertaining to crisis receiving centers.

H. The CRC shall permit designated representatives of the department, in the performance of their duties, to:

1. inspect all areas of the center's operations; and

2. conduct interviews with any staff member, client, or other person as necessary.

I. CRC Names

1. A CRC is prohibited from using:

a. the same name as another CRC;

b. a name that resembles the name of another center;

c. a name that may mislead the client or public into believing it is owned, endorsed, or operated by the state of Louisiana when it is not owned, endorsed, or operated by the state of Louisiana.

J. Plan Review

1. Any entity that intends to operate as a CRC, except one that is converting from a MHERE or an existing CRC, shall complete the plan review process and obtain approval for its construction documents for the following types of projects:

a. new construction;

b. any entity that intends to operate and be licensed as a CRC in a physical environment that is not currently licensed as a CRC; or

c. major alterations.

2. The CRC shall submit one complete set of construction documents with an application and review fee to the OSFM for review. Plan review submittal to the OSFM shall be in accordance with R.S. 40:1574, and the current *Louisiana Administrative Code* (LAC) provisions governing fire protection for buildings (LAC 55:V.Chapter 3 as of this promulgation), and the following criteria:

a. any change in the type of license shall require review for requirements applicable at the time of licensing change;

b. requirements applicable to occupancies, as defined by the most recently state-adopted edition of *National Fire Protection Association (NFPA) 101*, where services or treatment for four or more patients are provided;

c. requirements applicable to construction of business occupancies, as defined by the most recently state-adopted edition of NFPA 101; and

d. the specific requirements outlined in the Physical Environment requirements of this Chapter.

3. Construction Document Preparation

a. The CRC's construction documents shall be prepared by a Louisiana licensed architect or licensed engineer as governed by the licensing laws of the state for the type of work to be performed.

b. The CRC's construction documents shall be of an architectural or engineering nature and thoroughly illustrate an accurately drawn and dimensioned project that contains noted plans, details, schedules and specifications.

c. The CRC shall submit at least the following in the plan review process:

i. site plans;

ii. floor plan(s). These shall include architectural, mechanical, plumbing, electrical, fire protection, and if required by code, sprinkler and fire alarm plans;

iii. building elevations;

iv. room finish, door, and window schedules;

v. details pertaining to Americans with Disabilities Act (ADA) requirements; and

vi. specifications for materials.

4. Upon OSFM approval, the CRC shall submit the following to DHH:

a. the final construction documents approved by OSFM; and

b. OSFM's approval letter.

K. Waivers

1. The secretary of DHH may, within his/her sole discretion, grant waivers to building and construction guidelines which are not part of or otherwise required under the provisions of the state Sanitary Code.

2. In order to request a waiver, the CRC shall submit a written request to HSS that demonstrates:

a. how patient safety and quality of care offered is not comprised by the waiver;

b. the undue hardship imposed on the center if the waiver is not granted; and

c. the center's ability to completely fulfill all other requirements of service.

3. DHH will make a written determination of each waiver request.

4. Waivers are not transferable in an ownership change or geographic change of location, and are subject to review or revocation upon any change in circumstances related to the waiver.

5. DHH prohibits waivers for new construction.

L. A person or entity convicted of a felony or that has entered a guilty plea or a plea of nolo contendere to a felony is prohibited from being the CRC or owner, clinical supervisor or any managing employee of a CRC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5311. Initial Licensure Application Process

A. Any entity, organization or person interested in operating a crisis receiving center must submit a completed initial license application packet to the department for approval. Initial CRC licensure application packets are available from HSS.

B. A person/entity/organization applying for an initial license must submit a completed initial licensing application packet which shall include:

1. a completed CRC licensure application;

2. the nonrefundable licensing fee as established by statute;

3. the approval letter of the architectural center plans for the CRC from OSFM, if the center must go through plan review;

4. the on-site inspection report with approval for occupancy by the OSFM, if applicable;

5. the health inspection report with approval of occupancy from the Office of Public Health (OPH);

6. a statewide criminal background check, including sex offender registry status, on all owners and managing employees;

7. except for governmental entities or organizations, proof of financial viability, comprised of the following:

a. a line of credit issued from a federally insured, licensed lending institution in the amount of at least $100,000;

b. general and professional liability insurance of at least $500,000; and

c. worker's compensation insurance;

8. an organizational chart and names, including position titles, of key administrative personnel and the governing body;

9. a legible floor sketch or drawing of the premises to be licensed;

10. a letter of intent indicating whether the center will serve minors or adults and the center's maximum number of beds;

11. if operated by a corporate entity, such as a corporation or an limited liability corporation (LLC), current proof of registration and status with the Louisiana Secretary of State's Office;

12. a letter of recommendation from the OBH regional office or its designee; and

13. any other documentation or information required by the department for licensure.

C. If the initial licensing packet is incomplete, the applicant shall:

1. be notified of the missing information; and

2. be given 90 days from receipt of the notification to submit the additional requested information or the application will be closed.

D. Once the initial licensing application is approved by DHH, notification of such approval shall be forwarded to the applicant.

E. The applicant shall notify DHH of initial licensing survey readiness within the required 90 days of receipt of application approval. If an applicant fails to notify DHH of initial licensing survey readiness within 90 days, the application will be closed.

F. If an initial licensing application is closed, an applicant who is still interested in operating a CRC must submit a:

1. new initial licensing packet; and

2. non-refundable licensing fee.

G. Applicants must be in compliance with all appropriate federal, state, departmental or local statutes, laws, ordinances, rules, regulations and fees before the CRC will be issued an initial license to operate.

H. An entity that intends to become a CRC is prohibited from providing crisis receiving services to clients during the initial application process and prior to obtaining a license, unless it qualifies as one of the following facilities:

1. a hospital-based CRC;

2. an MHERE;

3. an MHERE that has communicated its intent to become licensed as a CRC in collaboration with the department prior to February 28, 2013; or

4. a center-based respite.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5313. Initial Licensing Surveys

A. Prior to the initial license being issued, an initial licensing survey shall be conducted on-site to ensure compliance with the licensing laws and standards.

B. If the initial licensing survey finds that the center is compliant with all licensing laws, regulations and other required statutes, laws, ordinances, rules, regulations, and fees, the department shall issue a full license to the center.

C. In the event that the initial licensing survey finds that the center is noncompliant with any licensing laws or regulations, or any other required rules or regulations, that present a potential threat to the health, safety, or welfare of the clients, the department shall deny the initial license.

D. In the event that the initial licensing survey finds that the center is noncompliant with any licensing laws or regulations, or any other required rules or regulations, and the department determines that the noncompliance does not present a threat to the health, safety or welfare of the clients, the department:

1. may issue a provisional initial license for a period not to exceed six months; and

2. shall require the center to submit an acceptable plan of correction.

a. The department may conduct a follow-up survey following the initial licensing survey after receipt of an acceptable plan of correction to ensure correction of the deficiencies. If all deficiencies are corrected on the follow-up survey, a full license will be issued.

b. If the center fails to correct the deficiencies, the initial license may be denied.

E. The initial licensing survey of a CRC shall be an announced survey. Follow-up surveys to the initial licensing surveys are unannounced surveys.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5315. Types of Licenses

A. The department has the authority to issue the following types of licenses.

1. Initial License

a. The department shall issue a full license to the CRC when the initial licensing survey indicates the center is compliant with:

i. all licensing laws and regulations;

ii. all other required statutes, laws, ordinances, rules, regulations; and

iii. fees.

b. The license shall be valid until the expiration date shown on the license, unless the license is modified, revoked, or suspended.

2. Provisional Initial License

a. The department may issue a provisional initial license to the CRC when the initial licensing survey finds that the CRC is noncompliant with any licensing laws or regulations or any other required statutes, laws, ordinances, rules, regulations or fees, but the department determines that the noncompliance does not present a threat to the health, safety or welfare of the clients.

i. The center shall submit a plan of correction to the department for approval, and the center shall be required to correct all such noncompliance or deficiencies prior to the expiration of the provisional license.

ii. If all such noncompliance or deficiencies are corrected on the follow-up survey, a full license will be issued.

iii. If all such noncompliance or deficiencies are not corrected on the follow-up survey, or new deficiencies affecting the health, safety or welfare of a client are cited, the provisional license will expire and the center shall be required to begin the initial licensing process again by submitting a new initial license application packet and the appropriate licensing fee.

3. Renewal License. The department may issue a renewal license to a licensed CRC that is in substantial compliance with all applicable federal, state, departmental, and local statutes, laws, ordinances, rules, regulations and fees. The license shall be valid until the expiration date shown on the license, unless the license is modified, revoked, suspended, or terminated.

4. Provisional License. The department may issue a provisional license to a licensed CRC for a period not to exceed six months.

a. A provisional license may be issued for the following reasons:

i. more than five deficiencies cited during any one survey;

ii. four or more validated complaints in a consecutive 12-month period;

iii. a deficiency resulting from placing a client at risk for serious harm or death;

iv. failure to correct deficiencies within 60 days of notification of such deficiencies, or at the time of a follow-up survey; or

v. failure to be in substantial compliance with all applicable federal, state, departmental and local statutes, laws, ordinances, rules regulations and fees at the time of renewal of the license.

b. The department may extend the provisional license for an additional period not to exceed 90 days in order for the center to correct the deficiencies.

c. The center shall submit an acceptable plan of correction to DHH and correct all noncompliance or deficiencies prior to the expiration of the provisional license.

d. The department shall conduct a follow-up survey of the CRC, either on-site or by administrative review, prior to the expiration of the provisional license.

e. If the follow-up survey determines that the CRC has corrected the deficiencies and has maintained compliance during the period of the provisional license, the department may issue a license that will expire on the expiration date of the most recent renewal or initial license.

f. The provisional license shall expire if:

i. the center fails to correct the deficiencies by the follow-up survey; or

ii. the center is cited with new deficiencies at the follow-up survey indicating a risk to the health, safety, or welfare of a client.

g. If the provisional license expires, the center shall be required to begin the initial licensing process by submitting a:

i. new initial license application packet; and

ii. non-refundable fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5317. Changes in Licensee Information or Personnel

A. Within five days of the occurrence, the CRC shall report in writing to HSS the following changes to the:

1. CRC's entity name;
2. business name;
3. mailing address; or
4. telephone number;

B. Any change to the CRC's name or "doing business as" name requires a $25 nonrefundable fee for the issuance of an amended license with the new name.

C. A CRC shall report any change in the CRC's key administrative personnel within five days of the change.

1. Key administrative personnel include the:

a. CRC manager;

b. clinical director; and

c. nurse manager.

2. The CRC's notice to the department shall include the incoming individual's:

a. name;

b. date of appointment to the position; and

c. qualifications.

D. Change of Ownership (CHOW)

1. A CRC shall report a CHOW in writing to the department at least five days prior to the change. Within five days following the change, the new owner shall submit:

a. the legal CHOW document;

b. all documents required for a new license; and

c. the applicable nonrefundable licensing fee.

2. A CRC that is under license revocation or denial or license renewal may not undergo a CHOW.

3. Once all application requirements are completed and approved by the department, a new license shall be issued to the new owner.

E. Change in Physical Address

1. A CRC that intends to change the physical address of its geographic location shall submit:

a. a written notice to HSS of its intent to relocate;

b. a plan review request;

c. a new license application;

d. a nonrefundable license fee; and

e. any other information satisfying applicable licensing requirements.

2. In order to receive approval for the change of physical address, the CRC must:

a. have a plan review approval;

b. have approval from OSFM and OPH;

c. have an approved license application packet;

d. be in compliance with other applicable licensing requirements; and

e. have an on-site licensing survey prior to relocation of the center.

3. Upon approval of the requirements for a change in physical address, the department shall issue a new license to the CRC.

F. Any request for a duplicate license shall be accompanied by a $25 fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5319. Renewal of License

A. A CRC license expires on the expiration date listed on the license, unless timely renewed by the CRC.

B. To renew a license, the CRC shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the current license. The license renewal application packet includes:

1. the license renewal application;

2. a current state fire marshal report;

3. a current OPH inspection report;

4. the nonrefundable license renewal fee;

5. any other documentation required by the department; and

6. except for governmental entities or organizations, proof of financial viability, comprised of the following:

a. a line of credit issued from a federally insured, licensed lending institution in the amount of at least $100,000;

b. general and professional liability insurance of at least $500,000; and

c. worker's compensation insurance.

C. The department may perform an on-site survey and inspection of the center upon renewal.

D. Failure to submit a completed license renewal application packet prior to the expiration of the current license will result in the voluntary nonrenewal of the CRC license upon the license's expiration.

E. The renewal of a license does not in any manner affect any sanction, civil monetary penalty, or other action imposed by the department against the center.

F. If a licensed CRC has been issued a notice of license revocation or suspension, and the center's license is due for annual renewal, the department shall deny the license renewal application and shall not issue a renewal license.

G. Voluntary Nonrenewal of a License

1. If a center fails to timely renew its license, the license:

a. expires on the license's expiration date; and

b. is considered a nonrenewal and voluntarily surrendered.

2. There is no right to an administrative reconsideration or appeal from a voluntary surrender or non-renewal of the license.

3. If a center fails to timely renew its license, the center shall immediately cease providing services, unless the center is actively treating clients, in which case the center shall:

a. within two days of the untimely renewal, provide written notice to HSS of the number of clients receiving treatment at the center;

b. within two days of the untimely renewal, provide written notice to each active client's prescribing physician and to every client, or, if applicable, the client's parent or legal guardian, of the following:

i. voluntary nonrenewal of license;

ii. date of closure; and

iii. plans for the transition of the client;

c. discharge and transition each client in accordance with this Chapter within 15 days of the license's expiration date; and

d. notify HSS of the location where records will be stored and the name, address, and phone number of the person responsible for the records.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5321. Licensing Surveys

A. The department may conduct periodic licensing surveys and other surveys as deemed necessary to ensure compliance with all laws, rules and regulations governing crisis receiving centers and to ensure client health, safety and welfare. These surveys may be conducted on-site or by administrative review and shall be unannounced.

B. If deficiencies are cited, the department may require the center to submit an acceptable plan of correction.

C. The department may conduct a follow-up survey following any survey in which deficiencies were cited to ensure correction of the deficiencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5323. Complaint Surveys

A. Pursuant to R.S. 40:2009.13 et seq., the department has the authority to conduct unannounced complaint surveys on crisis receiving centers.

B. The department shall issue a statement of deficiency to the center if it finds a deficiency during the complaint survey.

C. Plan of Correction

1. Once the department issues a statement of deficiencies, the department may require the center to submit an acceptable plan of correction.

2. If the department determines that other action, such as license revocation, is appropriate, the center:

a. may not be required to submit a plan of correction, and

b. will be notified of such action.

D. Follow-up Surveys

1. The department may conduct a follow-up survey following a complaint survey in which deficiencies were cited to ensure correction of the deficient practices.

2. If the department determines that other action, such as license revocation, is appropriate:

a. a follow-up survey is not necessary; and

b. the center will be notified of such action.

E. Informal Reconsiderations of Complaint Surveys

1. A center that is cited with deficiencies found during a complaint survey has the right to request an informal reconsideration of the deficiencies. The center's written request for an informal reconsideration must be received by HSS within 10 calendar days of the center's receipt of the statement of deficiencies.

2. An informal reconsideration for a complaint survey or investigation shall be conducted by the department as a desk review.

3. Correction of the violation or deficiency shall not be the basis for the reconsideration.

4. The center shall be notified in writing of the results of the informal reconsideration.

5. Except for the right to an administrative appeal provided in R.S. 40:2009.16, the informal reconsideration shall constitute final action by the department regarding the complaint survey, and there shall be no further right to an administrative appeal.

F. Administrative Appeals

1. To request an administrative appeal, the Division of Administrative Law must receive the center's written request for an appeal within 30 calendar days of the receipt of the results of the administrative reconsideration.

2. The administrative law judge is:

a. limited to determining whether the survey was conducted properly or improperly; and

b. precluded from overturning, deleting, amending or adding deficiencies or violations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5325. Statement of Deficiencies

A. The CRC shall make any statement of deficiencies available to the public upon request after the center submits a plan of correction that is accepted by the department or 90 days after the statement of deficiencies is issued to the center, whichever occurs first.

B. Informal Reconsiderations.

1. Unless otherwise provided in statute or in this Chapter, a CRC has the right to an informal reconsideration of any deficiencies cited as a result of a survey.

2. Correction of the violation, noncompliance or deficiency shall not be the basis for the reconsideration.

3. The center's written request for informal reconsideration must be received by HSS within 10 days of the center's receipt of the statement of deficiencies.

4. If a timely request for an informal reconsideration is received, the department shall schedule and conduct the administrative reconsideration.

5. HSS shall notify the center in writing of the results of the informal reconsideration.

6. Except as provided pursuant to R.S. 40:2009.13 et seq., and as provided in this Chapter:

a. the informal reconsideration decision is the final administrative decision regarding the deficiencies; and

b. there is no right to an administrative appeal of such deficiencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5327. Cessation of Business

A. A CRC that intends to cease operations shall:

1. provide 30 days advance written notice to HSS and the active client, or if applicable, the client's parent(s), legal guardian, or designated representative;

2. discharge and transition all clients in accordance with this Chapter; and

3. provide 30 days advance written notice to DHH and the clients of the location where the records will be stored, including the name, address and phone number of the person responsible for the records.

B. A CRC that ceases operations as a result of a final revocation, denial or suspension shall notify HSS within 10 days of closure of the location where the records will be stored and the name, address and phone number of the person responsible for the records.

C. If a CRC fails to follow these procedures, the department may prohibit the owners, managers, officers, directors, and/or administrators from opening, managing, directing, operating, or owning a CRC for a period of two years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5329. Sanctions

A. The department may issue sanctions for deficiencies and violations of law, rules and regulations that include:

1. civil fines;

2. directed plans of correction; and

3. license revocation or denial of license renewal.

B. The department may deny an application for an initial license or a license renewal, or may revoke a license in accordance with the Administrative Procedure Act.

C. The department may deny an initial license, revoke a license or deny a license renewal for any of the following reasons, including but not limited to:

1. failure to be in compliance with the CRC licensing laws, rules and regulations;

2. failure to be in compliance with other required statutes, laws, ordinances, rules or regulations;

3. failure to comply with the terms and provisions of a settlement agreement or education letter;

4. cruelty or indifference to the welfare of the clients;

5. misappropriation or conversion of the property of the clients;

6. permitting, aiding or abetting the unlawful, illicit or unauthorized use of drugs or alcohol within the center of a program;

7. documented information of past or present conduct or practices of an employee or other staff which are detrimental to the welfare of the clients, including but not limited to:

a. illegal activities; or

b. coercion or falsification of records;

8. failure to protect a client from a harmful act of an employee or other client including, but not limited to:

a. mental or physical abuse, neglect, exploitation or extortion;

b. any action posing a threat to a client's health and safety;

c. coercion;

d. threat or intimidation;

e. harassment; or

f. criminal activity;

9. failure to notify the proper authorities, as required by federal or state law or regulations, of all suspected cases of the acts outlined in subsection D.8 above;

10. knowingly making a false statement in any of the following areas, including but not limited to:

a. application for initial license or renewal of license;

b. data forms;

c. clinical records, client records or center records;

d. matters under investigation by the department or the Office of the Attorney General; or

e. information submitted for reimbursement from any payment source;

11. knowingly making a false statement or providing false, forged or altered information or documentation to DHH employees or to law enforcement agencies;

12. the use of false, fraudulent or misleading advertising; or

13. the CRC, an owner, officer, member, manager, administrator, Medical Director, managing employee, or clinical supervisor has pled guilty or nolo contendere to a felony, or is convicted of a felony, as documented by a certified copy of the record of the court;

14. failure to comply with all reporting requirements in a timely manner, as required by the department;

15. failure to allow or refusal to allow the department to conduct an investigation or survey or to interview center staff or clients;

16. interference with the survey process, including but not limited to, harassment, intimidation, or threats against the survey staff;

17. failure to allow or refusal to allow access to center or client records by authorized departmental personnel;

18. bribery, harassment, intimidation or solicitation of any client designed to cause that client to use or retain the services of any particular CRC;

19. cessation of business or nonoperational status;

20. failure to repay an identified overpayment to the department or failure to enter into a payment agreement to repay such overpayment;

21. failure to timely pay outstanding fees, fines, sanctions or other debts owed to the department; or

22. failure to uphold client rights that may have resulted or may result in harm, injury or death of a client.

D. If the department determines that the health and safety of a client or the community may be at risk, the imposition of the license revocation or license nonrenewal may be immediate and may be enforced during the pendency of the administrative appeal. The department will provide written notification to the center if the imposition of the action will be immediate.

E. Any owner, officer, member, manager, director or administrator of such CRC is prohibited from owning, managing, directing or operating another CRC for a period of two years from the date of the final disposition of any of the following:

1. license revocation;

2. denial of license renewal, except when due to cessation of business; or

3. the license is surrendered in lieu of adverse action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5331. Notice and Appeal of License Denial, License Revocation and Denial of License Renewal

A. The department shall provide written notice to the CRC of the following:

1. license denial;

2. license revocation; or

3. license nonrenewal or denial of license renewal.

B. The CRC has the right to an administrative reconsideration of the license denial, license revocation or license nonrenewal.

1. If the CRC chooses to request an administrative reconsideration, the request must:

a. be in writing addressed to HSS;

b. be received by HSS within 10 days of the center's receipt of the notice of the license denial, license revocation or license nonrenewal; and

c. include any documentation that demonstrates that the determination was made in error.

2. If a timely request for an administrative reconsideration is received, HSS shall provide the center with written notification of the date of the administrative reconsideration.

3. The center may appear in person at the administrative reconsideration and may be represented by counsel.

4. HSS shall not consider correction of a deficiency or violation as a basis for the reconsideration.

5. The center will be notified in writing of the results of the administrative reconsideration.

C. The administrative reconsideration process is not in lieu of the administrative appeals process.

D. The CRC has a right to an administrative appeal of the license denial, license revocation or license nonrenewal.

1. If the CRC chooses to request an administrative appeal, the request must:

a. be received by the DAL within 30 days of:

i. the receipt of the results of the administrative reconsideration; or

ii. the receipt of the notice of the license denial, revocation or nonrenewal, if the CRC chose to forego its rights to an administrative reconsideration;

b. be in writing;

c. include any documentation that demonstrates that the determination was made in error; and

d. include the basis and specific reasons for the appeal.

2. The DAL shall not consider correction of a violation or a deficiency as a basis for the administrative appeal.

E. Administrative Appeals of License Revocations and License Non-renewals

1. If a timely request for an administrative appeal is received by the DAL, the center will be allowed to continue to operate and provide services until the DAL issues a final administrative decision.

F. Administrative Appeals of Immediate License Revocations or License Non-renewals

1. If DHH imposes an immediate license revocation or license nonrenewal, DHH may enforce the revocation or nonrenewal during the appeal process.

2. If DHH chooses to enforce the revocation or nonrenewal during the appeal process, the center will not be allowed to operate and/or provide services during the appeal process.

G. If a licensed CRC has a pending license revocation, and the center's license is due for annual renewal, the department shall deny the license renewal application. The denial of the license renewal application does not affect, in any manner, the license revocation.

H. Administrative Hearings of License Denials, Non-renewals and Revocations

1. If a timely administrative appeal is submitted by the center, the DAL shall conduct the hearing within 90 days of the docketing of the administrative appeal. The DAL may grant one extension, not to exceed 90 days, if good cause is shown.

2. If the final DAL decision is to reverse the license denial, license nonrenewal or license revocation, the center's license will be reinstated upon the payment of any outstanding fees or sanctions fees due to the department.

3. If the final DAL decision is to affirm the license nonrenewal or license revocation, the center shall:

a. discharge and transition any and all clients receiving services according to the provisions of this Chapter; and

b. comply with the requirements governing cessation of business in this Chapter.

I. There is no right to an administrative reconsideration or an administrative appeal of the issuance of a provisional initial license to a new CRC, or the issuance of a provisional license to a licensed CRC.

J. Administrative Reconsiderations and Administrative Appeals of the Expiration of a Provisional Initial License or Provisional License

1. A CRC with a provisional initial license, or a provisional license that expires due to deficiencies cited at the follow-up survey, has the right to request an administrative reconsideration and/or an administrative appeal.

2. The center's request for an administrative reconsideration must:

a. be in writing;

b. be received by the HSS within five days of receipt of the notice of the results of the follow-up survey from the department; and

c. include the basis and specific reasons for the administrative reconsideration.

3. Correction of a violation or deficiency after the follow-up survey will not be considered as the basis for the administrative reconsideration or for the administrative appeal.

4. The issue to be decided in the administrative reconsideration and the administrative appeal is whether the deficiencies were properly cited at the follow-up survey.

5. The CRC's request for an administrative appeal must:

a. be in writing;

b. be submitted to the DAL within 15 days of receipt of the notice of the results of the follow-up survey from the department; and

c. include the basis and specific reasons for the appeal.

6. A center with a provisional initial license or a provisional license that expires under the provisions of this Chapter shall cease providing services and discharge or transition clients unless the DAL or successor entity issues a stay of the expiration.

a. To request a stay, the center must submit its written application to the DAL at the time the administrative appeal is filed.

b. The DAL shall hold a contradictory hearing on the stay application. If the center shows that there is no potential harm to the center's clients, then the DAL shall grant the stay.

7. Administrative Hearing

a. If the CRC submits a timely request for an administrative hearing, the DAL shall conduct the hearing within 90 days of docketing the administrative appeal. The DAL may grant one extension, not to exceed 90 days, if good cause is shown.

b. If the final DAL decision is to remove all deficiencies, the department will reinstate the center's license upon the payment of any outstanding fees and settlement of any outstanding sanctions due to the department.

c. If the final DAL decision is to uphold the deficiencies and affirm the expiration of the provisional license, the center shall discharge any and all clients receiving services in accordance with the provisions of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter C. Organization and Administration

§5337. General Provisions

A. Purpose and Organizational Structure. The CRC shall develop and implement a statement maintained by the center that clearly defines the purpose of the CRC. The statement shall include:

1. the program philosophy;
2. the program goals and objectives;
3. the ages, sex and characteristics of clients accepted for care;
4. the geographical area served;
5. the types of services provided;
6. the admission criteria;
7. the needs, problems, situations or patterns addressed by the provider's program; and
8. an organizational chart of the provider which clearly delineates the lines of authority.

B. The CRC shall provide supervision and services that:
1. conform to the department's rules and regulations;
2. meet the needs of the client as identified and addressed in the client's treatment plan;
3. protect each client's rights; and
4. promote the social, physical and mental wellbeing of clients.

C. The CRC shall maintain any information or documentation related to compliance with this Chapter and shall make such information or documentation available to the department.

D. Required Reporting. The center shall report the following incidents in writing to HSS within 24 hours of discovery:
1. any disaster or emergency or other unexpected event that causes significant disruption to program operations;
2. any death or serious injury of a client:
a. that may potentially be related to program activities; or
b. who at the time of his/her death or serious injury was an active client of the center; and
3. allegations of client abuse, neglect and exploitation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5339. Governing Body

A. A crisis receiving center shall have the following:
1. an identifiable governing body with responsibility for and authority over the policies and operations of the center;
2. documents identifying the governing body's:
a. members;
b. contact information for each member;
c. terms of membership;
d. officers; and
e. terms of office for each officer.

B. The governing body of a CRC shall:
1. be comprised of one or more persons;
2. hold formal meetings at least twice a year;
3. maintain written minutes of all formal meetings of the governing body; and
4. maintain bylaws specifying frequency of meetings and quorum requirements.

C. The responsibilities of a CRC's governing body include, but are not limited to:
1. ensuring the center's compliance with all federal, state, local and municipal laws and regulations as applicable;
2. maintaining funding and fiscal resources to ensure the provision of services and compliance with this Chapter;
3. reviewing and approving the center's annual budget;
4. designating qualified persons to act as CRC manager, clinical director and nurse manager, and delegating these persons the authority to manage the center;
5. at least once a year, formulating and reviewing, in consultation with the CRC manager, clinical director and nurse manager, written policies concerning:
a. the provider's philosophy and goals;
b. current services;
c. personnel practices and job descriptions; and
d. fiscal management;
6. evaluating the performances of the CRC manager, clinical director and nurse manager at least once a year;
7. meeting with designated representatives of the department whenever required to do so;
8. informing the department, or its designee, prior to initiating any substantial changes in the services provided by the center; and
9. ensuring statewide criminal background checks are conducted as required in this Chapter and state law.

D. A governing body shall ensure that the CRC maintains the following documents:
1. minutes of formal meetings and by-laws of the governing body;
2. documentation of the center's authority to operate under state law;
3. all leases, contracts and purchases-of-service agreements to which the center is a party;
4. insurance policies;
5. annual operating budgets;
6. a master list of all the community resources used by the center;
7. documentation of ownership of the center;
8. documentation of all accidents, incidents, abuse/neglect allegations; and
9. a daily census log of clients receiving services.

E. The governing body of a CRC shall ensure the following with regards to contract agreements to provide services for the center.
1. The agreement for services is in writing.
2. Every written agreement is reviewed at least once a year.
3. The deliverables are being provided as per the agreement.
4. The center retains full responsibility for all services provided by the agreement.
5. All services provided by the agreement shall:
a. meet the requirements of all laws, rules and regulations applicable to a CRC; and
b. be provided only by qualified providers and personnel in accordance with this Chapter.
6. If the agreement is for the provision of direct care services, the written agreement specifies the party responsible for screening, orientation, ongoing training and development of and supervision of the personnel providing services pursuant to the agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5341. Policies and Procedures

A. Each CRC shall develop, implement and comply with center-specific written policies and procedures governing all requirements of this Chapter, including the following areas:

1. protection of the health, safety, and wellbeing of each client;
2. providing treatment in order for clients to achieve optimal stabilization;
3. access to care that is medically necessary;
4. uniform screening for patient placement and quality assessment, diagnosis, evaluation, and referral to appropriate level of care;
5. operational capability and compliance;
6. delivery of services that are cost-effective and in conformity with current standards of practice;
7. confidentiality and security of client records and files;
8. prohibition of illegal or coercive inducement, solicitation and kickbacks;
9. client rights;
10. grievance process;
11. emergency preparedness;
12. abuse and neglect;
13. incidents and accidents, including medical emergencies;
14. universal precautions;
15. documentation of services;
16. admission, including descriptions of screening and assessment procedures;
17. transfer and discharge procedures;
18. behavior management;
19. infection control;
20. transportation;
21. quality assurance;
22. medical and nursing services;
23. emergency care;
24. photography and video of clients; and
25. contraband.

B. A center shall develop, implement and comply with written personnel policies in the following areas:

1. recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff including volunteers;
2. written job descriptions for each staff position, including volunteers;
3. conducting staff health assessments that are consistent with OPH guidelines and indicate whether, when and how staff have a health assessment;
4. an employee grievance procedure;
5. abuse reporting procedures that require:
   a. staff to report any allegations of abuse or mistreatment of clients pursuant to state and federal law; and
   b. staff to report any allegations of abuse, neglect, exploitation or misappropriation of a client to DHH;
6. a nondiscrimination policy;
7. a policy that requires all employees to report any signs or symptoms of a communicable disease or personal illness to their supervisor, CRC manager or clinical director as soon as possible to prevent the spread of disease or illness to other individuals;
8. procedures to ensure that only qualified personnel are providing care within the scope of the center's services;
9. policies governing staff conduct and procedures for reporting violations of laws, rules, and professional and ethical codes of conduct;
10. policies governing staff organization that pertain to the center's purpose, setting and location;
11. procedures to ensure that the staff's credentials are verified, legal and from accredited institutions; and
12. obtaining criminal background checks.

C. A CRC shall comply with all federal and state laws, rules and regulations in the implementation of its policies and procedures.

D. Center Rules

1. A CRC shall:
   a. have a clearly written list of rules governing client conduct in the center;
   b. provide a copy of the center's rules to all clients and, where appropriate, the client's parent(s) or legal guardian(s) upon admission; and
   c. post the rules in an accessible location in the center.

E. The facility shall develop, implement and comply with policies and procedures that:

1. give consideration to the client's chronological and developmental age, diagnosis, and severity of illness when assigning a sleeping area or bedroom;
2. ensure that each client has his/her own bed; and
3. prohibit mobile homes from being used as client sleeping areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter D. Provider Operations

§5347. Client Records

A. The CRC shall ensure:

1. a single client record is maintained for each client according to current professional standards;
2. policies and procedures regarding confidentiality of records, maintenance, safeguarding and storage of records are developed, implemented and followed;
3. safeguards are in place to prevent unauthorized access, loss, and destruction of client records;
4. when electronic health records are used, the most up to date technologies and practices are used to prevent unauthorized access;
5. records are kept confidential according to federal and state laws and regulations;
6. records are maintained at the center where the client is currently active and for six months after discharge;
7. six months post-discharge, records may be transferred to a centralized location for maintenance;
8. client records are directly and readily accessible to the clinical staff caring for the client;
9. a system of identification and filing is maintained to facilitate the prompt location of the client's record;
10. all record entries are dated, legible and authenticated by the staff person providing the treatment, as appropriate to the media;
11. records are disposed of in a manner that protects client confidentiality;

12. a procedure for modifying a client record in accordance with accepted standards of practice is developed, implemented and followed;

13. an employee is designated as responsible for the client records;

14. disclosures are made in accordance with applicable state and federal laws and regulations; and

15. client records are maintained at least 6 years from discharge.

B. Record Contents. The center shall ensure that client records, at a minimum, contain the following:

1. the treatment provided to the client;

2. the client's response to the treatment;

3. other information, including:

a. all screenings and assessments;

b. provisional diagnoses;

c. referral information;

d. client information/data such as name, race, sex, birth date, address, telephone number, social security number, school/employer, and next of kin/emergency contact;

e. documentation of incidents that occurred;

f. attendance/participation in services/activities;

g. treatment plan that includes the initial treatment plan plus any updates or revisions;

h. lab work (diagnostic laboratory and other pertinent information, when indicated);

i. documentation of the services received prior to admission to the CRC as available;

j. consent forms;

k. physicians' orders;

l. records of all medicines administered, including medication types, dosages, frequency of administration, the individual who administered each dose and response to medication given on an as needed basis;

m. discharge summary;

n. other pertinent information related to client as appropriate; and

4. legible progress notes that are documented in accordance with professional standards of practice and:

a. document implementation of the treatment plan and results;

b. document the client's level of participation; and

c. are completed upon delivery of services by the direct care staff to document progress toward stated treatment plan goals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5349. Client Funds and Possessions

A. The CRC shall:

1. maintain and safeguard all possessions, including money, brought to the center by clients;

2. maintain an inventory of each client's possessions from the date of admission; and

3. return all possessions to the client upon the client's discharge.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5351. Quality Improvement Plan

A. A CRC shall have a quality improvement (QI) plan that:

1. assures that the overall function of the center is in compliance with federal, state, and local laws;

2. is meeting the needs of the citizens of the area;

3. is attaining the goals and objectives established in the center's mission statement;

4. maintains systems to effectively identify issues that require quality monitoring, remediation and improvement activities;

5. improves individual outcomes and individual satisfaction;

6. includes plans of action to correct identified issues that:

a. monitor the effects of implemented changes; and

b. result in revisions to the action plan.

7. is updated on an ongoing basis to reflect changes, corrections and other modifications.

B. The QI plan shall include:

1. a sample review of client case records on a quarterly basis to ensure that:

a. individual treatment plans are up to date;

b. records are accurate, complete and current; and

c. the treatment plans have been developed and implemented as ordered;

2. a process for identifying on a quarterly basis the risk factors that affect or may affect the health, safety and/or welfare of the clients that includes, but is not limited to:

a. review and resolution of grievances;

b. incidents resulting in harm to client or elopement;

c. allegations of abuse, neglect and exploitation; and

d. seclusion and restraint.

3. a process to correct problems identified and track improvements; and

4. a process of improvement to identify or trigger further opportunities for improvement.

C. The QI plan shall establish and implement an internal evaluation procedure to:

1. collect necessary data to formulate a plan; and

2. hold quarterly staff committee meetings comprised of at least three staff members, one of whom is the CRC manager, nurse manager or clinical director, who evaluate the QI process and activities on an ongoing basis.

D. The CRC shall maintain documentation of the most recent 12 months of the QI activity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter E. Personnel

§5357. General Requirements

A. The CRC shall maintain an organized professional staff who is accountable to the governing body for the overall responsibility of:

1. the quality of all clinical care provided to clients;

2. the ethical conduct and professional practices of its members;

3. compliance with policies and procedures approved by the governing body; and

4. the documented staff organization that pertains to the center's setting and location.

B. The direct care staff of a CRC shall:

1. have the appropriate qualifications to provide the services required by its clients' treatment plans; and

2. not practice beyond the scope of his/her license, certification or training.

C. The CRC shall ensure that:

1. qualified direct care staff members are present with the clients as necessary to ensure the health, safety and well-being of clients;

2. staff coverage is maintained in consideration of:

a. acuity of the clients being serviced;

b. the time of day;

c. the size, location, physical environment and nature of the center;

d. the ages and needs of the clients; and

e. ensuring the continual safety, protection, direct care and supervision of clients;

3. all direct care staff have current certification in cardiopulmonary resuscitation; and

4. applicable staffing requirements in this Chapter are maintained.

D. Criminal Background Checks

1. For any CRC that is treating minors, the center shall obtain a criminal background check on all staff. The background check must be conducted within 90 days prior to hire or employment in the manner required by RS 15:587.1.

2. For any CRC that is treating adults, the center shall obtain a statewide criminal background check on all unlicensed direct care staff by an agency authorized by the Office of State Police to conduct criminal background checks. The background check must be conducted within 90 days prior to hire or employment.

3. A CRC that hires a contractor to perform work which does not involve any contact with clients is not required to conduct a criminal background check on the contractor if accompanied at all times by a staff person when clients are present in the center.

E. The CRC shall review the Louisiana State Nurse Aide Registry and the Louisiana Direct Service Worker Registry to ensure that each unlicensed direct care staff member does not have a negative finding on either registry.

F. Prohibitions

1. The center providing services to minors is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a person who supervises minors or provides direct care to minors who:

a. has entered a plea of guilty or nolo contendere, no contest, or has been convicted of a felony involving:

i. violence, abuse or neglect against a person;

ii. possession, sale, or distribution of illegal drugs;

iii. sexual misconduct and/or any crimes that requires the person to register pursuant to the Sex Offenders Registration Act;

iv. misappropriation of property belonging to another person; or

v. a crime of violence.

b. has a finding placed on the Louisiana State Nurse Aide Registry or the Louisiana Direct Service Worker Registry.

2. The center providing services to adults is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who:

a. has entered a plea of guilty or nolo contendere, no contest, or has been convicted of a felony involving:

i. abuse or neglect of a person;

ii. possession, sale, or distribution of a controlled dangerous substance:

(a). within the last five years, or

(b). when the employee/contractor is under the supervision of the Louisiana Department of Public Safety and Corrections, the U.S. Department of Probation and Parole or the U.S. Department of Justice;

iii. sexual misconduct and/or any crimes that requires the person to register pursuant to the Sex Offenders Registration Act;

iv. misappropriation of property belonging to another person;

(a). within the last five years; or

(b). when the employee is under the supervision of the Louisiana Department of Public Safety and Corrections, the U.S. Department of Probation and Parole or the U.S. Department of Justice; or

v. a crime of violence.

b. has a finding placed on the Louisiana State Nurse Aide Registry or the Louisiana Direct Service Worker Registry.

G. Orientation and In-Service Training

1. All staff shall receive orientation prior to providing services and/or working in the center.

2. All direct care staff shall receive orientation, at least 40 hours of which is in crisis services and intervention training.

3. All direct care staff and other appropriate personnel shall receive in-service training at least once a year, at least twelve hours of which is in crisis services and intervention training.

4. All staff shall receive in-service training according to center policy at least once a year and as deemed necessary depending on the needs of the clients.

5. The content of the orientation and in-service training shall include the following:

a. confidentiality;

b. grievance process;

c. fire and disaster plans;

d. emergency medical procedures;

e. organizational structure and reporting relationships;

f. program philosophy;

g. personnel policies and procedures;

h. detecting and mandatory reporting of client abuse, neglect or misappropriation;

i. an overview of mental health and substance abuse, including an overview of behavioral health settings and levels of care;

j. detecting signs of illness or dysfunction that warrant medical or nursing intervention;

k. side effects and adverse reactions commonly caused by psychotropic medications;

l. basic skills required to meet the health needs and challenges of the client;

m. components of a crisis cycle;

n. recognizing the signs of anxiety and escalating behavior;

o. crisis intervention and the use of non-physical intervention skills, such as de-escalation, mediation conflict resolution, active listening and verbal and observational methods to prevent emergency safety situations;

p. therapeutic communication;

q. client's rights;

r. duties and responsibilities of each employee;

s. standards of conduct required by the center including professional boundaries;

t. information on the disease process and expected behaviors of clients;

u. levels of observation;

v. maintaining a clean, healthy and safe environment and a safe and therapeutic milieu;

w. infectious diseases and universal precautions;

x. overview of the Louisiana licensing standards for crisis receiving centers;

y. basic emergency care for accidents and emergencies until emergency medical personnel can arrive at center; and

z. regulations, standards and policies related to seclusion and restraint, including the safe application of physical and mechanical restraints and physical assessment of the restrained client.

6. The in-services shall serve as a refresher for subjects covered in orientation.

7. The orientation and in-service training shall:

a. be provided only by staff who are qualified by education, training, and experience;

b. include training exercises in which direct care staff members successfully demonstrate in practice the techniques they have learned for managing the delivery of patient care services; and

c. require the direct care staff member to demonstrate competency before providing services to clients.

I. Staff Evaluation

1. The center shall complete an annual performance evaluation of all employees.

2. The center's performance evaluation procedures for employees who provide direct care to clients shall address the quality and nature of the employee's relationships with clients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5359. Personnel Qualifications and Responsibilities

A. A CRC shall have the following minimum staff:

1. a CRC manager who:

a. has a minimum of a master's degree in a human services field or is a licensed registered nurse;

b. has at least one year of qualifying experience in the field of behavioral health;

c. is a full time employee; and

d. has the following assigned responsibilities:

i. supervise and manage the day to day operation of the CRC;

ii. review reports of all accidents/incidents occurring on the premises and identify hazards to the clinical director;

iii. participate in the development of new programs and modifications;

iv. perform programmatic duties and/or make clinical decisions only within the scope of his/her licensure; and

v. shall not have other job responsibilities that impede the ability to maintain the administration and operation of the CRC;

2. a clinical director who is:

a. a physician licensed in the state of Louisiana with expertise in managing psychiatric and medical conditions in accordance with the LSBME; or

b. a psychiatric and mental health nurse practitioner who has an unrestricted license and prescriptive authority and a licensed physician on call at all times to be available for consultation;

c. responsible for developing and implementing policies and procedures and oversees clinical services and treatment;

d. on duty as needed and on call and available at all times;

3. a nurse manager who:

a. holds a current unrestricted license as a registered nurse (RN) in the state of Louisiana;

b. shall be a full time employee;

c. has been a RN for a minimum of five years;

d. has three years of qualifying experience providing direct care to patients with behavioral health diagnoses and at least one year qualifying experience providing direct care to medical/surgical inpatients;

e. has the following responsibilities:

i. develop and ensure implementation of nursing policies and procedures;

ii. provide oversight of nursing staff and the services they provide;

iii. ensure that any other job responsibilities will not impede the ability to provide oversight of nursing services;

4. authorized licensed prescriber who:

a. shall be either:

i. a physician licensed in the state of Louisiana with expertise in managing psychiatric and medical conditions in accordance with the LSBME; or

ii. a psychiatric and mental health nurse practitioner who has an unrestricted license and prescriptive authority and a licensed physician on call at all times to be available for consultation;

b. is on call at all times;

c. is responsible for managing the psychiatric and medical care of the clients;

5. licensed mental health professionals (LMHPs):

a. the center shall maintain a sufficient number of LMHPs to meet the needs of its clients;

b. there shall be at least one LMHP on duty during hours of operation;

c. the LMHP shall have one year of qualifying experience in direct care to clients with behavioral health diagnoses and shall have the following responsibilities:

i. provide direct care to clients and may serve as primary counselor to specified caseload;

ii. serve as a resource person for other professionals and unlicensed personnel in their specific area of expertise;

iii. attend and participate in individual care conferences, treatment planning activities, and discharge planning; and

iv. function as the client's advocate in all treatment decisions;

6. nurses:

a. the center shall maintain licensed nursing staff to meet the needs of its clients;

b. all nurses shall have:

i. a current nursing license from the state of Louisiana;

ii. at least one year qualifying experience in providing direct care to clients with a behavioral health diagnosis; and

iii. at least one year qualifying experience providing direct care to medical/surgical inpatients;

c. the nursing staff has the following responsibilities:

i. provide nursing services in accordance with accepted standards of practice, the CRC policies and the individual treatment plans of the clients;

ii. supervise non-licensed clinical personnel;

iii. each CRC shall have at least one RN on duty at the CRC during hours of operation; and

iv. as part of orientation, all nurses shall receive 24 hours of education focusing on psychotropic medications, their side effects and possible adverse reactions. All nurses shall receive training in psychopharmacology for at least four hours per year.

B. Optional Staff

1. The CRC shall maintain non-licensed clinical staff as needed who shall:

a. be at least 18 years of age;

b. have a high school diploma or GED;

c. provide services in accordance with CRC policies, documented education, training and experience, and the individual treatment plans of the clients; and

d. be supervised by the nursing staff.

2. Volunteers

a. The CRC that utilizes volunteers shall ensure that each volunteer:

i. meets the requirements of non-licensed clinical staff;

ii. is screened and supervised to protect clients and staff;

iii. is oriented to facility, job duties, and other pertinent information;

iv. is trained to meet requirements of duties assigned;

v. is given a written job description or written agreement;

vi. is identified as a volunteer;

vii. is trained in privacy measures; and

viii. is required to sign a written confidentiality agreement.

b. The facility shall designate a volunteer coordinator who:

i. has the experience and training to supervise the volunteers and their activities; and

ii. is responsible for selecting, evaluating and supervising the volunteers and their activities.

3. If a CRC utilizes student interns, it shall ensure that each student intern:

a. has current registration with the appropriate Louisiana board when required or educational institution, and is in good standing at all times;

b. provides direct client care utilizing the standards developed by the professional board;

c. provides care only under the direct supervision of an individual authorized in accordance with acceptable standards of practice; and

d. provides only those services for which the student has been properly trained and deemed competent to perform.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5361. Personnel Records

A. A CRC shall maintain a personnel file for each employee and direct care staff member in the center. Each record shall contain:

1. the application for employment and/or resume, including contact information and employment history for the preceding five years, if applicable;

2. reference letters from former employer(s) and personal references or written documentation based on telephone contact with such references;

3. any required medical examinations or health screens;

4. evidence of current applicable professional credentials/certifications according to state law or regulations;

5. annual performance evaluations to include evidence of competency in performing assigned tasks;

6. personnel actions, other appropriate materials, reports and notes relating to the individual's employment;

7. the staff member's starting and termination dates;

8. proof of orientation, training and in-services;

9. results of criminal background checks, if required;

10. job descriptions and performance expectations;

11. a signed attestation annually by each member of the direct care staff indicating that he/she has not been convicted of or pled guilty or nolo contendere to a crime, other than traffic violations; and

12. written confidentiality agreement signed by the personnel every twelve months.

B. A CRC shall retain personnel files for at least three years following termination of employment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter F. Admission, Transfer and Discharge

§5367. Admission Requirements

A. A CRC shall not refuse admission to any individual on the grounds of race, national origin, ethnicity or disability.

B. A CRC shall admit only those individuals whose needs, pursuant to the screening, can be fully met by the center.

C. A CRC shall expect to receive individuals who present voluntarily to the unit and/or individuals who are brought to the unit under an OPC, CEC, or PEC.

D. The CRC shall develop and implement policies and procedures for diverting individuals when the CRC is at capacity, that shall include:

1. notifying emergency medical services (EMS), police and the OBH or its designee in the service area;

2. conducting a screening on each individual that presents to the center; and

3. safely transferring the presenting individual to an appropriate provider;

E. Pre-Admission Requirements

1. Prior to admission, the center shall attempt to obtain documentation from the referring emergency room, agency, facility or other source, if available, that reflects the client's condition.

2. The CRC shall conduct a screening on each individual that presents for treatment that:

a. is performed by a RN who may be assisted by other personnel;

b. is conducted within 15 minutes of entering the center;

c. determines eligibility and appropriateness for admission;

d. assesses whether the client is an imminent danger to self or others; and

e. includes the following:

i. taking vital signs;

ii. breath analysis and urine drug screen

iii. brief medical history including assessment of risk for imminent withdrawal; and

iv. clinical assessment of current condition to determine primary medical problem(s) and appropriateness of admission to CRC or transfer to other medical provider.

F. Admission Requirements

1. The CRC shall establish the CRC's admission requirements that include:

a. availability of appropriate physical accommodations;

b. legal authority or voluntary admission; and

c. written documentation that client and/or family if applicable, consents to treatment.

2. The CRC shall develop, implement and comply with admission criteria that, at a minimum, include the following inclusionary and exclusionary requirements.

a. Inclusionary. The client is experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and exceeds the abilities and resources of those involved to effectively resolve it.

b. Exclusionary. The client is experiencing an exacerbation of a chronic condition that does not meet the inclusionary criteria listed in §5367.F.2.a.

3. If the client qualifies for admission into the CRC, the center shall ensure that a behavioral health assessment is conducted:

a. by a LMHP;

b. within four hours of being received in the unit unless extenuating or emergency circumstances preclude the delivery of this service within this time frame; and

c. includes the following:

i. a history of previous emotional, behavioral and substance use problems and treatment;

ii. a social assessment to include a determination of the need for participation of family members or significant others in the individual's treatment; the social, peer-group, and environmental setting from which the person comes; family circumstances; current living situation; employment history; social, ethnic, cultural factors; and childhood history; current or pending legal issues including charges, pending trial, etc.;

iii. an assessment of the individual's ability and willingness to cooperate with treatment;

iv. an assessment for any possible abuse or neglect; and

v. review of any laboratory results, results of breath analysis and urine drug screens on patients and the need for further medical testing.

4. The CRC shall ensure that a nursing assessment is conducted that is:

a. begun at time of admission and completed within 24 hours; and

b. conducted by a RN with the assistance of other personnel.

5. The center shall ensure that a physical assessment is conducted by an authorized licensed prescriber within 12 hours of admission that includes:

a. a complete medical history;

b. direct physical examination; and

c. documentation of medical problems.

6. The authorized license prescriber, LMHP and/or RN shall conduct a review of the medical and psychiatric records of current and past diagnoses, laboratory results, treatments, medications and dose response, side-effects and compliance with:

a. the review of data reported to clinical director;

b. synthesis of data received is incorporated into treatment plan by clinical director.

G. Client/Family Orientation. Upon admission or as soon as possible, each facility shall ensure that a confidential and efficient orientation is provided to the client and the client's designated representative, if applicable, concerning:

1. visitation;

2. physical layout of the center;

3. safety;

4. center rules; and

5. all other pertinent information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5369. Discharge, Transfer and Referral Requirements

A. The CRC shall develop, implement and comply with policies and procedures that address when and how clients will be discharged and referred or transferred to other providers in accordance with applicable state and federal laws and regulations.

B. Discharge planning shall begin upon admission.

C. The CRC shall ensure that a client is discharged:

1. when the client's treatment goals are achieved, as documented in the client's treatment plan;

2. when the client's issues or treatment needs are not consistent with the services the center is authorized or able to provide; or

3. according to the center's established written discharge criteria.

D. Discharge Plan. Each CRC client shall have a written discharge plan to provide continuity of services that includes:

1. the client's transfer or referral to outside resources, continuing care appointments, and crisis intervention assistance;

2. documented attempts to involve the client and the family or an alternate support system in the discharge planning process;

3. the client's goals or activities to sustain recovery;

4. signature of the client or, if applicable, the client's parent or guardian, with a copy provided to the individual who signed the plan;

5. name, dosage and frequency of client's medications ordered at the time of discharge;

6. prescriptions for medications ordered at time of discharge; and

7. the disposition of the client's possessions, funds and/or medications, if applicable.

E. The discharge summary shall be completed within 30 days and include:

1. the client's presenting needs and issues identified at the time of admission;

2. the services provided to the client;

3. the center's assessment of the client's progress towards goals;

4. the circumstances of discharge; and

5. the continuity of care recommended following discharge, supporting documentation and referral information.

F. Transfer Process. The CRC responsible for the discharge and transfer of the client shall:

1. request and receive approval from the receiving facility prior to transfer;

2. notify the receiving facility prior to the arrival of the client of any significant medical/psychiatric conditions/complications or any other pertinent information that will be needed to care for the client prior to arrival; and

3. transfer all requested client information and documents upon request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter G. Program Operations

§5375. Treatment Services

A. A CRC shall:

1. operate 24 hours per day seven days a week;

2. operate up to 16 licensed beds;

3. provide services to either adults or minors but not both;

4. provide services that include, but are not limited to:

a. emergency screening;

b. assessment;

c. crisis intervention and stabilization;

d. 24 hour observation;

e. medication administration; and

f. referral to the most appropriate and least restrictive setting available consistent with the client's needs.

B. A CRC shall admit clients for an estimated length of stay of 3-7 days. If a greater length of stay is needed, the CRC shall maintain documentation of clinical justification for the extended stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5377. Laboratory Services

A. The CRC shall have laboratory services available to meet the needs of its clients, including the ability to:

1. obtain STAT laboratory results as needed at all times;

2. conduct a dipstick urine drug screen; and

3. conduct a breath analysis for immediate determination of blood alcohol level.

B. The CRC shall maintain a CLIA certificate for the laboratory services provided on-site.

C. The CRC shall ensure that all contracted laboratory services are provided by a CLIA clinical laboratory improvement amendment (CLIA) certified laboratory.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5379. Pharmaceutical Services and Medication Administration

A. The CRC may provide pharmaceutical services on-site at the center or off-site pursuant to a written agreement with a pharmaceutical provider.

B. All compounding, packaging, and dispensing of medications shall be accomplished in accordance with Louisiana law and Board of Pharmacy regulations and be performed by or under the direct supervision of a registered pharmacist currently licensed to practice in Louisiana.

C. The CRC shall ensure that a mechanism exists to:

1. provide pharmaceutical services 24 hours per day; and

2. obtain STAT medications, as needed, within an acceptable time frame, at all times.

D. CRCs that utilize off-site pharmaceutical providers pursuant to a written agreement shall have:

1. a physician who assumes the responsibility of procurement and possession of medications; and

2. an area for the secure storage of medication and medication preparation in accordance with Louisiana Board of Pharmacy rules and regulations.

E. A CRC shall maintain:

1. a site-specific Louisiana controlled substance license in accordance with the Louisiana Uniform Controlled Dangerous Substance Act; and

2. a United States Drug Enforcement Administration controlled substance registration for the facility in accordance with Title 21 of the United States Code.

F. The CRC shall develop, implement and comply with written policies and procedures that govern:

1. the safe administration and handling of all prescription and non-prescription medications;

2. the storage, recording and control of all medications;

3. the disposal of all discontinued and/or expired medications and containers with worn, illegible or missing labels;

4. the use of prescription medications including:

a. when medication is administered, medical monitoring occurs to identify specific target symptoms;

b. a procedure to inform clients, staff, and where appropriate, client's parent(s), legal guardian(s) or designated representatives, of each medication's anticipated results, the potential benefits and side-effects as well as the potential adverse reaction that could result from not taking the medication as prescribed;

c. involving clients and, where appropriate, their parent(s) or legal guardian(s), and designated representatives in decisions concerning medication; and

d. staff training to ensure the recognition of the potential side effects of the medication.

5. the list of abbreviations and symbols approved for use in the facility;

6. recording of medication errors and adverse drug reactions and reporting them to the client's physician or authorized prescriber, and the nurse manager;

7. the reporting of and steps to be taken to resolve discrepancies in inventory, misuse and abuse of controlled substances in accordance with federal and state law;

8. provision for emergency pharmaceutical services;

9. a unit dose system; and

10. procuring and the acceptable timeframes for procuring STAT medications when the medication needed is not available on-site.

C. The CRC shall ensure that:

1. medications are administered by licensed health care personnel whose scope of practice includes administration of medications;

2. any medication is administered according to the order of an authorized licensed prescriber;

3. it maintains a list of authorized licensed prescribers that is accessible to staff at all times.

4. all medications are kept in a locked illuminated clean cabinet, closet or room at temperature controls according to the manufacturer's recommendations, accessible only to individuals authorized to administer medications;

5. medications are administered only upon receipt of written orders, electromechanical facsimile, or verbal orders from an authorized licensed prescriber;

6. all verbal orders are signed by the licensed prescriber within 72 hours;

7. medications that require refrigeration are stored in a refrigerator or refrigeration unit separate from the refrigerators or refrigeration units that store food, beverages, or laboratory specimens;

8. all prescription medication containers are labeled to identify:

a. the client's full name;

b. the name of the medication;

c. dosage;

d. quantity and date dispensed;

e. directions for taking the medication;

f. required accessory and cautionary statements;

g. prescriber's name; and

h. the expiration date;

9. medication errors, adverse drug reactions, and interactions with other medications, food or beverages taken by the client are immediately reported to the client's physician or authorized licensed prescriber, supervising pharmacist and nurse manager with an entry in the client's record;

10. all controlled substances shall be kept in a locked cabinet or compartment separate from other medications;

11. current and accurate records are maintained on the receipt and disposition of controlled substances;

12. controlled substances are reconciled:

a. at least twice a day by staff authorized to administer controlled substances; or

b. by an automated system that provides reconciliation;

13. discrepancies in inventory of controlled substances are reported to the nurse manager and the supervising pharmacist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5381. Transportation

A. The CRC shall establish, implement and comply with policies and procedures to:

1. secure emergency transportation in the event of a client's medical emergency; and

2. provide non-emergent medical transportation to the clients as needed.

B. The facility shall have a written agreement with a transportation service in order to provide non-emergent transport services needed by its clients that shall require all vehicles used to transport CRC clients are:

1. maintained in a safe condition;

2. properly licensed and inspected in accordance with state law;

3. operated at a temperature that does not compromise the health, safety and needs of the client;

4. operated in conformity with all applicable motor vehicle laws

5. current liability coverage for all vehicles used to transport clients;

6. all drivers of vehicles that transport CRC clients are properly licensed to operate the class of vehicle in accordance with state law; and

7. the ability to transport non-ambulatory clients in appropriate vehicles if needed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5383. Food and Diet

A. The CRC shall ensure that:

1. all dietary services are provided under the direction of a Louisiana licensed and registered dietician either directly or by written agreement;

2. menus are approved by the registered dietician;

3. meals are of sufficient quantity and quality to meet the nutritional needs of clients, including religious and dietary restrictions;

4. meals are in accordance with Federal Drug Administration (FDA) dietary guidelines and the orders of the authorized licensed prescriber;

5. at least three meals plus an evening snack are provided daily with no more than 14 hours between any two meals;

6. meals are served in a manner that maintains the safety and security of the client and are free of identified contraband;

7. all food is stored, prepared, distributed, and served under safe and sanitary conditions;

8. all equipment and utensils used in the preparation and serving of food are properly cleaned, sanitized and stored; and

9. if meals are prepared on-site, they are prepared in an OPH approved kitchen.

B. The CRC may provide meal service and preparation pursuant to a written agreement with an outside food management company. If provided pursuant to a written agreement, the CRC shall:

1. maintain responsibility for ensuring compliance with this Chapter;

2. provide written notice to HSS and OPH within 10 calendar days of the effective date of the contract;

3. ensure that the outside food management company possesses a valid OPH retail food permit and meets all requirements for operating a retail food establishment that serves a highly susceptible population, in accordance with the special requirements for highly susceptible populations as promulgated in the Louisiana Sanitary Code provisions governing food display and service for retail food establishments (specifically LAC 51:XXIII.1911 as amended May 2007); and

4. ensure that the food management company employs or contracts with a licensed and registered dietician who serves the center as needed to ensure that the nutritional needs of the clients are met in accordance with the authorized licensed prescriber's orders and acceptable standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter H. Client Rights

§5389. General Provisions

A. The CRC shall develop, implement and comply with policies and procedures that:

1. protect its clients' rights;

2. respond to questions and grievances pertaining to these rights;

3. ensure compliance with clients' rights enumerated in R.S. 28:171; and

4. ensure compliance with minors' rights enumerated in the *Louisiana Children's Code*.

B. A CRC's client and, if applicable, the client's parent(s) or legal guardian or chosen designated representative, have the following rights:

1. to be informed of the client's rights and responsibilities at the time of or shortly after admission;

2. to have a family member, chosen representative and/or his or her own physician notified of admission at the client's request to the CRC;

3. to receive treatment and medical services without discrimination based on race, age, religion, national origin, gender, sexual orientation, disability, marital status, diagnosis, ability to pay or source of payment;

4. to be free from abuse, neglect, exploitation and harassment;

5. to receive care in a safe setting;

6. to receive the services of a translator or interpreter, if applicable, to facilitate communication between the client and the staff;

7. to be informed of the client's own health status and to participate in the development, implementation and updating of the client's treatment plan;

8. to make informed decisions regarding the client's care in accordance with federal and state laws and regulations;

9. to consult freely and privately with the client's legal counsel or to contact an attorney at any reasonable time;

10. to be informed, in writing, of the policies and procedures for initiation, review and resolution of grievances or client complaints;

11. to submit complaints or grievances without fear of reprisal;

12. to have the client's information and medical records, including all computerized medical information, kept confidential in accordance with federal and state statutes and rules/regulations;

13. to be provided indoor and/or outdoor recreational and leisure opportunities;

14. to be given a copy of the center's rules and regulations upon admission or shortly thereafter;

15. to receive treatment in the least restrictive environment that meets the client's needs;

16. to be subject to the use of restraint and/or seclusion only in accordance with federal and state law, rules and regulations;

17. to be informed of all estimated charges and any limitations on the length of services at the time of admission or shortly thereafter;

18. to contact DHH at any reasonable time;

19. to obtain a copy of these rights as well as the address and phone number of DHH and the Mental Health Advocacy Service at any time; and

20. to be provided with personal hygiene products, including but not limited to, shampoo, deodorant, toothbrush, toothpaste, and soap, if needed.

C. A copy of the clients' right shall be posted in the facility and accessible to all clients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5391. Grievances

A. The facility shall develop, implement and comply with a written grievance procedure for clients designed to allow clients to submit a grievance without fear of retaliation. The procedure shall include, but not be limited to:

1. process for filing a grievance;
2. a time line for responding to the grievance;
3. a method for responding to a grievance; and
4. the staff responsibilities for addressing and resolving grievances.

B. The facility shall ensure that:

1. the client and, if applicable, the client's parent(s) or legal guardian(s), is aware of and understands the grievance procedure; and
2. all grievances are addressed and resolved to the best of the center's ability.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Subchapter I. Physical Environment

§5397. Interior Space

A. The CRC shall:

1. have a physical environment that protects the health, safety and security of the clients;
2. have routine maintenance and cleaning programs in all areas of the center;
3. be well-lit, clean, and ventilated;
4. conduct a risk assessment of each client and the physical environment of the facility in order to ensure the safety and well-being of all clients admitted to the facility;
5. maintain its physical environment, including, but not limited to, all equipment, fixtures, plumbing, electrical, and furnishings, in good order and safe condition in accordance with manufacturer's recommendations;
6. maintain heating, ventilation and cooling systems in good order and safe condition to ensure a comfortable environment; and
7. ensure that electric receptacles in client care areas are tamper-resistant or equipped with ground fault circuit interrupters.

B. Common Area. The CRC shall have designated space:

1. to be used for group meetings, dining, visitation, leisure and recreational activities;
2. that is at least 25 square feet per client and no less than 150 square feet exclusive of sleeping areas, bathrooms, areas restricted to staff and office areas; and
3. that contains tables for eating meals.

C. Bathrooms

1. Each bathroom to be used by clients shall contain:
   a. a lavatory with:
      i. paper towels or an automatic dryer;
      ii. a soap dispenser with soap for individual use; and
      iii. a wash basin with hot and cold running water;
   b. tubs and/or showers that:
      i. have hot and cold water;
      ii. have slip proof surfaces; and
      iii. allow for individual privacy;
   c. toilets:
      i. an adequate supply of toilet paper;
      ii. with seats; and
      iii. that allow for individual privacy;
   d. at least one sink, one tub or shower and one toilet for every eight clients;
   e. shatterproof mirrors secured to the walls at convenient heights;
   f. plumbing, piping, ductwork, and that are recessed or enclosed in order to be inaccessible to clients; and
   g. other furnishings necessary to meet the clients' basic hygienic needs.
2. A CRC shall have at least one separate toilet and lavatory facility for the staff.

D. Sleeping Areas and Bedrooms

1. A CRC that utilizes a sleeping area for multiple clients shall ensure that its sleeping area:
   a. is at least 60 square feet per bed of clear floor area; and
   b. does not contain bunk beds.
2. Bedrooms. A CRC shall ensure that each bedroom:
   a. accommodates no more than one client; and
   b. is at least 80 square feet of clear floor area.
3. The CRC that utilizes a sleeping area for multiple clients shall maintain at least one bedroom.
4. The CRC shall ensure that each client:
   a. has sufficient separate storage space for clothing, toilet articles and other personal belongings of clients;
   b. has sheets, pillow, bedspread, towels, washcloths and blankets that are:
      i. intact and in good repair,
      ii. systematically removed from use when no longer usable;
      iii. clean;
      iv. provided as needed or when requested unless the request is unreasonable;
   c. is given a bed for individual use that:
      i. is no less than 30 inches wide;
      ii. is of solid construction;
      iii. has a clean, comfortable, impermeable, nontoxic and fire retardant mattress; and
      iv. is appropriate to the size and age of the client.

E. Administrative and Staff Areas

1. The CRC shall maintain a space that is distinct from the client common areas that serves as an office for administrative functions.
2. The CRC shall have a designated space for nurses and other staff to complete tasks, be accessible to clients and to observe and monitor client activity within the unit.

F. Counseling and Treatment Area

1. The CRC shall have a designated space to allow for private physical examination that is exclusive of sleeping area and common space.
2. The CRC shall have a designated space to allow for private and small group discussions and counseling sessions between individual clients and staff that is exclusive of sleeping areas and common space.

3. The CRC may utilize the same space for the counseling area and examination area.

G. Seclusion Room

1. The CRC shall have at least one seclusion room that:

a. is for no more than one client; and

b. allows for continual visual observation and monitoring of the client either:

i. directly; or

ii. by a combination of video and audio;

c. has a monolithic ceiling;

d. is a minimum of 80 square feet; and

e. contains a stationary restraint bed that is secure to the floor;

f. flat walls that are free of any protrusions with angles;

g. does not contain electrical receptacles;

H. Kitchen

1. If a CRC prepares meals on-site, the CRC shall have a full service kitchen that:

a. includes a cook top, oven, refrigerator, freezer, hand washing station, storage and space for meal preparation;

b. complies with OPH regulations;

c. has the equipment necessary for the preparation, serving, storage and clean-up of all meals regularly served to all of the clients and staff;

d. contains trash containers covered and made of metal or United Laboratories-approved plastic; and

e. maintains the sanitation of dishes.

2. A CRC that does not provide a full service kitchen accessible to staff 24 hours per day shall have a nourishment station or a kitchenette, restricted to staff only, in which staff may prepare nourishments for clients, that includes:

a. a sink;

b. a work counter;

c. a refrigerator;

d. storage cabinets;

e. equipment for preparing hot and cold nourishments between scheduled meals; and

f. space for trays and dishes used for non-scheduled meal service.

3. A CRC may utilize ice making equipment if the ice maker:

a. is self-dispensing; or

b. is in an area restricted to staff only;

I. Laundry

1. The CRC shall have an automatic washer and dryer for use by staff when laundering clients' clothing.

2. The CRC shall have:

a. provisions to clean and launder soiled linen, other than client clothing, either on-site or off-site by written agreement;

b. a separate area for holding soiled linen until it is laundered; and

c. a clean linen storage area.

J. Storage:

1. the CRC shall have separate and secure storage areas that are inaccessible to clients for the following:

a. client possessions that may not be accessed during their stay;

b. hazardous, flammable and/or combustible materials; and

2. records and other confidential information.

K. Furnishings

1. The CRC shall ensure that its furnishings are:

a. designed to suit the size, age and functional status of the clients;

b. in good repair;

c. clean;

d. promptly repaired or replaced if defective, run-down or broken.

L. Hardware, Fixtures and other Protrusions

1. If grab bars are used, the CRC shall ensure that the space between the bar and the wall shall be filled to prevent a cord from being tied around it.

2. All hardware as well as sprinkler heads, lighting fixtures and other protrusions shall be:

a. recessed or of a design to prohibit client access; and

b. tamper-resistant.

3. Towel bars, shower curtain rods, clothing rods and hooks are prohibited.

M. Ceilings

1. The CRC shall ensure that the ceiling is:

a. no less than 7.5 feet high and secured from access; or

b. at least 9 feet in height; and

c. all overhead plumbing, piping, duct work or other potentially hazardous elements shall be concealed above the ceiling.

N. Doors and Windows

1. All windows shall be fabricated with laminated safety glass or protected by polycarbonate, laminate or safety screens.

2. Door hinges shall be designed to minimize points for hanging.

3. Except for specifically designed antiligature hardware, door handles shall point downward in the latched or unlatched position.

4. All hardware shall have tamper-resistant fasteners.

5. The center shall ensure that outside doors, windows and other features of the structure necessary for safety and comfort of individuals:

a. are secured for safety;

b. prohibit clients from gaining unauthorized egress;

c. prohibit an outside from gaining unauthorized ingress;

d. if in disrepair, not accessible to clients until repaired; and

e. repaired as soon as possible.

6. The facility shall ensure that all closets, bedrooms and bathrooms for clients that are equipped with doors do not have locks and can be readily opened from both sides.

O. Smoking

1. The CRC shall prohibit smoking in the interior of the center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5399. Exterior Space Requirements

A. The CRC shall maintain all exterior areas to prevent elopement, injury, suicide and the introduction of contraband, and shall maintain a perimeter security system designed to monitor and control visitor access and client egress.

B. The facility shall maintain all exterior areas and structures of the facility in good repair and free from any reasonably foreseeable hazard to health or safety.

C. The facility shall ensure the following:

1. garbage stored outside is secured in non-combustible, covered containers and are removed on a regular basis;

2. trash collection receptacles and incinerators are separate from any area accessible to clients and located as to avoid being a nuisance;

3. unsafe areas, including steep grades, open pits, swimming pools, high voltage boosters or high speed roads are fenced or have natural barriers to protect clients;

4. fences that are in place are in good repair;

5. exterior areas are well lit; and

6. the facility has appropriate signage that:

a. is visible to the public;

b. indicates the facility's legal or trade name;

c. clearly states that the CRC provides behavioral health services only; and

d. indicates the center is not hospital or emergency room.

D. A CRC with an outdoor area to be utilized by its clients shall ensure that the area is safe and secure from access and egress.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 54. Crisis Receiving Centers

Subchapter J. Safety and Emergency Preparedness

§5401. General Safety Provisions

A. The CRC shall provide additional supervision when necessary to provide for the safety of all clients.

B. The CRC shall:

1. prohibit weapons of any kind on-site;

2. prohibit glass, hand sanitizer, plastic bags in client-care areas;

3. ensure that all poisonous, toxic and flammable materials are:

a. maintained in appropriate containers and labeled as to the contents;

b. securely stored in a locked cabinet or closet;

c. are used in such a manner as to ensure the safety of clients, staff and visitors; and

d. maintained only as necessary;

4. ensure that all equipment, furnishing and any other items that are in a state of disrepair are removed and inaccessible to clients until replaced or repaired; and

5. ensure that when potentially harmful materials such as cleaning solvents and/or detergents are used, training is provided to the staff and they are used by staff members only.

C. The CRC shall ensure that a first aid kit is available in the facility and in all vehicles used to transport clients.

D. The CRC shall simulate fire drills and other emergency drills at least once a quarter while maintaining client safety and security during the drills.

E. Required Inspections. The CRC shall pass all required inspections and keep a current file of reports and other documentation needed to demonstrate compliance with applicable laws and regulations.

F. The CRC shall have an on-going safety program to include:

1. continuous inspection of the facility for possible hazards;

2. continuous monitoring of safety equipment and maintenance or repair when needed;

3. investigation and documentation of all accidents or emergencies; and

4. fire control, evacuation planning and other emergency drills.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5403. Infection Control

A. The CRC shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.

B. The CRC shall have an active Infection Control Program that requires:

1. reporting of infectious disease in accordance with OPH guidelines;

2. monitoring of:

a. the spread of infectious disease;

b. hand washing;

c. staff and client education; and

d. incidents of specific infections in accordance with OPH guidelines;

3. corrective actions;

4. a designated Infection Control coordinator who:

a. has education and/or experience in infection control;

b. develops and implements policies and procedures governing the infection control program;

c. takes universal precautions; and

d. strictly adheres to all sanitation requirements;

5. the CRC shall maintain a clean and sanitary environment and shall ensure that:

a. supplies and equipment are available to staff;

b. there is consistent and constant monitoring and cleaning of all areas of the facility;

c. the methods used for cleaning, sanitizing, handling and storing of all supplies and equipment prevent the transmission of infection;

d. directions are posted for sanitizing both kitchen and bathroom and laundry areas;

e. showers and bathtubs are to be sanitized by staff between client usage;

f. clothing belonging to clients must be washed and dried separately from the clothing belonging to other clients; and

g. laundry facilities are used by staff only;

h. food and waste are stored, handled, and removed in a way that will not spread disease, cause odor, or provide a breeding place for pests;

C. the CRC may enter into a written contract for housekeeping services necessary to maintain a clean and neat environment;

D. each CRC shall have an effective pest control plan;

E. after discharge of a client, the CRC shall:

1. clean the bed, mattress, cover, bedside furniture and equipment;

2. ensure that mattresses, blankets and pillows assigned to clients are intact and in a sanitary condition; and

3. ensure that the mattress, blankets and pillows used for a client are properly sanitized before assigned to another client.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5405. Emergency Preparedness

A. The CRC shall have a written emergency preparedness plan to:

1. maintain continuity of the center's operations in preparation for, during and after an emergency or disaster; and

2. manage the consequences of all disasters or emergencies that disrupt the center's ability to render care and treatment, or threaten the lives or safety of the clients.

B. The CRC shall:

1. post exit diagrams describing how to clear the building safely and in a timely manner;

2. have a clearly labeled and legible master floor plan(s) that indicates:

a. the areas in the facility that are to be used by clients as shelter or safe zones during emergencies;

b. the location of emergency power outlets and whether they are powered;

c. the locations of posted, accessible, emergency information; and

d. what will be powered by emergency generator(s), if applicable;

3. train its employees in emergency or disaster preparedness. Training shall include orientation, ongoing training and participation in planned drills for all personnel.

C. The CRC's emergency preparedness plan shall include the following information, at a minimum.

1. If the center evacuates, the plan shall include:

a. provisions for the evacuation of each client and delivery of essential services to each client;

b. the center's method of notifying the client's family or caregiver, if applicable, including:

i. the date and approximate time that the facility or client is evacuating;

ii. the place or location to which the client(s) is evacuating which includes the name, address and telephone number; and

iii. a telephone number that the family or responsible representative may call for information regarding the client's evacuation;

c. provisions for ensuring that supplies, medications, clothing and a copy of the treatment plan are sent with the client, if the client is evacuated;

d. the procedure or methods that will be used to ensure that identification accompanies the client including:

i. current and active diagnosis;

ii. medication, including dosage and times administered;

iii. allergies;

iv. special dietary needs or restrictions; and

v. next of kin, including contact information if applicable;

e. transportation or arrangements for transportation for an evacuation.

2. Provisions for staff to maintain continuity of care during an emergency as well as for distribution and assignment of responsibilities and functions.

3. The delivery of essential care and services to clients who are housed in the facility or by the facility at another location, during an emergency or disaster.

4. The determination as to when the facility will shelter in place and when the facility will evacuate for a disaster or emergency and the conditions that guide these determinations in accordance with local or parish OSHEP.

5. If the center shelters in place, provisions for seven days of necessary supplies to be provided by the center prior to the emergency, including drinking water or fluids and non-perishable food.

D. The center shall:

1. follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency;

2. if the state, parish or local OHSEP orders a mandatory evacuation of the parish or the area in which the agency is serving, shall ensure that all clients are evacuated according to the facility's emergency preparedness plan;

3. not abandon a client during a disaster or emergency;

4. review and update its emergency preparedness plan at least once a year;

5. cooperate with the department and with the local or parish OHSEP in the event of an emergency or disaster and shall provide information as requested;

6. monitor weather warnings and watches as well as evacuation order from local and state emergency preparedness officials;

7. upon request by the department, submit a copy of its emergency preparedness plan for review;

8. upon request by the department, submit a written summary attesting to how the plan was followed and executed to include, at a minimum:

a. pertinent plan provisions and how the plan was followed and executed;

b. plan provisions that were not followed;

c. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;

d. contingency arrangements made for those plan provisions not followed; and

e. a list of all injuries and deaths of clients that occurred during execution of the plan, evacuation or temporary relocation including the date, time, causes and circumstances of the injuries and deaths.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5407. Inactivation of License due to a Declared Disaster or Emergency

A. A CRC located in a parish which is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766, may seek to inactivate its license for a period not to exceed one year, provided that the center:

1. submits written notification to HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that:

a. the CRC has experienced an interruption in the provisions of services as a result of events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

b. the CRC intends to resume operation as a CRC in the same service area;

c. includes an attestation that the emergency or disaster is the sole casual factor in the interruption of the provision of services;

d. includes an attestation that all clients have been properly discharged or transferred to another facility; and

e. lists the clients and the location of the discharged or transferred clients;

2. resumes operating as a CRC in the same service area within one year of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766;

3. continues to pay all fees and cost due and owed to the department including, but not limited to, annual licensing fees and outstanding civil fines; and

4. continues to submit required documentation and information to the department.

B. Upon receiving a completed request to inactivate a CRC license, the department shall issue a notice of inactivation of license to the CRC.

C. In order to obtain license reinstatement, a CRC with a department-issued notice of inactivation of license shall:

1. submit a written license reinstatement request to HSS 60 days prior to the anticipated date of reopening that includes:

a. the anticipated date of opening, and a request to schedule a licensing survey;

b. a completed licensing application and other required documents with licensing fees, if applicable; and

c. written approvals for occupancy from OSFM and OPH.

D. Upon receiving a completed written request to reinstate a CRC license and other required documentation, the department shall conduct a licensing survey.

E. If the CRC meets the requirements for licensure and the requirements under this subsection, the department shall issue a notice of reinstatement of the center's license.

F. During the period of inactivation, the department prohibits:

1. a change of ownership (CHOW) in the CRC; and

2. an increase in the licensed capacity from the CRC's licensed capacity at the time of the request to inactivate the license.

G. The provisions of this Section shall not apply to a CRC which has voluntarily surrendered its license.

H. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the CRC license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:2180.13.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#049

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Disproportionate Share Hospital Payments
Public-Private Partnerships—South Louisiana Area
(LAC 50:V.2903)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.2903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which adopted provisions governing disproportionate share hospital (DSH) payments for non-state-owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state- owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative.

The department now proposes to amend the provisions governing disproportionate share hospital (DSH) payments for hospitals participating in public-private partnerships to establish payments for hospitals located in the following areas: 1) Houma; 2) Lafayette; 3) Lake Charles; and 4) New Orleans. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services. It is estimated that implementation of this Emergency Rule will have no fiscal impact to the Medicaid Program for state fiscal year 2012-2013.

Effective June 27, 2013 the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the DSH Program to establish payments to additional hospitals participating in public-private partnerships.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 3. Disproportionate Share Hospital Payments
Chapter 29. Public-Private Partnerships
§2903. Payment Methodology

A. Houma Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a state-owned or operated hospital in Houma that has transferred its management and operations to a non-state-owned hospital participating in a public-private partnership shall be eligible for payment of 100 percent of its uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient-specific data in a format specified by the department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

3. The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

B. Lafayette Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a state-owned or operated hospital in Lafayette that has transferred its management and operations to a non-state-owned hospital participating in a public-private partnership shall be eligible for payment of 100 percent of its uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient specific data in a format specified by the department.

3. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

4. The first payment of each fiscal year will be made October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

C. Lake Charles Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a non-state-owned or operated hospital that assumes the management and operation of services at a facility in Lake Charles where such services were previously provided by a state-owned and operated facility shall be eligible for payment of 100 percent of uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient-specific data in a format specified by the department.

3. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

4. The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

D. New Orleans Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a state-owned or operated hospital in New Orleans that has transferred its management and operations to a non-state-owned hospital participating in a public-private partnership shall be eligible for payment of 100 percent of its uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient-specific data in a format specified by the department.

3. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

4. The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#005

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Disproportionate Share Hospital Payments
Public-Private Partnerships—South Louisiana Area
(LAC 50:V.2903)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.2903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which adopted provisions governing disproportionate share hospital (DSH) payments for non-state owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services(*Louisiana Register*, Volume 38, Number 11). Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative.

The department promulgated an Emergency Rule which amended the provisions governing DSH payments for hospitals participating in public-private partnerships to establish payments for hospitals located in the following areas: 1) Houma; 2) Lafayette; 3) Lake Charles; and 4) New Orleans (*Louisiana Register*, Volume 39, Number 7).

The department now proposes to amend the provisions of the June 27, 2013 Emergency Rule to correct the percentage for DSH payments to hospitals located in the Lafayette area. This action is being taken to promote the health and welfare

of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective July 6, 2013 the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the June 27, 2013 Emergency Rule governing the DSH Program which established payments to additional hospitals participating in public-private partnerships.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 3. Disproportionate Share Hospital Payments

Chapter 29. Public-Private Partnerships

§2903. Payment Methodology

A. Houma Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a state-owned or operated hospital in Houma that has transferred its management and operations to a non-state owned hospital participating in a public-private partnership shall be eligible for payment of 100 percent of its uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient specific data in a format specified by the department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

3. The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

B. Lafayette Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a state-owned or operated hospital in Lafayette that has transferred its management and operations to a non-state owned hospital participating in a public-private partnership shall be eligible for payment of 100 percent of its uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient specific data in a format specified by the department.

3. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

4. The first payment of each fiscal year will be made October 15 and will be 80 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

C. Lake Charles Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a non-state owned or operated hospital that assumes the management and operation of services at a facility in Lake Charles where such services were previously provided by a state-owned and operated facility shall be eligible for payment of 100 percent of uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient specific data in a format specified by the department.

3. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

4. The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

D. New Orleans Area Cooperative Endeavor Agreement

1. Effective for dates of service on or after June 27, 2013, a state-owned or operated hospital in New Orleans that has transferred its management and operations to a non-state owned hospital participating in a public-private partnership shall be eligible for payment of 100 percent of its uncompensated care costs.

2. Qualifying hospitals shall submit costs and patient specific data in a format specified by the department.

3. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

4. The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#014

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities

Home and Community-Based Services Waivers
Children's Choice—Allocation of Waiver Opportunities
(LAC 50:XXI.11107)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amend LAC 50:XXI.11107 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities adopted provisions in the Children's Choice Waiver for the allocation of additional waiver opportunities for the Money Follows the Person Rebalancing Demonstration Program (*Louisiana Register*, Volume 35, Number 9). The department promulgated an Emergency Rule which amended the provisions of the children's choice waiver to provide for the allocation of waiver opportunities for children who have been identified by the Office for Citizens with Developmental Disabilities

regional offices and human services authorities and districts as meeting state-funded family support criteria for priority level 1 and 2, and needing more family support services than what is currently available through state-funded family support services (*Louisiana Register*, Volume 36, Number 9).

The department promulgated and Emergency Rule which amended the provisions of the September 20, 2010 Emergency Rule in order to correct a formatting error within the Section (*Louisiana Register*, Volume 39, Number 4). This Emergency Rule is being promulgated to continue the provisions of the April 20, 2013 Emergency Rule. This action is being taken to secure enhanced federal funding, and to ensure that these provisions are promulgated in a clear and concise manner.

Effective August 19, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amend the provisions governing the allocation of opportunities in the children's choice waiver.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 9. Children's Choice
Chapter 111. General Provisions
§11107. Allocation of Waiver Opportunities

A. The order of entry in the children's choice waiver is first come, first served from a statewide list arranged by date of application for the developmental disabilities request for services registry for the new opportunities waiver. families shall be given a choice of accepting an opportunity in the children's choice waiver or remaining on the DDRFSR for the NOW.

1. The only exceptions to the first come, first served allocation of waiver opportunities shall be for the:

a. money follows the person rebalancing demonstration waiver opportunities which are allocated to demonstration participants only; and

b. waiver opportunities which are allocated to children who have been determined to need more services than what is currently available through state funded family support services.

B. - B.1.b. ...

C. Four hundred twenty-five opportunities shall be designated for qualifying children with developmental disabilities that have been identified by the Office for Citizens with Developmental Disabilities (OCDD) regional offices and human services authorities and districts as needing more family support services than what is currently available through state funded family support services.

1. To qualify for these waiver opportunities, children must:

a. be under 18 years of age;

b. be designated by the OCDD regional office, human services authority or district as meeting priority level 1 or 2 criteria;

c. be Medicaid-eligible;

d. be eligible for state developmental disability services; and

e. meet the ICF/DD level of care.

2. Each OCDD regional office and human services authority or district shall be responsible for the prioritization of these opportunities. Priority levels shall be defined according to the following criteria.

a. Priority Level 1. Without the requested supports, there is an immediate or potential threat of out-of-home placement or homelessness due to:

i. the individual's medical care needs;

ii. documented abuse or neglect of the individual;

iii. the individual's intense or frequent challenging behavioral needs; or

iv. death or inability of the caregiver to continue care due to their own age or health; or

v. the possibility that the individual may experience a health crisis leading to death, hospitalization or placement in a nursing facility.

b. Priority Level 2. Supports are needed to prevent the individual's health from deteriorating or the individual from losing any of their independence or productivity.

3. Children who qualify for one of these waiver opportunities are not required to have a protected request date on the developmental disabilities request for services registry.

4. Each OCDD regional office, human services authority and district shall have a specific number of these opportunities designated to them for allocation to waiver recipients.

5. In the event one of these opportunities is vacated, the opportunity shall be returned to the allocated pool for that particular OCDD regional office, human services authority or district for another opportunity to be offered.

6. Once all of these opportunities are filled, supports and services, based on the priority determination system, will be identified and addressed through other resources currently available for individuals with developmental disabilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 35:1892 (September 2009), amended LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#050

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Home and Community-Based Services Waivers
Support Coordination Standards for Participation
(LAC 50:XXI.Chapter 5)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services amends LAC 50:XXI.Chapter 5 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services (OAAS) provide Medicaid coverage for support coordination services rendered to waiver participants who receive services in home and community-based waiver programs administered by OAAS. The department promulgated an Emergency Rule which adopted provisions to establish Standards for Participation for support coordination agencies that provide support coordination services to participants in OAAS-administered waiver programs (*Louisiana Register*, Volume 37, Number 12). The department promulgated an Emergency Rule which amended the December 20, 2011 Emergency Rule in order to clarify the provisions governing support coordination services rendered to participants of OAAS-administered waiver programs (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 20, 2012 Emergency Rule. This action is being taken to promote the health and welfare of waiver participants and to ensure that these services are rendered in an efficient and cost-effective manner.

Effective August 18, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services amend the provisions governing the Standards for Participation for support coordination agencies that provide services to participants in waiver programs administered by the Office of Aging and Adult Services.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community Based Services Waivers
Subpart 1. General Provisions
Chapter 5. Support Coordination Standards for Participation for Office of Aging and Adult Services Waiver ProgramsSubchapter A. General Provisions

§501. Introduction

A. The Department of Health and Hospitals (DHH) establishes these minimum standards for participation which provides the core requirements for support coordination services provided under home and community-based waiver programs administered by the Office of Aging and Adult Services (OAAS). OAAS must determine the adequacy of quality and protection of waiver participants in accordance with the provisions of these standards.

B. OAAS, or its designee, is responsible for setting the standards for support coordination, monitoring the provisions of this Rule, and applying administrative sanctions for failures by support coordinators to meet the minimum standards for participation in serving participants of OAAS-administered waiver programs.

C. Support coordination are services that will assist participants in gaining access to needed waiver and other state plan services, as well as needed medical, social, educational, housing, and other services, regardless of the funding source for these services.

D. Upon promulgation of the final Rule governing these standards for participation, existing support coordination providers of OAAS-administered waiver programs shall be required to meet the requirements of this Chapter as soon as possible and no later than six months from the promulgation of this Rule.

E. If, in the judgment of OAAS, application of the requirements stated in these standards would be impractical in a specified case; such requirements may be modified by the OAAS assistant secretary to allow alternative arrangements that will secure as nearly equivalent provision of services as is practical. In no case will the modification afford less quality or protection, in the judgment of OAAS, than that which would be provided with compliance of the provisions contained in these standards.

1. Requirement modifications may be reviewed by the OAAS assistant secretary and either continued or cancelled.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§503. Certification Requirements

A. All agencies that provide support coordination to OAAS-administered home and community-based waivers must be certified by the Department of Health and Hospitals. It shall be unlawful to operate as a support coordination agency for OAAS-administered waivers without being certified by the department.

B. In order to provide support coordination services for OAAS-administered home and community-based waiver programs, the agency must:

1. be certified and meet the standards for participation requirements as set forth in this Rule;
2. sign a performance agreement with OAAS;
3. assure staff attends all training mandated by OAAS;
4. enroll as a Medicaid support coordination agency in all regions in which it intends to provide services for OAAS-administered home and community-based services; and
5. comply with all DHH and OAAS policies and procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§505. Certification Issuance

A. A certification shall:

1. be issued only to the entity named in the certification application;

2. be valid only for the support coordination agency to which it is issued after all applicable requirements are met;

3. enable the support coordination agency to provide support coordination for OAAS-administered home and community-based waivers within the specified DHH region; and

4. be valid for the time specified on the certification, unless revoked, suspended, modified or terminated prior to that date.

B. Provisional certification may be granted when the agency has deficiencies which are not a danger to the health and welfare of clients. Provisional licenses shall be issued for a period not to exceed 90 days.

C. Initial certification shall be issued by OAAS based on the survey report of DHH, or its designee.

D. Unless granted a waiver by OAAS, a support coordination agency shall provide such services only to waiver participants residing in the agency's designated DHH region.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§507. Certification Refusal or Revocation and Fair Hearing

A. A certification may be revoked or refused if applicable certification requirements, as determined by OAAS or its designee, have not been met. Certification decisions are subject to appeal and fair hearing, in accordance with R.S. 46:107(A)(3).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§509. Certification Inspections

A. Certification inspections are usually annual but may be conducted at any time. No advance notice is given. Surveyors must be given access to all of the areas in the facility and all relevant files and records.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Subchapter B. Administration and Organization

§513. Governing Body

A. A support coordination agency shall have an identifiable governing body with responsibility for and authority over the policies and activities of the agency.

1. An agency shall have documents identifying all members of the governing body, their addresses, their terms of membership, officers of the governing body and terms of office of any officers.

2. The governing body shall be comprised of three or more persons and shall hold formal meetings at least twice a year.

3. There shall be written minutes of all formal meetings of the governing body and by-laws specifying frequency of meetings and quorum requirements.

B. The governing body of a support coordination agency shall:

1. ensure the agency's continual compliance and conformity with all relevant federal, state, local and municipal laws and regulations;

2. ensure that the agency is adequately funded and fiscally sound;

3. review and approve the agency's annual budget;

4. designate a person to act as administrator and delegate sufficient authority to this person to manage the agency;

5. formulate and annually review, in consultation with the administrator, written policies concerning the agency's philosophy, goals, current services, personnel practices, job descriptions and fiscal management;

6. annually evaluate the administrator's performance;

7. have the authority to dismiss the administrator;

8. meet with designated representatives of the department whenever required to do so;

9. inform the department, or its designee, prior to initiating any substantial changes in the services provided by the agency;

10. ensure that a continuous quality improvement (CQI) process is in effect; and

11. ensure that services are provided in a culturally sensitive manner as evidenced by staff trained in cultural awareness and related policies and procedures.

C. A support coordination agency shall maintain an administrative file that includes:

1. documents identifying the governing body;

2. a list of members and officers of the governing body, along with their addresses and terms of membership;

3. minutes of formal meetings and by-laws of the governing body, if applicable;

4. documentation of the agency's authority to operate under state law;

5. an organizational chart of the agency which clearly delineates the line of authority;

6. all leases, contracts and purchases-of-service agreements to which the agency is a party;

7. insurance policies;

8. annual budgets and, if performed, audit reports;

9. the agency's policies and procedures; and

10. documentation of any corrective action taken as a result of external or internal reviews.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§515. Business Location and Operations

A. Each support coordination agency shall have a business location which shall not be in an occupied personal residence. The business location shall be in the DHH region for which the certification is issued and shall be where the agency:

1. maintains staff to perform administrative functions;

2. maintains the agency's personnel records;

3. maintains the agency's participant service records; and

4. holds itself out to the public as being a location for receipt of participant referrals.

B. The business location shall have:

1. a published nationwide toll-free telephone number answered by a person which is available and accessible 24 hours a day, 7 days a week, including holidays;

2. a published local business number answered by agency staff during the posted business hours;

3. a business fax number that is operational 24 hours a day, 7 days a week, including holidays;

4. internet access and a working e-mail address which shall be provided to OAAS;

5. hours of operation, which must be at least 30 hours a week, Monday-Friday, posted in a location outside of the business that is easily visible to persons receiving services and the general public; and

6. at least one staff person on the premises during posted hours of operation.

C. Records and other confidential information shall not be stored in areas deemed to be common areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§517. Financial Management

A. The agency must establish a system of financial management and staffing to assure maintenance of complete and accurate accounts, books and records in keeping with generally accepted accounting principles.

B. The agency must not permit public funds to be paid or committed to be paid, to any person who is a member of the governing board or administrative personnel who may have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the agency. The agency shall have a written disclosure of any financial transaction with the agency in which a member of the governing board, administrative personnel, or his/her immediate family is involved.

C. The agency must obtain any necessary performance bonds and/or lines of credit as required by the department.

D. The agency must have adequate and appropriate general liability insurance for the protection of its participants, staff, facilities, and the general public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§519. Policy and Procedures

A. The support coordination agency shall have written policies and procedures approved by the owner or governing body which must be implemented and followed that address at a minimum the following:

1. confidentiality and confidentiality agreements;

2. security of files;

3. publicity and marketing, including the prohibition of illegal or coercive inducement, solicitation and kickbacks;

4. personnel;

5. participant rights;

6. grievance procedures;

7. emergency preparedness;

8. abuse and neglect reporting;

9. critical incident reporting;

10. worker safety;

11. documentation; and

12. admission and discharge procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§521. Organizational Communication

A. The agency must establish procedures to assure adequate communication among staff to provide continuity of services to the participant and to facilitate feedback from staff, participants, families, and when appropriate, the community at large.

B. The agency must have brochures and make them available to OAAS or its designee. The brochures must include the following information:

1. that each participant has the freedom to choose their providers and that their choice of provider does not affect their eligibility for waiver, state plan, or support coordination services;

2. that a participant receiving support coordination through OAAS may contact the OAAS Help Line for information, assistance with, or questions about OAAS programs;

3. the OAAS Help Line number along with the appropriate OAAS regional office telephone numbers;

4. information, including the Health Standards Section complaint line, on where to make complaints against support coordinators, support coordination agencies, and providers; and

5. a description of the agency, services provided, current address, and the agency's local and nationwide toll-free number.

C. The brochure may also include the agency's experience delivering support coordination services.

D. The support coordination agency shall be responsible for:

1. obtaining written approval of the brochure from OAAS prior to distributing to applicants/participants of OAAS-administered waiver programs;

2. providing OAAS staff or its designee with adequate supplies of the OAAS-approved brochure; and

3. timely completing revisions to the brochure, as requested by OAAS, to accurately reflect all program changes as well as other revisions OAAS deems necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Subchapter C. Provider Responsibilities

§525. General Provisions

A. Any entity wishing to provide support coordination services for any OAAS-administered home and community-based waiver program shall meet all of the Standards for Participation contained in this Rule, unless otherwise specifically noted within these provisions.

B. The support coordination agency shall also abide by and adhere to any state law, Rule, policy, procedure, performance agreement, manual or memorandum pertaining to the provision of support coordination services for OAAS-administered home and community-based waiver programs.

C. Failure to comply with the requirements of these standards for participation may result in sanctions including, but not limited to:

1. recoupment of funds;
2. cessation of linkages;
3. citation of deficient practice and plan of correction submission;
4. removal from the freedom of choice list; or
5. decertification as a support coordination agency for OAAS-administered home and community-based waiver services.

D. A support coordination agency shall make any required information or records, and any information reasonably related to assessment of compliance with these requirements, available to the department.

E. Designated representatives of the department, in the performance of their mandated duties, shall be allowed by a support coordination agency to:

1. inspect all aspects of a support coordination agency operations which directly or indirectly impact participants; and
2. conduct interviews with any staff member or participant of the agency.

F. A support coordination agency shall, upon request by the department, make available the legal ownership documents of the agency.

G. Support coordination agencies must comply with all of the department's systems/software requirements.

H. Support coordination agencies shall, at a minimum:

1. maintain and/or have access to a comprehensive resource directory containing all of the current inventory of existing formal and informal resources that identifies services within the geographic area which shall address the unique needs of participants of OAAS-administered home and community-based waiver programs;
2. establish linkages with those resources;
3. demonstrate knowledge of the eligibility requirements and application procedures for federal, state and local government assistance programs, which are applicable to participants of OAAS-administered home and community-based waiver programs;
4. employ a sufficient number of support coordinators and supervisory staff to comply with OAAS staffing, continuous quality improvement (CQI), timeline, workload, and performance requirements;
5. demonstrate administrative capacity and the financial resources to provide all core elements of support coordination services and ensure effective service delivery in accordance with programmatic requirements;
6. assure that all agency staff is employed in accordance with Internal Revenue Service (IRS) and Department of Labor regulations (subcontracting of individual support coordinators and/or supervisors is prohibited);
7. have appropriate agency staff attend trainings, as mandated by DHH and OAAS;
8. have a documented CQI process;
9. document and maintain records in accordance with federal and state regulations governing confidentiality and program requirements;
10. assure each participant has freedom of choice in the selection of available qualified providers and the right to change providers in accordance with program guidelines; and
11. assure that the agency and support coordinators will not provide both support coordination and Medicaid-reimbursed direct services to the same participant(s).

I. Abuse and Neglect. Support coordination agencies shall establish policies and procedures relative to the reporting of abuse and neglect of participants, pursuant to the provisions of R.S. 15:1504-1505, R.S. 40:2009.20 and any subsequently enacted laws. Providers shall ensure that staff complies with these regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§527. Support Coordination Services

A. Support coordination is services that will assist participants in gaining access to needed waiver and other State Plan services, as well as needed medical, social, educational, housing and other services, regardless of the funding source for these services. Support coordination agencies shall be required to perform the following core elements of support coordination services:

1. intake;
2. assessment;
3. plan of care development and revision;
4. linkage to direct services and other resources;
5. coordination of multiple services among multiple providers;
6. monitoring/follow-up;
7. reassessment;
8. evaluation and re-evaluation of level of care and need for waiver services;
9. ongoing assessment and mitigation of health, behavioral and personal safety risk;
10. responding to participant crisis;
11. critical incident management; and
12. transition/discharge and closure.

B. The support coordination agency shall also be responsible for assessing, addressing and documenting delivery of services, including remediation of difficulties encountered by participants in receiving direct services.

C. A support coordination agency shall not refuse to serve, or refuse to continue to serve, any individual who chooses/has chosen its agency unless there is documentation to support an inability to meet the individual's health and welfare needs, or all previous efforts to provide service and supports have failed and there is no option but to refuse services.

1. OAAS must be immediately notified of the circumstances surrounding a refusal by a support coordination agency to provide/continue to provide services.
2. This requirement can only be waived by OAAS.

D. Support coordination agencies must establish and maintain effective communication and good working relationships with providers of services to participants served by the agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§529. Transfers and Discharges

A. All participants of OAAS-administered waiver programs must receive support coordination services. However, a participant has the right to choose a support coordination agency. This right includes the right to be discharged from his/her current support coordination agency and be transferred to another support coordination agency.

B. Upon notice by the participant or his/her authorized representative that the participant has selected another support coordination agency or the participant has decided to discontinue participation in the waiver program, the agency shall have the responsibility of planning for the participant's transfer or discharge.

C. The support coordination agency shall also have the responsibility of planning for a participant's transfer when the support coordination agency ceases to operate or when the participant moves from the geographical region serviced by the support coordination agency.

D. The transfer or discharge responsibilities of the support coordinator shall include:

1. holding a transfer or discharge planning conference with the participant, his/her family, providers, legal representative and advocate, if such are known, in order to facilitate a smooth transfer or discharge, unless the participant declines such a meeting;

2. providing a current plan of care to the receiving support coordination agency (if applicable); and

3. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary on the health, behavioral, and social issues of the client and shall be provided to the receiving support coordination agency (if applicable).

E. The written discharge summary shall be completed within five working days of any of the following:

1. notice by the participant or authorized representative that the participant has selected another support coordination agency;

2. notice by the participant or authorized representative that the participant has decided to discontinue participation in the waiver program;

3. notice by the participant or authorized representative that the participant will be transferring to a DHH geographic region not serviced by his/her current support coordination agency; or

4. notice from OAAS or its designee that "good cause" has been established by the support coordination agency to discontinue services.

F. The support coordination agency shall not coerce the participant to stay with the support coordination agency or interfere in any way with the participant's decision to transfer. Failure to cooperate with the participant's decision to transfer to another support coordination agency will result in adverse action by department.

G. If a support coordination agency closes, the agency must give OAAS at least 60 days written notice of its intent to close. Where transfer of participants is necessary due to the support coordination agency closing, the written discharge summary for all participants served by the agency shall be completed within 10 working days of the notice to OAAS of the agency's intent to close.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§531. Staffing Requirements

A. Agencies must maintain sufficient staff to comply with OAAS staffing, timeline, workload, and performance requirements. This includes, but is not limited to, including sufficient support coordinators and support coordinator supervisors that have passed all of the OAAS training and certification requirements. In no case may an agency have less than one certified support coordination supervisor and less than one certified support coordinator. Agencies may employ staff who are not certified to perform services or requirements other than assessment and care planning.

B. Agencies must maintain sufficient supervisory staff to comply with OAAS supervision and CQI requirements. Support coordination supervisors must be continuously available to support coordinators by telephone.

1. Each support coordination agency must have and implement a written plan for supervision of all support coordination staff.

2. Each supervisor must maintain a file on each support coordinator supervised and hold supervisory sessions and evaluate each support coordinator at least annually.

C. Agencies shall employ or contract a licensed registered nurse to serve as a consultant. The nurse consultant shall be available a minimum of 16 hours per month.

D. Agencies shall ensure that staff is available at times which are convenient and responsive to the needs of participants and their families.

E. Support coordinators may only carry caseloads that are composed exclusively of OAAS participants. Support coordination supervisors may only supervise support coordinators that carry caseloads that are composed exclusively of OAAS participants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§533. Personnel Standards

A. Support coordinators must meet one of the following requirements:

1. a bachelor's or masters degree in social work from a program accredited by the Council on Social Work Education;

2. a bachelor's or masters degree in nursing (RN) currently licensed in Louisiana (one year of paid experience as a licensed RN will substitute for the degree);

3. a bachelor's or masters degree in a human service related field which includes:

a. psychology;
b. education;
c. counseling;
d. social services;
e. sociology;
f. philosophy;

g. family and participant sciences;
h. criminal justice;
i. rehabilitation services;
j. substance abuse treatment;
k. gerontology; and
l. vocational rehabilitation; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the fields in §533.A.3.a-l of this Section.

B. Support coordination supervisors must meet the following requirements:

1. a bachelor's or masters degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing support coordination services;

2. a bachelor's or masters degree in nursing (RN) (one year of experience as a licensed RN will substitute for the degree) and two years of paid post degree experience in providing support coordination services;

3. a bachelor's or masters degree in a human service related field which includes: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational rehabilitation and two years of paid post degree experience in providing support coordination services; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the following fields: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehab services, child development, substance abuse, gerontology, and vocational rehabilitation and two years of paid post degree experience in providing support coordination services.

C. Documentation showing that personnel standards have been met must be placed in the individual's personnel file.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§535. Employment and Recruitment Practices

A. A support coordination agency shall have written personnel policies, which must be implemented and followed, that include:

1. a plan for recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff members;

2. a policy to prevent discrimination and comply with all state and federal employment practices and laws;

3. a policy to recruit, wherever possible, qualified persons of both sexes representative of cultural and racial groups served by the agency, including the hiring of qualified persons with disabilities;

4. written job descriptions for each staff position, including volunteers;

5. an employee grievance procedure that allows employees to make complaints without fear of retaliation; and

6. abuse reporting procedures that require all employees to report any incidents of abuse or mistreatment, whether that abuse or mistreatment is done by another staff member, a family member, a participant or any other person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§537. Orientation and Training

A. Support coordinators must receive necessary orientation and periodic training on the provision of support coordination services arranged or provided through their agency at the agency's expense.

B. Orientation of at least 16 hours shall be provided by the agency to all staff, volunteers and students within five working days of employment which shall include, at a minimum:

1. core OAAS support coordination requirements;
2. policies and procedures of the agency;
3. confidentiality;
4. documentation of case records;
5. participant rights protection and reporting of violations;
6. abuse and neglect policies and procedures;
7. professional ethics;
8. emergency and safety procedures;
9. infection control, including universal precautions; and
10. critical incident reporting.

C. In addition to the minimum 16 hours of orientation, all newly hired support coordinators must receive a minimum of 16 hours of training during the first 90 calendar days of employment which is related to the specific population served and knowledge, skills and techniques necessary to provide support coordination to the specific population. This training must be provided by an individual or organization with demonstrated knowledge of the training topic and the target population. Such resources may be identified and/or mandated by OAAS. These 16 hours of training must include, at a minimum:

1. fundamentals of support coordination;
2. interviewing techniques;
3. data management and record keeping;
4. communication skills;
5. risk assessment and mitigation;
6. person centered planning;
7. emergency preparedness planning;
8. resource identification;
9. back-up staff planning;
10. critical incident reporting; and
11. continuous quality improvement.

D. In addition to the agency-provided training requirements set forth above, support coordinators and support coordination supervisors must successfully complete all OAAS assessment and care planning training.

E. No support coordinator shall be given sole responsibility for a participant until all of the required training is satisfactorily completed and the employee possesses adequate abilities, skills, and knowledge of support coordination.

F. All support coordinators and support coordination supervisors must complete a minimum of 40 hours of training per year. For new employees, the orientation cannot be counted toward the 40 hour minimum annual training

requirement. The 16 hours of initial training for support coordinators required in the first 90 days of employment may be counted toward the 40 hour minimum annual training requirement. Routine supervision shall not be considered training.

G. A newly hired or promoted support coordination supervisor must, in addition to satisfactorily completing the orientation and training set forth above, also complete a minimum of 24 hours on all of the following topics prior to assuming support coordination supervisory responsibilities:

1. professional identification/ethics;
2. process for interviewing, screening and hiring staff;
3. orientation/in-service training of staff;
4. evaluating staff;
5. approaches to supervision;
6. managing workload and performance requirements;
7. conflict resolution;
8. documentation;
9. population specific service needs and resources;
10. participant evacuation tracking; and
11. the support coordination supervisor's role in CQI systems.

H. Documentation of all orientation and training must be placed in the individual's personnel file. Documentation must include an agenda and the name, title, agency affiliation of the training presenter(s) and other sources of training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§539. Participant Rights

A. Unless adjudicated by a court of competent jurisdiction, participants served by a support coordination agency shall have the same rights, benefits, and privileges guaranteed by the constitution and the laws of the United States and Louisiana.

B. There shall be written policies and procedures that protect the participant's welfare, including the means by which the protections will be implemented and enforced.

C. Each support coordination agency's written policies and procedures, at a minimum, shall ensure the participant's right to:

1. human dignity;
2. impartial access to treatment regardless of race, religion, sex, ethnicity, age or disability;
3. cultural access as evidenced by:
   a. interpretive services;
   b. translated materials;
   c. the use of native language when possible; and
   d. staff trained in cultural awareness;
4. have sign language interpretation;
5. utilize service animals and/or mechanical aids and devices that assist those persons with special needs to achieve maximum service benefits;
6. privacy;
7. confidentiality;
8. access his/her records upon the participant's written consent for release of information;
9. a complete explanation of the nature of services and procedures to be received, including:
   a. risks;
   b. benefits; and
   c. available alternative services;
10. actively participate in services, including:
   a. assessment/reassessment;
   b. plan of care development/revision; and
   c. discharge;
11. refuse specific services or participate in any activity that is against their will and for which they have not given consent;
12. obtain copies of the support coordination agency's complaint or grievance procedures;
13. file a complaint or grievance without retribution, retaliation or discharge;
14. be informed of the financial aspect of services;
15. be informed of any third-party consent for treatment of services, if appropriate;
16. personally manage financial affairs, unless legally determined otherwise;
17. give informed written consent prior to being involved in research projects;
18. refuse to participate in any research project without compromising access to services;
19. be free from mental, emotional and physical abuse and neglect;
20. be free from chemical or physical restraints;
21. receive services that are delivered in a professional manner and are respectful of the participant's wishes concerning their home environment;
22. receive services in the least intrusive manner appropriate to their needs;
23. contact any advocacy resources as needed, especially during grievance procedures; and
24. discontinue services with one provider and freely choose the services of another provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§541. Grievances

A. The support coordination agency shall establish and follow a written grievance procedure to be used to process complaints by participants, their family member(s), or a legal representative that is designed to allow participants to make complaints without fear of retaliation. The written grievance procedure shall be provided to the participant.

B. Grievances must be periodically reviewed by the governing board in an effort to promote improvement in these areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§543. Critical Incident Reporting

A. Support coordination agencies shall report critical incidents according to established OAAS policy including timely entries into the designated DHH critical incident database.

B. Support coordination agencies shall perform the following critical incident management actions:

1. coordinate immediate action to assure the participant is protected from further harm and respond to any emergency needs of the participant;

2. continue to follow up with the direct services provider agency, the participant, and others, as necessary, and update the critical incident database follow-up notes until the incident is closed by OAAS;

3. convene any planning meetings that may be needed to resolve the critical incident or develop strategies to prevent or mitigate the likelihood of similar critical incidents from occurring in the future and revise the plan of care accordingly;

4. send the participant and direct services provider a copy of the incident participant summary within 15 days after final supervisory review and closure by the regional office; and

5. during the plan of care review process, perform an annual critical incident analysis and risk assessment and document within the plan of care strategies to prevent or mitigate the likelihood of similar future critical incidents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§545. Participant Records

A. Participant records shall be maintained in the support coordinator's office. The support coordinator shall have a current written record for each participant which shall include:

1. identifying data including:
   a. name;
   b. date of birth;
   c. address;
   d. telephone number;
   e. social security number; and
   f. legal status;

2. a copy of the participant's plan of care, as well as any revisions or updates to the plan of care;

3. required assessment(s) and any additional assessments that the agency may have performed, received, or are otherwise privy to;

4. written monthly, interim, and quarterly documentation according to current policy and reports of the services delivered for each participant for each visit and contact;

5. current emergency plan completed according to OAAS guidelines; and

6. current back-up staffing plan completed according to OAAS guidelines.

B. Support coordination agencies shall maintain participant records for a period of five years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§547. Emergency Preparedness

A. Support coordination agencies shall ensure that each participant has an individual plan for dealing with emergencies and disasters and shall assist participants in identifying the specific resources available through family, friends, the neighborhood, and the community. The support coordinator shall assess monthly whether the emergency plan information is current and effective and shall make changes accordingly.

B. A disaster or emergency may be a local, community-wide, regional, or statewide event. Disasters or emergencies may include, but are not limited to:

1. tornados;
2. fires;
3. floods;
4. hurricanes;
5. power outages;
6. chemical spills;
7. biohazards;
8. train wrecks; or
9. declared health crisis.

C. Support coordination agencies shall update participant evacuation tracking information and submit such to OAAS in the required format and timelines as described in the current OAAS policy for evacuation preparedness.

D. Continuity of Operations. The support coordination agency shall have an emergency preparedness plan to maintain continuity of the agency's operations in preparation for, during, and after an emergency or disaster. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the agency's ability to render services.

E. The support coordination agency shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

F. The support coordinator shall cooperate with the department and with the local or parish Office of Homeland Security and Emergency Preparedness in the event of an emergency or disaster and shall provide information as requested.

G. The support coordinator shall monitor weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials.

H. All agency employees shall be trained in emergency or disaster preparedness. Training shall include orientation, ongoing training, and participation in planned drills for all personnel.

I. Upon request by the department, the support coordination agency shall submit a copy of its emergency preparedness plan and a written summary attesting to how the plan was followed and executed. The summary shall contain, at a minimum:

1. pertinent plan provisions and how the plan was followed and executed;

2. plan provisions that were not followed;

3. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;

4. contingency arrangements made for those plan provisions not followed; and

5. a list of all injuries and deaths of participants that occurred during execution of the plan, evacuation or temporary relocation including the date, time, causes, and circumstances of the injuries and deaths.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§549. Continuous Quality Improvement Plan

A. Support coordination agencies shall have a continuous quality improvement plan which governs the agency's internal quality management activities.

B. The CQI plan shall demonstrate a process of continuous cyclical improvement and should utilize the Centers for Medicare and Medicaid Services' DDRI operative framework for quality reporting of the Medicaid home and community-based services (HCBS) waivers. DDRI is comprised of the following four components which are a common vocabulary linking CMS' expectations and state quality efforts:

1. design;
2. discovery;
3. remediation; and
4. improvement.

C. The CQI plan shall follow an evidence-based approach to quality monitoring with an emphasis on the assurances which the state must make to CMS. The assurances falling under the responsibility of support coordination are those of participant health and welfare, level of care determination, plan of care development, and qualified agency staff.

D. CQI plans shall include, at a minimum:

1. internal quality performance measures and valid sampling techniques to measure all of the OAAS support coordination monitoring review elements;

2. strategies and actions which remediate findings of less than 100 percent compliance and demonstrate ongoing improvement in response to internal and OAAS quality monitoring findings;

3. a process to review, resolve and redesign in order to address all systemic issues identified;

4. a process for obtaining input annually from the participant/guardian/authorized representatives and possibly family members to include, but not be limited to:

a. satisfaction surveys done by mail or phone; or

b. other processes for receiving input regarding the quality of services received;

5. a process for identifying on a quarterly basis the risk factors that affects or may affect the health or welfare of individuals being supported which includes, but is not limited to:

a. review and resolution of complaints;

b. review and resolution of incidents; and

c. the respective protective services' agency's investiga

a process to review and resolve individual participant issues that are identified; and

7. a process to actively engage all agency staff in the CQI plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§551. Support Coordination Monitoring

A. Support coordination agencies shall offer full cooperation with the OAAS during the monitoring process. Responsibilities of the support coordination agency in the monitoring process include, but are not limited to:

1. providing policy and procedure manuals, personnel records, case records, and other documentation;

2. providing space for documentation review and support coordinator interviews;

3. coordinating agency support coordinator interviews; and

4. assisting with scheduling participant interviews.

B. There shall be an annual OAAS support coordination monitoring of each support coordination agency and the results of this monitoring will be reported to the support coordination agency along with required follow-up actions and timelines. All individual findings of noncompliance must be addressed, resolved and reported to OAAS within specified timelines. All recurrent problems shall be addressed through systemic changes resulting in improvement. Agencies which do not perform all of the required follow-up actions according to the timelines will be subject to sanctions of increasing severity as described in §525.C.1-5.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#051

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Neonatal and Pediatric Intensive Care Units
and Outlier Payment Methodologies
(LAC 50:V.953, 954, and 967)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.953, 954, and 967 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act.

This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals to align the prospective per diem rates more closely with reported costs, including the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU) rates (*Louisiana Register*, Volume 35, Number 9).

The Department of Health and Hospitals, Bureau of Health Services Financing repromulgated all of the provisions governing outlier payments for inpatient hospital services in a codified format for inclusion in the *Louisiana Administrative Code* (*Louisiana Register*, Volume 36, Number 3).

The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services to adjust the reimbursement rates paid for NICU and PICU services rendered by non-rural, non-state hospitals and to revise the outlier payment methodology (*Louisiana Register*, Volume 37, Number 3). The department promulgated an Emergency Rule which amended the March 1, 2011 Emergency Rule governing the reimbursement methodology for inpatient hospital services to revise the formatting of these provisions in order to ensure that the provisions are promulgated in a clear and concise manner (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 20, 2012 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining access to neonatal and pediatric intensive care unit services and encouraging the continued participation of hospitals in the Medicaid Program.

Effective August 18, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospitals.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Chapter 9. Non-Rural, Non-State Hospitals

Subchapter B. Reimbursement Methodology

§953. Acute Care Hospitals

A. - G. …

H. Neonatal Intensive Care Units (NICU)

1. - 2. …

3. Effective for dates of service on or after March 1, 2011, the per diem rates for Medicaid inpatient services rendered by NICU Level III and NICU Level III regional units, recognized by the department as such on December 31, 2010, shall be adjusted to include an increase that varies based on the following five tiers:

a. tier 1. If the qualifying hospital's average percentage exceeds 10 percent, the additional per diem increase shall be $601.98;

b. tier 2. If the qualifying hospital's average percentage is less than or equal to 10 percent, but exceeds 5 percent, the additional per diem increase shall be $624.66;

c. tier 3. If the qualifying hospital's average percentage is less than or equal to 5 percent, but exceeds 1.5 percent, the additional per diem increase shall be $419.83;

d. tier 4. If the qualifying hospital's average percentage is less than or equal to 1.5 percent, but greater than 0 percent, and the hospital received greater than .25 percent of the outlier payments for dates of service in state fiscal year (SFY) 2008 and SFY 2009 and calendar year 2010, the additional per diem increase shall be $263.33; or

e. tier 5. If the qualifying hospital received less than .25 percent, but greater than 0 percent of the outlier payments for dates of service in SFY 2008 and SFY 2009 and calendar year 2010, the additional per diem increase shall be $35.

4. A qualifying hospital's placement into a tier will be determined by the average of its percentage of paid NICU Medicaid days for SFY 2010 dates of service to the total of all qualifying hospitals' paid NICU days for the same time period, and its percentage of NICU patient outlier payments made as of December 31, 2010 for dates of service in SFY 2008 and SFY 2009 and calendar year 2010 to the total NICU outlier payments made to all qualifying hospitals for these same time periods.

a. This average shall be weighted to provide that each hospital's percentage of paid NICU days will comprise 25 percent of this average, while the percentage of outlier payments will comprise 75 percent. In order to qualify for tiers 1-4, a hospital must have received at least .25 percent of outlier payments in SFY 2008, SFY 2009, and calendar year 2010.

b. SFY 2010 is used as the base period to determine the allocation of NICU and PICU outlier payments for hospitals having both NICU and PICU units.

c. If the daily paid outlier amount per paid NICU day for any hospital is greater than the mean plus one standard deviation of the same calculation for all NICU level III and NICU level III regional hospitals, then the basis for calculating the hospital's percentage of NICU patient outlier payments shall be to substitute a payment amount equal to the highest daily paid outlier amount of any hospital not exceeding this limit, multiplied by the exceeding hospital's paid NICU days for SFY 2010, to take the place of the hospital's actual paid outlier amount.

NOTE: Children's specialty hospitals are not eligible for the per diem adjustments established in §953.H.3.

5. The department shall evaluate all rates and tiers two years after implementation.

I. Pediatric Intensive Care Unit (PICU)

1. - 2. …

3. Effective for dates of service on or after March 1, 2011, the per diem rates for Medicaid inpatient services rendered by PICU level I and PICU level II units, recognized by the department as such on December 31, 2010, shall be adjusted to include an increase that varies based on the following four tiers:

a. tier 1. If the qualifying hospital's average percentage exceeds 20 percent, the additional per diem increase shall be $418.34;

b. tier 2. If the qualifying hospital's average percentage is less than or equal to 20 percent, but exceeds 10 percent, the additional per diem increase shall be $278.63;

c. tier 3. If the qualifying hospital's average percentage is less than or equal to 10 percent, but exceeds 0 percent and the hospital received greater than .25 percent of the outlier payments for dates of service in SFY 2008 and SFY 2009 and calendar year 2010, the additional per diem increase shall be $178.27; or

d. tier 4. If the qualifying hospital received less than .25 percent, but greater than 0 percent of the outlier payments for dates of service in SFY 2008, SFY 2009 and calendar year 2010, the additional per diem increase shall be $35.

4. A qualifying hospital's placement into a tier will be determined by the average of its percentage of paid PICU Medicaid days for SFY 2010 dates of service to the total of all qualifying hospitals' paid PICU days for the same time period, and its percentage of PICU patient outlier payments made as of December 31, 2010 for dates of service in SFY 2008 and SFY 2009 and calendar year 2010 to the total PICU outlier payments made to all qualifying hospitals for these same time periods.

a. This average shall be weighted to provide that each hospital's percentage of paid PICU days will comprise 25 percent of this average, while the percentage of outlier payments will comprise 75 percent. In order to qualify for Tiers 1 through 3, a hospital must have received at least .25 percent of outlier payments in SFY 2008, SFY 2009, and calendar year 2010.

b. SFY 2010 is used as the base period to determine the allocation of NICU and PICU outlier payments for hospitals having both NICU and PICU units.

c. If the daily paid outlier amount per paid PICU day for any hospital is greater than the mean plus one standard deviation of the same calculation for all PICU Level I and PICU Level II hospitals, then the basis for calculating the hospital's percentage of PICU patient outlier payments shall be to substitute a payment amount equal to the highest daily paid outlier amount of any hospital not exceeding this limit, multiplied by the exceeding hospital's paid PICU days for SFY 2010, to take the place of the hospital's actual paid outlier amount.

NOTE: Children's specialty hospitals are not eligible for the per diem adjustments established in §953.I.3.

5. The department shall evaluate all rates and tiers two years after implementation.

J. - O.1. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:876 (May 2008), amended LR 34:877 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1895 (September 2009), amended LR 36:1552 (July 2010), LR 36:2561 (November 2010), LR 39:

§954. Outlier Payments

A. - B. …

C. To qualify as a payable outlier claim, a deadline of not later than six months subsequent to the date that the final claim is paid shall be established for receipt of the written request for outlier payments.

1. Effective March 1, 2011, in addition to the six-month timely filing deadline, outlier claims for dates of service on or before February 28, 2011 must be received by the department on or before May 31, 2011 in order to qualify for payment. Claims for this time period received by the department after May 31, 2011 shall not qualify for payment.

D. Effective for dates of service on or after March 1, 2011, a catastrophic outlier pool shall be established with annual payments limited to $10,000,000. In order to qualify for payments from this pool, the following conditions must be met:

1. the claims must be for cases for:

a. children less than six years of age who received inpatient services in a disproportionate share hospital setting; or

b. infants less than one year of age who receive inpatient services in any acute care hospital setting; and

2. the costs of the case must exceed $150,000.

a. The hospital-specific cost to charge ratio utilized to calculate the claim costs shall be calculated using the Medicaid NICU or PICU costs and charge data from the most current cost report.

E. The initial outlier pool will cover eligible claims with admission dates from the period beginning March 1, 2011-June 30, 2011.

1. Payment for the initial partial year pool will be $3,333,333 and shall be the costs of each hospital's qualifying claims net of claim payments divided by the sum of all qualifying claims costs in excess of payments, multiplied by $3,333,333.

2. Cases with admission dates on or before February 28, 2011 that continue beyond the March 1, 2011 effective date, and that exceed the $150,000 cost threshold, shall be eligible for payment in the initial catastrophic outlier pool.

3. Only the costs of the cases applicable to dates of service on or after March 1, 2011 shall be allowable for determination of payment from the pool.

F. Beginning with SFY 2012, the outlier pool will cover eligible claims with admission dates during the state fiscal year (July 1-June 30) and shall not exceed $10,000,000 annually. Payment shall be the costs of each hospital's eligible claims less the prospective payment, divided by the sum of all eligible claims costs in excess of payments, multiplied by $10,000,000.

G. The claim must be submitted no later than six months subsequent to the date that the final claim is paid and no later than September 15 of each year.

H. Qualifying cases for which payments are not finalized by September 1 shall be eligible for inclusion for payment in the subsequent state fiscal year outlier pool.

I. Outliers are not payable for:

1. transplant procedures; or

2. services provided to patients with Medicaid coverage that is secondary to other payer sources.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:519 (March 2010), amended LR 39:

§967. Children's Specialty Hospitals

A. - H. …

I. Children's specialty hospitals are not eligible for the per diem adjustments established in §953.H.3 and §953.I.3.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2562 (November 2010), amended LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#052

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Hospitals
Reimbursement Rate Reduction
(LAC 50:V.953, 955, and 967)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V. 953, 955, and 967 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by Act 13 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of a budgetary shortfall in state fiscal year (SFY) 2011, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates for inpatient hospital services rendered by non-rural, non-state hospitals (*Louisiana Register*, Volume 37, Number 7).

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery Federal Medical Assistance Percentage (FMAP) rate, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Taking the proposed per diem rate reduction into consideration, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that private (non-state) inpatient hospital services and children's specialty hospital services under the State Plan are available at least to the extent that they are available to the general population in the state.

Effective July 30, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 9. Non-Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology

§953. Acute Care Hospitals

A. - Q.1. …

R. Effective for dates of service on or after August 1, 2012, the inpatient per diem rate paid to acute care hospitals shall be reduced by 3.7 percent of the per diem rate on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:876 (May 2008), amended LR 34:877 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1895 (September 2009), amended LR 36:1552(July 2010), LR 36:2561 (November, 2010), LR 37:2161 (July 2011), LR 39:

§955. Long Term Hospitals

A. - H. …

I. Effective for dates of service on or after August 1, 2012, the inpatient per diem rate paid to long term hospitals shall be reduced by 3.7 percent of the per diem rate on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR: 34:876 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1895 (September 2009), amended LR 36:1554 (July 2010), LR 36:2562 (November, 2010), LR 37:2162 (July 2011), LR 39:

§967. Children's Specialty Hospitals

A. - I. …

J. Effective for dates of service on or after August 1, 2012, the per diem rates as calculated per §967.A.-C above shall be reduced by 3.7 percent. Final payment shall be the lesser of allowable inpatient acute care and psychiatric costs as determined by the cost report or the Medicaid discharges or days as specified per §967.A-C for the period, multiplied by 85.53 percent of the target rate per discharge or per diem limitation as specified per §967.A-C for the period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2562 (November, 2010), amended LR 37:2162 (July 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#053

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Public-Private Partnerships
Reimbursement Methodology
(LAC 50:V.1703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.1703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing inpatient hospital services to establish supplemental Medicaid payments to non-state owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services. Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-provider partnership initiative (*Louisiana Register*, Volume 39, Number 11). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient psychiatric hospital services provided by non-state owned hospitals participating in public-private partnerships (*Louisiana Register*, Volume 39, Number 1). In April 2013, the department promulgated an Emergency Rule to continue the provisions of the January 2, 2013 Emergency Rule (*Louisiana Register*, Volume 39, Number 4).

The department amended the provisions governing the reimbursement methodology for inpatient services provided by non-state owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state-owned and operated facility to establish an interim per diem reimbursement (*Louisiana Register*, Volume 39, Number 4). In June 2013, the department determined that it was necessary to rescind the January 2, 2013 and the May 3, 2013 Emergency Rules governing Medicaid payments to non-state owned hospitals for inpatient psychiatric hospital services (Louisiana Register, Volume 39, Number 6).

The department now proposes to amend the provisions of the April 15, 2013 Emergency Rule in order to revise the formatting of these provisions as a result of the promulgation of the June 1, 2013 Emergency Rule to assure that these provisions are promulgated in a clear and concise manner in the Louisiana Administrative Code (LAC). This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective July 20, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the April 15, 2013 Emergency Rule governing Medicaid payments for inpatient hospital services provided by non-state owned hospitals participating in public-private partnerships.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 17. Public-Private Partnerships
§1703. Reimbursement Methodology

A. Reserved.

B. Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid and uninsured patients and which assumes providing services that were previously delivered and terminated or reduced by a state owned and operated facility shall be reimbursed as follows:

1. The inpatient reimbursement shall be reimbursed at 95 percent of allowable Medicaid costs. The interim per diem reimbursement may be adjusted not to exceed the final reimbursement of 95 percent of allowable Medicaid costs.

C. - K. Reserved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#047

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Public-Private Partnerships—South Louisiana Area
(LAC 50:V.1703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.1703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing inpatient hospital services to establish supplemental Medicaid payments to non-state-owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services. Participating non-state-owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-provider partnership initiative (*Louisiana Register*, Volume 38, Number 11). The department promulgated an Emergency Rule which amended the provisions governing reimbursement for Medicaid payments for inpatient services provided by non-state-owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state-owned and operated facility (*Louisiana Register*, Volume 39, Number 4). The department now proposes to amend the provisions governing the reimbursement methodology for inpatient services provided by non-state-owned hospitals participating in public-private partnerships to establish payments for hospitals located in the Lafayette and New Orleans areas. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services. It is estimated that implementation of this Emergency Rule will have no fiscal impact to the Medicaid Program for state fiscal year 2012-2013.

Effective June 24, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services provided by non-state-owned hospitals participating in public-private partnerships.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 17. Public-Private Partnerships
§1703. Reimbursement Methodology

A. Reserved.

B. Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid and uninsured patients and which assumes providing services that were previously delivered and terminated or reduced by a state-owned and operated facility shall be reimbursed as follows.

1. The inpatient reimbursement shall be reimbursed at 95 percent of allowable Medicaid costs. The interim per diem reimbursement may be adjusted not to exceed the final reimbursement of 95 percent of allowable Medicaid costs.

C. Baton Rouge Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals (DHH) shall enter into a cooperative endeavor agreement (CEA) with a non-state-owned and operated hospital to increase its provision of inpatient Medicaid hospital services by providing services that were previously delivered and terminated by the state-owned and operated facility in Baton Rouge.

2. A quarterly supplemental payment shall be made to this qualifying hospital for inpatient services based on dates of service on or after April 15, 2013. Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. Payments shall not exceed the allowable Medicaid charge differential. The Medicaid inpatient charge differential is the Medicaid inpatient charges less the Medicaid inpatient payments (which includes both the base payments and supplemental payments).

3. The qualifying hospital shall provide quarterly reports to DHH that will demonstrate that, upon implementation, the annual Medicaid inpatient quarterly payments do not exceed the annual Medicaid inpatient charges per 42 CFR 447.271. Before the final quarterly payment for each state fiscal year the quarterly reports will be reviewed and verified with Medicaid claims data. The final quarterly payment for each state fiscal year will be reconciled and will be adjusted to assure that the annual payment does not exceed the allowable Medicaid inpatient charge differential.

4. Inpatient services shall be reimbursed at 95 percent of allowable Medicaid costs. The interim per diem reimbursement may be adjusted not to exceed the final reimbursement of 95 percent of allowable Medicaid costs.

D. Lafayette Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state-owned and operated hospital to increase its provision of inpatient Medicaid hospital services by assuming the management and operation of services at a facility in Lafayette where such services were previously provided by a state-owned and operated facility.

2. Effective for dates of service on or after June 24, 2013, a quarterly supplemental payment shall be made to this qualifying hospital for inpatient services. Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. Payments shall not exceed the allowable Medicaid charge differential. The Medicaid inpatient charge differential is the Medicaid inpatient charges less the Medicaid inpatient payments (which includes both the base payments and supplemental payments).

3. The qualifying hospital shall provide quarterly reports to DHH that will demonstrate that, upon implementation, the annual Medicaid inpatient quarterly payments do not exceed the annual Medicaid inpatient charges per 42 CFR 447.271. Before the final quarterly payment for each state fiscal year the quarterly reports will be reviewed and verified with Medicaid claims data. The final quarterly payment for each state fiscal year will be reconciled and will be adjusted to assure that the annual payment does not exceed the allowable Medicaid inpatient charge differential.

E. New Orleans Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a a non-state-owned and operated hospital to increase its provision of inpatient Medicaid hospital services by assuming the management and operation of services at a facility in New Orleans where such services were previously provided by a state-owned and operated facility.

2. Effective for dates of service on or after June 24, 2013, a quarterly supplemental payment shall be made to this qualifying hospital for inpatient services. Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. Payments shall not exceed the allowable Medicaid charge differential. The Medicaid inpatient charge differential is the Medicaid inpatient charges less the Medicaid inpatient payments (which includes both the base payments and supplemental payments).

3. The qualifying hospital shall provide quarterly reports to DHH that will demonstrate that, upon implementation, the annual Medicaid inpatient quarterly payments do not exceed the annual Medicaid inpatient charges per 42 CFR 447.271. Before the final quarterly payment for each state fiscal year the quarterly reports will be reviewed and verified with Medicaid claims data. The final quarterly payment for each state fiscal year will be reconciled and will be adjusted to assure that the annual payment does not exceed the allowable Medicaid inpatient charge differential.

F. - K. Reserved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#003

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services—State Hospitals
Reimbursement Rate Reduction (LAC 50:V.551)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.551 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by Act 13 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for inpatient hospital services to provide a supplemental Medicaid payment to state-owned acute care hospitals that meet the qualifying criteria, and to adjust the reimbursement paid to non-qualifying state-owned acute care hospitals (*Louisiana Register*, Volume 38, Number 5).

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery Federal Medical Assistance Percentage (FMAP) rate, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to state-owned hospitals (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective July 30, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to state hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 5. State Hospitals
Subchapter B. Reimbursement Methodology
§551. Acute Care Hospitals

A. - D. …

E. Effective for dates of service on or after August 1, 2012, the inpatient per diem rate paid to state-owned acute care hospitals, excluding Villa Feliciana and inpatient psychiatric services, shall be reduced by 10 percent of the per diem rate on file as of July 31, 2012.

1. The Medicaid payments to state-owned hospitals that qualify for the supplemental payments, excluding Villa Feliciana and inpatient psychiatric services, shall be reimbursed at 90 percent of allowable costs and shall not be subject to per discharge or per diem limits.

2. The Medicaid payments to state-owned hospitals that do not qualify for the supplemental payments shall be reimbursed at 54 percent of allowable costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1241 (May 2012), amended LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#054

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility—Medically Needy Program
Behavioral Health Services (LAC 50:III.2313)

The Department of Health and Hospitals, Bureau of Health Services Financing hereby repeals and replaces all of the rules governing the Medically Needy Program, and adopts LAC 50:III.2313 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule in order to reinstate the Title XIX Medically Needy Program (MNP) and to establish coverage restrictions (*Louisiana Register*, Volume 24, Number 5). All Behavioral health services are restricted from coverage under the Medically Needy Program.

In February 2012, the department adopted provisions in the Medicaid Program to restructure the existing behavioral health services delivery system into a comprehensive service delivery model called the Louisiana behavioral health partnership (LBHP). Certain recipients enrolled in the Medically Needy Program, whose Medicaid eligibility is based solely on the provisions of §1915(i) of Title XIX of the Social Security Act, are eligible to only receive behavioral health services. These recipients have difficulties accessing behavioral health services through the LBHP due to the service restrictions currently in place in the Medically Needy Program.

Therefore, the department promulgated an Emergency Rule which revised the provisions governing the Medically Needy Program in order to include behavioral health coverage for MNP recipients that qualify for the program under the provisions of §1915(i) of Title XIX of the Social Security Act. This Emergency Rule also repealed and replaced all of the Rules governing the Medically Needy Program in order to repromulgate these provisions in a clear and concise manner for inclusion in the *Louisiana Administrative Code* in a codified format (*Louisiana Register*, Volume 38, Number 12).

The department promulgated an Emergency Rule which amended the December 20, 2012 Emergency Rule to further clarify the provisions governing covered services (*Louisiana Register*, Volume 39, Number 4). This Emergency Rule is being promulgated to continue the provisions of the April 20, 2013 Emergency Rule.

This action is being taken to promote the health and welfare of MNP recipients who are in need of behavioral health services, and to assure their continued access to these services.

Effective August 19, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the Medically Needy Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 3. Eligibility Groups and Factors
Chapter 23. Eligibility Groups and Medicaid Programs
§2313. Medically Needy Program

A. The medically needy program (MNP) provides Medicaid coverage when an individual's or family's income and/or resources are sufficient to meet basic needs in a categorical assistance program, but not sufficient to meet medical needs according to the MNP standards.

1. The income standard used in the MNP is the federal medically needy income eligibility standard (MNIES).

2. Resources are not applicable to child- (C-) related MNP cases.

3. MNP eligibility cannot be considered prior to establishing income ineligibility in a categorically related assistance group.

B. MNP Eligibility Groups

1. Regular Medically Needy

a. Children and parents who meet all of the low-income with families and children (LIFC) related categorical requirements and whose income is at or below the MNIES are eligible to receive regular MNP benefits. Regular medically needy coverage is only applicable to individuals included in the C-related category of assistance.

b. Individuals in the aged- (A-), blind- (B-), or disability- (D-) related categorical assistance groups cannot receive regular MNP.

c. The certification period for regular MNP cannot exceed six months.

2. Spend-Down Medically Needy

a. Spend-down MNP is considered after establishing financial ineligibility in regular MNP or other categorically related Medicaid programs and excess income remains. Allowable medical bills/expenses incurred by the income unit are used to reduce (spend-down) the income to the allowable MNP limits.

b. The following individuals may be considered for spend-down MNP:

i. individuals or families who meet all of the LIFC related categorical requirements;

ii. non-institutionalized individuals (A-, B-, or D-related categories); and

iii. institutionalized individuals or couples (A-, B-, or D-related categories) with Medicare co-insurance whose income has been spent down to the MNIES.

c. The certification period for spend-down MNP begins no earlier than the spend-down date and shall not exceed three months.

3. Long Term Care (LTC) Spend-Down MNP

a. Individuals or couples residing in Medicaid LTC facilities, not on Medicare coinsurance with resources within the limits, but whose income exceeds the special income limits (three times the current federal benefit rate), are eligible for LTC spend-down MNP.

4. C-Related Caretaker Relative MNP

a. A qualified relative may be included in a C-related MNP certification as a caretaker relative. There must be at least one minor child applying for or enrolled in Medicaid. A caretaker relative for MNP purposes is an adult who:

i. is in the LIFC income unit with a minor child;

ii. is a qualified relative of a child who is eligible for supplemental security income (SSI), prohibited AFDC provisions (PAP), or Child Health and Maternity Program (CHAMP); and

iii. is not eligible for inclusion in the Medicaid certification of a sibling(s) because of income.

b. An essential person may be included with a qualified relative in an MNP caretaker relative certification, but there can be no essential person if there is no qualified relative certified in C-related MNP.

i. Stepparents or individuals who do not meet the above LIFC essential person criteria must qualify for Medicaid as individuals under the A, B, or D categorical assistance groups.

5. Louisiana Behavioral Health Partnership (LBHP) 1915(i) MNP

a. The LBHP Medically Needy Program is considered only for the individuals who meet the level of need requirements of §1915 of Title XIX of the Social Security Act, and who have been determined to be ineligible for other full Medicaid programs, including the regular MNP and spend-down MNP.

b. LBHP 1915(i) MNP recipients are only eligible to receive behavioral health services through the LBHP. They do not qualify for other Medicaid covered services.

c. The certification period for LBHP 1915(i) regular MNP recipients cannot exceed six months. For the LBHP 1915(i) spend-down MNP, the certification period begins no earlier than the spend-down date and shall not exceed three months.

C. The following services are covered in the Medically Needy Program for non-1915(i) recipients:

1. inpatient and outpatient hospital services;
2. intermediate care facilities for persons with developmental disabilities (ICF/DD) services;
3. intermediate care and skilled nursing facility (ICF and SNF) services;
4. physician services, including medical/surgical services by a dentist;
5. nurse midwife services;
6. certified registered nurse anesthetist (CRNA) and anesthesiologist services;
7. laboratory and x-ray services;
8. prescription drugs;
9. early and periodic screening, diagnosis and treatment (EPSDT) services;
10. rural health clinic services;
11. hemodialysis clinic services;
12. ambulatory surgical center services;
13. prenatal clinic services;
14. federally qualified health center services;
15. family planning services;
16. durable medical equipment;
17. rehabilitation services (physical therapy, occupational therapy, speech therapy);
18. nurse practitioner services;
19. medical transportation services (emergency and non-emergency);
20. home health services for individuals needing skilled nursing services;
21. chiropractic services;
22. optometry services;
23. podiatry services;
24. radiation therapy; and
25. behavioral health services limited to:
    a. inpatient and outpatient hospital services;
    b. emergency medical services;
    c. physician/psychiatrist services); and
    d. prescriptions drugs.

D. The following behavioral health services are covered for LBHP 1915(i) MNP recipients:

1. inpatient and outpatient hospital services;
2. emergency medical services;
3. physician/psychiatrist services;
4. treatment by a licensed mental health professional;
5. community psychiatric support and treatment;
6. psychosocial rehabilitation;
7. crisis intervention;
8. case conference [1915(b) services];
9. treatment planning [1915(b) services]; and
10. prescription drugs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and

Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#055

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medical Transportation Program
Emergency Ambulance Services
Reimbursement Rate Reduction
(LAC 50:XXVII.325 and 353)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XXVII.325 and §353 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by Act 13 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

Due to a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for emergency medical transportation services to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). The provisions of the July 1, 2012 Emergency Rule were finalized in May 2013 (*Louisiana Register, Volume 39, Number 5).* In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery Federal Medical Assistance Percentage (FMAP) rate, the department promulgated a subsequent Emergency Rule which amended the provisions governing emergency medical transportation services to further reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective July 30, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for emergency medical transportation services to reduce the reimbursement rates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXVII. Medical Transportation Program
Chapter 3. Emergency Medical Transportation
Subchapter B. Ground Transportation
§325. Reimbursement

A. - I. …

J. Effective for dates of service on or after August 1, 2012, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5 percent of the rates on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:878 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1248 (June 2010), amended LR 36:2564 (November 2010), LR 37:3029 (October 2011), LR 39:1285 (May 2013), LR 39:

Subchapter C. Aircraft Transportation
§353. Reimbursement

A. - G. …

H. Effective for dates of service on or after August 1, 2012, the reimbursement rates for fixed winged and rotor winged emergency air ambulance services shall be reduced by 5 percent of the rates on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:70 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2594 (November 2010), amended LR 37:3029 (October 2011), LR 39:1285 (May 2013), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#056

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Nursing Facilities—Leave of Absence Days
Reimbursement Reduction (LAC 50:II.20021)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:II.20021 in the Medical Assistance Program as authorized by R.S. 36:254

and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing reimbursement to nursing facilities to reduce the reimbursement paid to nursing facilities for leave of absence days (*Louisiana Register,* Volume 35, Number 9). The department now proposes to amend the provisions governing the reimbursement methodology for nursing facilities to further reduce the reimbursement rates for leave of absence days. This action is being taken to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately $2,329,514 for state fiscal year 2013-2014.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for nursing facilities to reduce the reimbursement rates for leave of absence days.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Medical Assistance Program
Subpart 5. Reimbursement
Chapter 200. Reimbursement Methodology
§20021. Leave of Absence Days
[Formerly LAC 50:VII.1321]

A. - E. ...

F. Effective for dates of service on or after July 1, 2013, the reimbursement paid for leave of absence days shall be 10 percent of the applicable per diem rate in addition to the provider fee amount.

1. The provider fee amount shall be excluded from the calculations when determining the leave of absence days payment amount.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1899 (September 2009), amended LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#007

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Nursing Facilities—Per Diem Rate Reduction
(LAC 50:II.20005)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:II.20005 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for nursing facilities to reduce the per diem rates paid to non-state nursing facilities in order to remove the rebased amount and sunset the state fiscal year (SFY) 2012-13 nursing facility rate rebasing (*Louisiana Register,* Volume 39, Number 5).

For SFY 2013-14, state general funds are required to continue nursing facility rates at the rebased level. Because of the fiscal crisis facing the state, the state general funds will not be available to sustain the increased rates. Consequently, the department now proposes to amend the provisions governing the reimbursement methodology for nursing facilities to further reduce the reimbursement rates for non-state nursing facilities. This action is being taken to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately $117,722,525 for state fiscal year 2013-2014.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for nursing facilities to reduce the reimbursement rates for non-state nursing facilities.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Medical Assistance Program
Subpart 5. Reimbursement
Chapter 200. Reimbursement Methodology
§20005. Rate Determination
[Formerly LAC 50:VII.1305]

A. - I. …

J. - N. Reserved.

O. …

P. Effective for dates of service on or after July 1, 2013, the per diem rate paid to non-state nursing facilities, excluding the provider fee, shall be reduced by $18.90 of the rate in effect on June 30, 2013 until such time that the rate is rebased.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1791 (August 2002), amended LR 31:1596 (July 2005), LR 32:2263 (December 2006), LR 33:2203 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:325 (February 2010), repromulgated LR 36:520 (March 2010), amended LR 36:1556 (July 2010), LR 36:1782 (August 2010), LR 36:2566 (November 2010), LR 37:092 (March 2011), LR 37:1174 (April 2011), LR 37:2631 (September 2011), LR 38:1241 (May 2012), LR 39:1286 (May 2013), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#008

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services—Non-Rural, Non-State Hospitals and Children's Specialty Hospitals Reimbursement Rate Reduction
(LAC:V.5313, 5317, 5513, 5517, 5713, 5719, 6115 and 6119)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.5313, §5317, §5513, §5517, §5713, §5719, §6115 and §6119 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by Act 13 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of a budgetary shortfall in state fiscal year 2011, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals and children's specialty hospitals (*Louisiana Register*, Volume 37, Number 11).

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery Federal Medical Assistance Percentage (FMAP) rate, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals and children's specialty hospitals (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Taking the proposed rate reductions into consideration, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that private (non-state) outpatient hospital services and children's specialty hospital services under the State Plan are available at least to the extent that they are available to the general population in the state.

Effective July 30, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates.

Title 50
PULIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospitals
Subpart 5. Outpatient Hospitals
Chapter 53. Outpatient Surgery
Subchapter B. Reimbursement Methodology
§5313. Non-Rural, Non-State Hospitals

A. - F.1. …

G. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to non-rural, non-state hospitals for outpatient surgery shall be reduced by 3.7 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), amended LR 36:1250 (June 2010), LR 36:2041 (September 2010), LR 37:3266 (November 2011), LR 39:

§5317. Children's Specialty Hospitals

A. - D.1.…

E. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to children's specialty hospitals for outpatient surgery shall be reduced by 3.7 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2042 (September 2010), amended LR 37:3266 (November 2011), LR 39:

Chapter 55. Clinic Services
Subchapter B. Reimbursement Methodology
§5513. Non-Rural, Non-State Hospitals

A. - F.1. …

G. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to non-rural, non-state

hospitals for outpatient clinic services shall be reduced by 3.7 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), LR 36:1250 (June 2010), LR 36:2042 (September 2010), LR 37:3266 (November 2011), LR 39:

§5517. Children's Specialty Hospitals

A. - D. …

E. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to children's specialty hospitals for outpatient hospital clinic services shall be reduced by 3.7 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2042 (September 2010), amended LR 37:3266 (November 2011), LR 39:

Chapter 57. Laboratory Services

Subchapter B. Reimbursement Methodology

§5713. Non-Rural, Non-State Hospitals

A. - F.1. …

G. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to non-rural, non-state hospitals for outpatient laboratory services shall be reduced by 3.7 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), amended LR 36:1250 (June 2010), LR 36:2042 (September 2010), LR 37:3266 (November 2011), LR 39:

§5719. Children's Specialty Hospitals

A. - D. …

E. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to children's specialty hospitals for outpatient clinical diagnostic laboratory services shall be reduced by 3.7 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2043 (September 2010), amended LR 37:3267 (November 2011), LR 39:

Chapter 61. Other Outpatient Hospital Services

Subchapter B. Reimbursement Methodology

§6115. Non-Rural, Non-State Hospitals

A. - F.1. …

G. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to non-rural, non-state hospitals for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be reduced by 3.7 percent of the rates in effect on July 31, 2012. Final reimbursement shall be at 67.13 percent of allowable cost through the cost settlement process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), LR 36:1250 (June 2010), amended LR 36:2043 (September 2010), LR 37:3267 (November 2011), LR 39:

§6119. Children's Specialty Hospitals

A. - D.1.…

E. Effective for dates of service on or after August 1, 2012, the reimbursement fees paid to children's specialty hospitals for outpatient hospital services other than rehabilitation services and outpatient hospital facility fees shall be reduced by 3.7 percent of the rates in effect on July 31, 2012. Final reimbursement shall be 82.96 percent of allowable cost as calculated through the cost report settlement process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2044 (September 2010), amended LR 37:3267 (November 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#057

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services—Non-Rural, Non-State Public Hospitals—Supplemental Payments
(LAC 50:V.5315, 5515, 5717, 5915 and 6117)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.5315, §5515, §5717, §5915 and §6117 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for outpatient hospital services to provide supplemental Medicaid payments to qualifying non-rural, non-state public hospitals for state fiscal year 2013 (*Louisiana Register*, Volume 39, Number 6).

The department now proposes to amend the provisions governing the reimbursement methodology for outpatient hospital services in order to revise the qualifying criteria and reimbursement methodology for non-rural, non-state public hospitals. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation in the Hospital Services Program. It is anticipated that this Emergency Rule will increase expenditures for outpatient hospital services by approximately $12,401,128 for state fiscal year 2013-2014.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services rendered by non-rural, non-state public hospitals.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 5. Outpatient Hospitals

Chapter 53. Outpatient Surgery

Subchapter B. Reimbursement Methodology

§5315. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after July 1, 2013, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for outpatient surgical services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying Criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a non-teaching hospital by the department and must:

a. be located in a Medicare metropolitan statistical area (MSA) per 42 CFR 413.231(b)(1);

b. provide inpatient obstetrical and neonatal intensive care unit services; and

c. per the cost report period ending in SFY 2012, have a Medicaid inpatient day utilization percentage in excess of 21 percent and a Medicaid newborn day utilization percentage in excess of 65 percent as documented on the as filed cost report.

2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013), LR 39:

Chapter 55. Clinic Services

Subchapter B. Reimbursement Methodology

§5515. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after July 1, 2013, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for clinic services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying Criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a non-teaching hospital by the department and must:

a. be located in a MSA per 42 CFR 413.231(b)(1);

b. provide inpatient obstetrical and neonatal intensive care unit services; and

c. per the cost report period ending in SFY 2012, have a Medicaid inpatient day utilization percentage in excess of 21 percent and a Medicaid newborn day utilization percentage in excess of 65 percent as documented on the as filed cost report.

2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013), LR 39:

Chapter 57. Laboratory Services

Subchapter A. Reimbursement Methodology

§5717. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after July 1, 2013, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for laboratory services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying Criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a non-teaching hospital by the department and must:

a. be located in a MSA per 42 CFR 413.231(b)(1);

b. provide inpatient obstetrical and neonatal intensive care unit services; and

c. per the cost report period ending in SFY 2012, have a Medicaid inpatient day utilization percentage in excess of 21 percent and a Medicaid newborn day utilization percentage in excess of 65 percent as documented on the as filed cost report.

2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2868 (December 2010), amended LR 39:1473 (June 2013), LR 39:

Chapter 59. Rehabilitation Services

Subchapter B. Reimbursement Methodology

§5915. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after July 1, 2013, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for rehabilitation services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying Criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a non-teaching hospital by the department and must:

a. be located in a MSA per 42 CFR 413.231(b)(1);

b. provide inpatient obstetrical and neonatal intensive care unit services; and

c. per the cost report period ending in SFY 2012, have a Medicaid inpatient day utilization percentage in excess of 21 percent and a Medicaid newborn day utilization percentage in excess of 65 percent as documented on the as-filed cost report.

2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013), LR 39:

Chapter 61. Other Outpatient Hospital Services

Subchapter B. Reimbursement Methodology

§6117. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after July 1, 2013, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for outpatient services other than clinic services, diagnostic laboratory services, outpatient surgeries and rehabilitation services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying Criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a non-teaching hospital by the department and must:

a. be located in a MSA per 42 CFR 413.231(b)(1);

b. provide inpatient obstetrical and neonatal intensive care unit services; and

c. per the cost report period ending in SFY 2012, have a Medicaid inpatient day utilization percentage in excess of 21 percent and a Medicaid newborn day utilization percentage in excess of 65 percent as documented on the as filed cost report.

2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#009

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services—Public-Private Partnerships Reimbursement Methodology (LAC 50:V.6703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.6703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing outpatient hospital services to establish supplemental Medicaid payments to non-state owned hospitals in order to encourage them to take over the operation and management of state-owned hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative. The department promulgated an Emergency Rule which amended the provisions of the November 1, 2012 Emergency Rule to revise the reimbursement methodology in order to correct the federal citation (*Louisiana Register*, Volume 39, Number 3).

The department promulgated an Emergency Rule which amended the provisions governing reimbursement for Medicaid payments for outpatient services provided by non-state owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state owned and operated facility (*Louisiana Register*, Volume 38, Number 4). This Emergency Rule is being promulgated to continue the provisions of the April 15, 2013 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective August 14, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing Medicaid payments for outpatient hospital services provided by non-state owned hospitals participating in public-private partnerships.

Title 50

PULIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 5. Outpatient Hospital Services

Chapter 67. Public-Private Partnerships

§6703. Reimbursement Methodology

A. Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.321.

B. Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid

and uninsured patients, and which assumes providing services that were previously delivered and terminated or reduced by a state owned and operated facility shall be reimbursed as follows.

1. Outpatient Surgery. The reimbursement amount for outpatient hospital surgery services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost.

2. Clinic Services. The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost.

3. Laboratory Services. The reimbursement amount for outpatient clinical diagnostic laboratory services shall be the Medicaid fee schedule amount on file for each service.

4. Rehabilitative Services. The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost.

5. Other Outpatient Hospital Services. The reimbursement amount for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be an interim payment equal to 95 percent of allowable Medicaid cost.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR:39

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#058

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
Public-Private Partnerships—South Louisiana Area
(LAC 50:V.6703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.6703 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing outpatient hospital services to establish supplemental Medicaid payments to non-state-owned hospitals in order to encourage them to take over the operation and management of state-owned hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state-owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative. The department promulgated an Emergency Rule which amended the provisions of the November 1, 2012 Emergency Rule to revise the reimbursement methodology in order to correct the federal citation (Louisiana Register, Volume 39, Number 3). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient services provided by non-state-owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state owned and operated facility (*Louisiana Register*, Volume 39, Number 4). The department now proposes to amend the provisions governing the reimbursement methodology for outpatient services provided by non-state-owned hospitals participating in public-private partnerships to establish payments for hospitals located in the Lafayette and New Orleans areas. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services. It is estimated that implementation of this Emergency Rule will have no fiscal impact to the Medicaid Program for state fiscal year 2012-2013.

Effective June 24, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services provided by non-state-owned hospitals participating in public-private partnerships.

Title 50

PULIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 5. Outpatient Hospital Services
Chapter 67. Public-Private Partnerships
§6703. Reimbursement Methodology

A. - B.5. Reserved.

C. Baton Rouge Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state-owned and operated hospital to increase its provision of outpatient Medicaid hospital services by providing services that were previously delivered and terminated by the state-owned and operated facility in Baton Rouge.

2. A quarterly supplemental payment may be made to this qualifying hospital for outpatient services based on dates of service on or after April 15, 2013. Payments may be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

D. Lafayette Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state-owned and operated hospital to increase its provision of outpatient Medicaid hospital services by assuming the management and operation of services at a facility in Lafayette where such services were previously provided by a state-owned and operated facility.

2. Effective for dates of service on or after June 24, 2013, a quarterly supplemental payment may be made to this qualifying hospital for outpatient services. Payments may be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

E. New Orleans Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state-owned or operated hospital to increase its provision of outpatient Medicaid hospital services by assuming the management and operation of services at a facility in New Orleans where such services were previously provided by a state-owned and operated facility.

2. Effective for dates of service on or after June 24, 2013, a quarterly supplemental payment may be made to this qualifying hospital for outpatient services. Payments may be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#004

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services—Small Rural Hospitals
Low Income and Needy Care Collaboration
(LAC 50:V.5311, 5511, 5711, 5911, and 6113)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.5311, 5511, 5711, 5911, and 6113 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

In compliance with Act 327 of the 2007 Regular Session of the Louisiana Legislature, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amended the reimbursement methodology governing state fiscal year 2009 Medicaid payments to small rural hospitals for outpatient hospital services (*Louisiana Register*, Volume 35, Number 5). The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services to provide for a supplemental Medicaid payment to small rural hospitals that enter into an agreement with a state or local governmental entity for the purpose of providing healthcare services to low income and needy patients (*Louisiana Register*, Volume 37, Number 11). The department promulgated an Emergency Rule which amended the provisions of the October 20, 2011 Emergency Rule in order to clarify the qualifying criteria (*Louisiana Register*, Volume 37, Number 12). This Emergency Rule is being promulgated to continue the provisions of the December 20, 2011 Emergency Rule. This action is being taken to secure new federal funding and to promote the public health and welfare of Medicaid recipients by ensuring sufficient provider participation in the Hospital Services Program.

Effective August 15, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services rendered by small rural hospitals.

Title 50
PULIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 5. Outpatient Hospital Services
Chapter 53. Outpatient Surgery
Subchapter B. Reimbursement Methodology
§5311. Small Rural Hospitals

A. - B.

C. Low Income and Needy Care Collaboration. Effective for dates of service on or after October 20, 2011, quarterly supplemental payments will be issued to qualifying non-state hospitals for outpatient surgery services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

1. Qualifying Criteria. In order to qualify for the supplemental payment, the non-state hospital must be affiliated with a state or local governmental entity through a low income and needy care collaboration agreement.

Non-State Hospital—a hospital which is owned or operated by a private entity.

Low Income and Needy Care Collaboration Agreement—an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

2. Each qualifying hospital shall receive quarterly supplemental payments for the outpatient services rendered during the quarter. Payments shall be distributed quarterly

based on Medicaid paid claims for service dates from the previous state fiscal year. Payments to hospitals participating in the Medicaid disproportionate share hospital (DSH) Program shall be limited to the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap for the state fiscal year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:956 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 55. Clinic Services

Subchapter B. Reimbursement Methodology

§5511. Small Rural Hospitals

A. - B. …

C. Low Income and Needy Care Collaboration. Effective for dates of service on or after October 20, 2011, quarterly supplemental payments will be issued to qualifying non-state hospitals for outpatient hospital clinic services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

1. Qualifying Criteria. In order to qualify for the supplemental payment, the non-state hospital must be affiliated with a state or local governmental entity through a low income and needy care collaboration agreement.

Non-state Hospital—a hospital which is owned or operated by a private entity.

Low Income and Needy Care Collaboration Agreement—an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

2. Each qualifying hospital shall receive quarterly supplemental payments for the outpatient services rendered during the quarter. Payments shall be distributed quarterly based on Medicaid paid claims for service dates from the previous state fiscal year. Payments to hospitals participating in the Medicaid DSH Program shall be limited to the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap for the state fiscal year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:956 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 57. Laboratory Services

Subchapter B. Reimbursement Methodology

§5711. Small Rural Hospitals

A. - B. …

C. Low Income and Needy Care Collaboration. Effective for dates of service on or after October 20, 2011, quarterly supplemental payments will be issued to qualifying non-state hospitals for outpatient laboratory services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

1. Qualifying Criteria. In order to qualify for the supplemental payment, the non-state hospital must be affiliated with a state or local governmental entity through a low income and needy care collaboration agreement.

Non-state Hospital—a hospital which is owned or operated by a private entity.

Low Income and Needy Care Collaboration Agreement—an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

2. Each qualifying hospital shall receive quarterly supplemental payments for the outpatient services rendered during the quarter. Payments shall be distributed quarterly based on the Medicaid paid claims for services rendered during the quarter. Payments to hospitals participating in the Medicaid DSH Program shall be limited to the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap for the state fiscal year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:956 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 59. Rehabilitation Services

Subchapter B. Reimbursement Methodology

§5911. Small Rural Hospitals

A. - B. …

C. Low Income and Needy Care Collaboration. Effective for dates of service on or after October 20, 2011, quarterly supplemental payments will be issued to qualifying non-state hospitals for outpatient rehabilitation services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

1. Qualifying Criteria. In order to qualify for the supplemental payment, the non-state hospital must be affiliated with a state or local governmental entity through a low income and needy care collaboration agreement.

Non-state Hospital—a hospital which is owned or operated by a private entity.

Low Income and Needy Care Collaboration Agreement—an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

2. Each qualifying hospital shall receive quarterly supplemental payments for the outpatient services rendered during the quarter. Payments shall be distributed quarterly based on Medicaid paid claims for service dates from the previous state fiscal year. Payments to hospitals participating in the Medicaid DSH Program shall be limited to the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap for the state fiscal year. .

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:956 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 61. Other Outpatient Hospital Services

Subchapter B. Reimbursement Methodology

§6113. Small Rural Hospitals

A. - B. …

C. Low Income and Needy Care Collaboration. Effective for dates of service on or after October 20, 2011, quarterly supplemental payments will be issued to qualifying non-state hospitals for services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services, and outpatient facility fees during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

1. Qualifying Criteria. In order to qualify for the supplemental payment, the non-state hospital must be affiliated with a state or local governmental entity through a low income and needy care collaboration agreement.

Non-state Hospital—a hospital which is owned or operated by a private entity.

Low Income and Needy Care Collaboration Agreement—an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

2. Each qualifying hospital shall receive quarterly supplemental payments for the outpatient services rendered during the quarter. Payments shall be distributed quarterly based on Medicaid paid claims for service dates from the previous state fiscal year. Payments to hospitals participating in the Medicaid DSH Program shall be limited to the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap for the state fiscal year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:956 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#059

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
State-Owned Hospitals
Reimbursement Rate Reduction
(LAC 50:V.5319, 5519, 5715, and 6127)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.5319, §5519, §5715, and §6127 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by Act 13 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services in order to continue medical education payments to state-owned hospitals when the hospitals are reimbursed by prepaid risk-bearing managed care organizations for outpatient surgeries, clinic services, rehabilitation services, and other covered outpatient hospital services (*Louisiana Register*, Volume 38, Number 2). The February 10, 2012 Emergency Rule was amended to clarify the provisions governing the reimbursement methodology for outpatient hospital services (*Louisiana Register*, Volume 38, Number 3).

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery Federal Medical Assistance Percentage (FMAP) rate, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to state-owned hospitals (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective July 30, 2013, the Department of Health and Hospitals Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to state-owned hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 5. Outpatient Hospitals
Chapter 53. Outpatient Surgery
Subchapter B. Reimbursement Methodology
§5319. State-Owned Hospitals

A. - A.2. …

B. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to state-owned hospitals for outpatient surgery shall be reduced by 10 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Service Financing, LR 39:

Chapter 55. Clinic Services
Subchapter B. Reimbursement Methodology
§5519. State-Owned Hospitals

A. - A.2.

B. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to state-owned hospitals for outpatient clinic services shall be reduced by 10 percent of the of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 57. Laboratory Services
Subchapter B. Reimbursement Methodology
§5715. State-Owned Hospitals

A. …

B. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to state-owned hospitals for outpatient laboratory services shall be reduced by 10 percent of the fee schedule on file as of July 31, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Service Financing, LR 35:956 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 61. Other Outpatient Hospital Services
Subchapter B. Reimbursement Methodology
§6127. State-Owned Hospitals

A. - B.2. …

C. Effective for dates of service on or after August 1, 2012, the reimbursement rates paid to state hospitals for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be reduced by 10 percent of the rates in effect on July 31, 2012. Final reimbursement shall be at 90 percent of allowable cost through the cost settlement process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:957 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#060

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program—Public-Private Partnerships
Professional Practitioners Supplemental Payments
(LAC 50:IX.15157)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts §15157 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for the Professional Services Program to provide supplemental payments to physicians and other eligible professional service practitioners affiliated with the Tulane University School of Medicine in New Orleans *(Louisiana Register*, Volume 38, Number 08).

The department now proposes to amend the provisions governing the reimbursement methodology for the Professional Services Program to provide a supplemental payment to physicians and other professional service practitioners employed by a physician group affiliated with certain non-state-owned hospitals participating in public-private partnerships. This action is being taken to promote the health and welfare of Medicaid recipients by encouraging continued provider participation in the Medicaid Program and ensuring recipient access to hospital services. It is anticipated that implementation of this Emergency Rule will have no fiscal impact to the Medicaid Program in state fiscal year 2013-2014.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for services rendered by physicians and other professional service practitioners.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter F. Supplemental Payments
§15157. Qualifying Criteria—Public-Private Partnerships Physician Payments

A. Effective for dates of service on or after July 1, 2013, physicians and other professional service practitioners employed by a physician group affiliated with a non-state-owned and operated hospital and providing services as a result of a public-private partnership with Louisiana State University, may qualify for supplemental payments for services rendered to Medicaid recipients.

B. To qualify for the supplemental payment, the physician or professional service practitioner must be:

1. licensed by the state of Louisiana;
2. enrolled as a Louisiana Medicaid provider; and
3. identified by Louisiana State University as a physician or other professional service practitioner that is employed by, or under contract to provide services through a public-private partnership at one of the former state-owned or operated hospitals that has terminated or reduced services.

C. The following professional services practitioners shall qualify to receive supplemental payments:

1. physicians;
2. physician assistants;
3. certified registered nurse practitioners; and
4. certified registered nurse anesthetists.

D. The supplemental payment shall be calculated in a manner that will bring payments for these services up to the community rate level.

1. For purposes of these provisions:

Community Rate—the rates paid by commercial payers for the same service.

E. The private physician group shall periodically furnish satisfactory data for calculating the community rate as requested by the department.

F. The supplemental payment amount shall be determined by establishing a Medicare to community rate conversion factor for the private physician group. At the end of each quarter, for each Medicaid claim paid during the quarter, a Medicare payment amount will be calculated and the Medicare to community rate conversion factor will be applied to the result. Medicaid payments made for the claims paid during the quarter will then be subtracted from this amount to establish the supplemental payment amount for that quarter.

G. The supplemental payments shall be made on a quarterly basis and the Medicare to community rate conversion factor shall be recalculated at least every three years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#010

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Psychiatric Residential Treatment Facilities
Licensing Standards
(LAC 48:I.9003, 9009, 9077, 9093, and 9097)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 48:I.9003, §9009, §9077, §9093, and §9097 as authorized by R.S. 40:2179-2179.1. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the licensing standards for psychiatric residential treatment facilities in order to prepare for the transition to a comprehensive system of delivery for behavioral health services in the state (*Louisiana Register*, Volume 38, Number 2). The department promulgated an Emergency Rule which amended the provisions governing the licensing of psychiatric residential treatment facilities (PRTFs) in order to revise the licensing standards as a means of assisting PRTFs to comply with the standards (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the August 20, 2012 Emergency Rule. This action is being taken to avoid imminent peril to the public health, safety and welfare of the children and adolescents who need these services.

Effective August 18, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the licensing of psychiatric residential treatment facilities.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification
Chapter 90. Psychiatric Residential Treatment Facilities (under 21)
Subchapter A. General Provisions
§9003. Definitions

A. ...

* * *

Normal Business Hours—between the hours of 7 a.m. and 6 p.m. every Monday-Friday, except for holidays.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:54 (January 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:371 (February 2012), LR 39:

Subchapter B. Licensing

§9009. Initial Licensing Application Process

A. - C.4. ...

5. a copy of statewide criminal background checks on all individual owners with a 5 percent or more ownership interest in the PRTF entity, and on all administrators or managing employees;

C.6. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:373 (February 2012), amended LR 39:

Subchapter F. Physical Environment

§9077. Interior Space

A. - T. ...

U. The provider shall have a laundry space complete with washers and dryers that are sufficient to meet the needs of the residents.

V. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:68 (January 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:391 (February 2012), LR 39:

Subchapter H. Additional Requirements for Mental Health PRTFs

§9093. Personnel Qualifications, Responsibilities, and Requirements

A. - A.2.a.iv. ...

b. The clinical director is responsible for the following:

i. providing a monthly minimum of one hour of on-site clinical direction per resident;

(a). the governing body may delegate some or all of this responsibility to another physician(s) who meets the qualifications of a clinical director; and

ii. ...

3. LMHPs, MHPs, and MHSs. The PRTF shall provide or make available adequate numbers of LMHPs, MHPs, and MHSs to care for its residents. There shall be at least one LMHP or MHP supervisor on duty at least 40 hours/week during normal business hours at the facility and as required by the treatment plan. When not on duty at the facility, there shall be a LMHP or MHP on call. The PRTF shall develop a policy to determine the number of LHMPs, MHPs, MHSs on duty and the ratio of LHMPs and MHPs to MHSs based on the needs of its residents.

A.3.a. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:397 (February 2012), amended LR 39:

Subchapter I. Additional Requirements for Addictive Disorder PRTFs

§9097. Personnel Qualifications, Responsibilities, and Requirements for Addictive Disorder PRTFs

A. - A.2.a.iii.(c). ...

b. The clinical director is responsible for the following:

i. providing a monthly minimum of one hour of on-site clinical direction per resident;

(a). the governing body may delegate some or all of this responsibility to another physician(s) who meets the qualifications of a clinical director); and

ii. ...

3. LMHPs, MHPs and MHSs. The PRTF shall provide or make available adequate numbers of LMHPs, MHPs and MHSs to care for its residents. There shall be at least one LMHP or MHP supervisor on duty at least 40 hours/week during normal business hours at the facility and as required by the treatment plan. When not on duty at the facility, there shall be a LMHP or MHP on call. The PRTF shall develop a policy to determine the number of LHMPs, MHPs, MHSs on duty and the ratio of LHMPs and MHPs to MHSs based on the needs of its residents.

A.3.a. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:339 (February 2012), amended LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1307#061

DECLARATION OF EMERGENCY

Department of Natural Resources
Office of Conservation

Extension of the Deadline of Drilling and Completion Operational and Safety Requirements for Wells Drilled in Search or for the Production of Oil or Natural Gas at Water Locations (LAC 43:XIX.Chapters 2 and 11)

Pursuant to the power delegated under the laws of the state of Louisiana, and particularly Title 30 of the Revised Statutes of 1950, as amended, and in conformity with the provisions of the Louisiana Administrative Procedure Act, Title 49, Sections 953(B)(1) and (2), 954(B)(2), as amended, the following Emergency Rule and reasons therefore are now adopted and promulgated by the commissioner of conservation as being necessary to protect the public health, safety and welfare of the people of the state of Louisiana, as well as the environment generally, by extending the

effectiveness of the Emergency Rule this Rule supersedes the previous Emergency Rule for drilling and completion operational and safety requirements for wells drilled in search of oil and natural gas at water locations. The following Emergency Rule provides for commissioner of conservation approved exceptions to equipment requirements on workover operations. Furthermore, the extension of the Rule allows more time to complete comprehensive Rule amendments.

Need and Purpose for Emergency Rule. In light of the Gulf of Mexico Deepwater Horizon oil spill incident in federal waters approximately 50 miles off Louisiana's coast and the threat posed to the natural resources of the state, and the economic livelihood and property of the citizens of the state caused thereby, the Office of Conservation began a review of its current drilling and completion operational and safety requirements for wells drilled in search of oil and natural gas at water locations. While the incidents of blowout of Louisiana wells is minimal, occurring at less than three-tenths of one percent of the wells drilled in Louisiana since 1987, the great risk posed by blowouts at water locations to the public health, safety and welfare of the people of the state, as well as the environment generally, necessitated the rule amendments contained herein.

After implementation of the Emergency Rule, the Office of Conservation formed an ad hoc committee to further study comprehensive rulemaking in order to promulgate new permanent regulations which ensure increased operational and safety requirements for the drilling or completion of oil and gas wells at water locations within the state. Based upon the work of this ad hoc committee, draft proposed rules that would replace these emergency rules are being created for the consideration and comment by interested parties. These draft proposed rules were published in the Potpourri section of the *Louisiana Register* on July 20, 2012. Rule promulgation is expected to continue with revised draft rules being published as a Notice of Intent within the next 60 days.

Synopsis of Emergency Rule. The Emergency Rule set forth hereinafter is intended to provide greater protection to the public health, safety and welfare of the people of the state, as well as the environment generally by extending the effectiveness of new operational and safety requirements for the drilling and completion of oil and gas wells at water locations. Following the Gulf of Mexico-Deepwater Horizon oil spill, the Office of Conservation ("Conservation") investigated the possible expansion of Statewide Orders No. 29-B and 29-B-a requirements relating to well control at water locations. As part of the rule expansion project, Conservation reviewed the well control regulations of the U.S. Department of the Interior's Mineral Management Service or MMS (now named the Bureau of Safety and Environmental Enforcement). Except in the instances where it was determined that the MMS provisions were repetitive of other provisions already being incorporated, were duplicative of existing Conservation regulations or were not applicable to the situations encountered in Louisiana's waters, all provisions of the MMS regulations concerning well control issues at water locations were adopted by the preceding Emergency Rules, which this rule supersedes, integrated into Conservation's Statewide Orders No. 29-B and 29-B-a.

Conservation is currently performing a comprehensive review of its regulations as it considers future amendments to its operational rules and regulations found in Statewide Order No. 29-B and elsewhere. Specifically, the Emergency Rule extends the effectiveness of a new Chapter within Statewide Order No. 29-B (LAC 43:XIX.Chapter 2) to provide additional rules concerning the drilling and completion of oil and gas wells at water locations, specifically providing for the following: rig movement and reporting requirements, additional requirements for applications to drill, casing program requirements, mandatory diverter systems and blowout preventer requirements, oil and gas well-workover operations, diesel engine safety requirements, and drilling fluid regulations. Further, the Emergency Rule amends Statewide Order No. 29-B-a (LAC 43:XIX.Chapter 11) to provide for and expand upon rules concerning the required use of storm chokes in oil and gas wells at water locations.

Reasons. Recognizing the potential advantages of expanding the operational and safety requirements for the drilling and completion of oil and gas wells at water locations within the state, it has been determined that failure to establish such requirements in the form of an administrative rule may lead to the existence of an imminent peril to the public health, safety and welfare of the people of the state of Louisiana, as well as the environment generally. By this rule Conservation extends the effectiveness of the following requirements until such time as final comprehensive rules may be promulgated.

Protection of the public and our environment therefore requires the Commissioner of Conservation to extend the following rules in order to assure that drilling and completion of oil and gas wells at water locations within the state are undertaken in accordance with all reasonable care and protection to the health, safety of the public, oil and gas personnel and the environment generally. The Emergency Rule, Amendment to Statewide Order No. 29-B (LAC 43:XIX.Chapter 2) and Statewide Order No. 29-B-a (LAC 43:XIX.Chapter 11) set forth hereinafter are adopted and extended by the Office of Conservation.

The effective date for this Emergency Rule shall be July 10, 2013. The Emergency Rule herein adopted as a part thereof, shall remain effective for a period of not less than 120 days hereafter, or until the adoption of the final version of an amendment to Statewide Order No. 29-B and Statewide Order No. 29-B-a as noted herein, whichever occurs first.

Title 43
NATURAL RESOURCES
Part XIX. Office of Conservation—General Operations
Subpart 1. Statewide Order No. 29-B
Chapter 2. Additional Requirements for Water Locations

§201. Applicability

A. In addition to the requirements set forth in Chapter 1 of this Subpart, all oil and gas wells being drilled or completed at a water location within the state and which are spud or on which workover operations commence on or after July 15, 2010 shall comply with this Chapter.

B. Unless otherwise stated herein, nothing within this Chapter shall alter the obligation of oil and gas operators to meet the requirements of Chapter 1 of this Subpart.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§203. Application to Drill

A. In addition to the requirements set forth in Section 103 of this Subpart, at the time of submittal of an application for permit to drill, the applicant will provide an electronic copy on a disk of the associated drilling rig's spill prevention control (SPC) plan that is required by DEQ pursuant to the provisions of Part IX of Title 33 of the Louisiana *Administrative Code* or any successor rule. Such plan shall become a part of the official well file. If the drilling rig to be used in drilling a permitted well changes between the date of the application and the date of drilling, the applicant shall provide an electronic copy on a disk of the SPC plan for the correct drilling rig within two business days of becoming aware of the change in rigs; but in no case shall the updated SPC plan be submitted after spudding of the well.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§204. Rig Movement and Reporting

A. The operator must report the movement of all drilling and workover rig units on and off locations to the appropriate district manager with the rig name, well serial number and expected time of arrival and departure.

B. Drilling operations on a platform with producing wells or other hydrocarbon flow must comply with the following.

1. An emergency shutdown station must be installed near the driller's console.

2. All producible wells located in the affected wellbay must be shut in below the surface and at the wellhead when:

a. a rig or related equipment is moved on and off a platform. This includes rigging up and rigging down activities within 500 feet of the affected platform;

b. a drilling unit is moved or skid between wells on a platform;

c. a mobile offshore drilling unit (MODU) moves within 500 feet of a platform.

3. Production may be resumed once the MODU is in place, secured, and ready to begin drilling operations.

C. The movement of rigs and related equipment on and off a platform or from well to well on the same platform, including rigging up and rigging down, shall be conducted in a safe manner. All wells in the same well-bay which are capable of producing hydrocarbons shall be shut in below the surface with a pump-through-type tubing plug and at the surface with a closed master valve prior to moving well-completion rigs and related equipment, unless otherwise approved by the district manager. A closed surface-controlled subsurface safety valve of the pump-through-type may be used in lieu of the pump-through-type tubing plug, provided that the surface control has been locked out of operation. The well from which the rig or related equipment is to be moved shall also be equipped with a back-pressure valve prior to removing the blowout preventer (BOP) system and installing the tree.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§205. Casing Program

A. General Requirements

1. The operator shall case and cement all wells with a sufficient number of strings of casing and quantity and quality of cement in a manner necessary to prevent fluid migration in the wellbore, protect the underground source of drinking water (USDW) from contamination, support unconsolidated sediments, and otherwise provide a means of control of the formation pressures and fluids.

2. The operator shall install casing necessary to withstand collapse, bursting, tensile, and other stresses that may be encountered and the well shall be cemented in a manner which will anchor and support the casing. Safety factors in casing program design shall be of sufficient magnitude to provide optimum well control while drilling and to assure safe operations for the life of the well.

3. All tubulars and cement shall meet or exceed API standards. Cementing jobs shall be designed so that cement composition, placement techniques, and waiting times ensure that the cement placed behind the bottom 500 feet of casing attains a minimum compressive strength of 500 psi before drilling out of the casing or before commencing completion operations.

4. Centralizers

a. Surface casing shall be centralized by means of placing centralizers in the following manner:

i. a centralizer shall be placed on every third joint from the shoe to surface, with two centralizers being placed on each of the lowermost three joints of casing.

ii. if conductor pipe is set, three centralizers shall be equally spaced on surface casing to fall within the conductor pipe.

b. Intermediate and production casing, and drilling and production liners shall be centralized by means of a centralizer placed every third joint from the shoe to top of cement. Additionally, two centralizers shall be placed on each of the lowermost three joints of casing.

c. All centralizers shall meet API standards.

5. A copy of the documentation furnished by the manufacturer, if new, or supplier, if reconditioned, which certifies tubular condition, shall be provided with the well history and work resume report (Form WH-1).

B. Conductor Pipe. A conductor pipe is that pipe ordinarily used for the purpose of supporting unconsolidated surface deposits. A conductor pipe shall be used during the drilling of any oil and gas well and shall be set at depth that allows use of a diverter system.

C. Surface Casing

1. Where no danger of pollution of the USDW exists, the minimum amount of surface or first-intermediate casing to be set shall be determined from Table 1 hereof, except that in no case shall less surface casing be set than an amount needed to protect the USDW unless an alternative method of USDW protection is approved by the district manager.

Table 1		
Total Depth of Contact	Casing Required	Surface Casing Test Pressure (lbs. per sq. in.)
0-2500	100	300
2500-3000	150	600
3000-4000	300	600
4000-5000	400	600
5000-6000	500	750
6000-7000	800	1000
7000-8000	1000	1000
8000-9000	1400	1000
9000-Deeper	1800	1000

a. In known low-pressure areas, exceptions to the above may be granted by the commissioner or his agent. If, however, in the opinion of the commissioner, or his agent, the above regulations shall be found inadequate, and additional or lesser amount of surface casing and/or test pressure shall be required for the purpose of safety and the protection of the USDW.

2. Surface casing shall be cemented with a sufficient volume of cement to insure cement returns to the surface.

3. Surface casing shall be tested before drilling the plug by applying a minimum pump pressure as set forth in Table 1 after at least 200 feet of the mud-laden fluid has been displaced with water at the top of the column. If at the end of 30 minutes the pressure gauge shows a drop of 10 percent of test pressure as outlined in Table 1, the operator shall be required to take such corrective measures as will insure that such surface casing will hold said pressure for 30 minutes without a drop of more than 10 percent of the test pressure. The provisions of Paragraph E.7, below, for the producing casing, shall also apply to the surface casing.

4. Cement shall be allowed to stand a minimum of 12 hours under pressure before initiating test or drilling plug. Under pressure is complied with if one float valve is used or if pressure is held otherwise.

D. Intermediate Casing/Drilling Liner

1. Intermediate casing is that casing used as protection against caving of heaving formations or when other means are not adequate for the purpose of segregating upper oil, gas or water-bearing strata. Intermediate casing/drilling liner shall be set when required by abnormal pressure or other well conditions.

2. If an intermediate casing string is deemed necessary by the district manager for the prevention of underground waste, such regulations pertaining to a minimum setting depth, quality of casing, and cementing and testing of sand, shall be determined by the Office of Conservation after due hearing. The provisions of Paragraph E.7 below, for the producing casing, shall also apply to the intermediate casing.

3. Intermediate casing/drilling liner shall be at minimum, cemented in such a manner, at least 500 feet above all known hydrocarbon bearing formations to insure isolation and, if applicable, all abnormal pressure formations are isolated from normal pressure formations, but in no case shall less cement be used than the amount necessary to fill the casing/liner annulus to a point 500 feet above the shoe or the top of the liner whichever is less. If a liner is used as an intermediate string, the cement shall be tested by a fluid entry test (-0.5 ppg EMW) to determine whether a seal between the liner top and next larger casing string has been achieved, and the liner-lap point must be at least 300 feet above the previous casing shoe. The drilling liner (and liner-lap) shall be tested to a pressure at least equal to the anticipated pressure to which the liner will be subjected to during the formation-integrity test below that liner shoe, or subsequent liner shoes if set. Testing shall be in accordance with Subsection G below.

4. Before drilling the plug in the intermediate string of casing, the casing shall be tested by pump pressure, as determined from Table 2 hereof, after 200 feet of mud-laden fluid in the casing has been displaced by water at the top of the column.

Table 2. Intermediate Casing and Liner	
Depth Set	Test Pressure (lbs. per sq. in.)
2000-3000'	800
3000-6000'	1000
6000-9000'	1200
9000-and deeper	1500

a. If at the end of 30 minutes the pressure gauge shows a drop of 10 percent of the test pressure or more, the operator shall be required to take such corrective measures as will insure that casing is so set and cemented that it will hold said pressure for 30 minutes without a drop of more than 10 percent of the test pressure on the gauge.

5. Cement shall be allowed to stand a minimum of 12 hours under pressure and a minimum total of 24 hours before initiating pressure test. Under pressure is complied with if one or more float valves are employed and are shown to be holding the cement in place, or when other means of holding pressure is used. When an operator elects to perforate and squeeze or to cement around the shoe, he may proceed with such work after 12 hours have elapsed after placing the first cement.

6. If the test is unsatisfactory, the operator shall not proceed with the drilling of the well until a satisfactory test has been obtained.

E. Producing String

1. Producing string, production casing or production liner is that casing used for the purpose of segregating the horizon from which production is obtained and affording a means of communication between such horizons and the surface.

2. The producing string of casing shall consist of new or reconditioned casing, tested at mill test pressure or as otherwise designated by the Office of Conservation.

3. Cement shall be by the pump-and-plug method, or another method approved by the Office of Conservation. Production casing/production liner shall be at minimum, cemented in such a manner, at least 500 feet above all known hydrocarbon bearing formations to insure isolation and, if applicable, all abnormal pressure formations are isolated from normal pressure formations, but in no case shall less cement be used than the amount necessary to fill the casing/liner annulus to a point 500 feet above the shoe or the top of the liner whichever is less. If a liner is used as a producing string, the cement shall be tested by a fluid entry test (-0.5 ppg EMW) to determine whether a seal between the liner top and next larger casing string has been achieved,

and the liner-lap point must be at least 300 feet above the previous casing shoe. The production liner (and liner-lap) shall be tested to a pressure at least equal to the anticipated pressure to which the liner will be subjected to during the formation-integrity test below that liner shoe, or subsequent liner shoes if set. Testing shall be in accordance with Subsection G below.

4. The amount of cement to be left remaining in the casing, until the requirements of Paragraph 5 below have been met, shall be not less than 20 feet. This shall be accomplished through the use of a float-collar, or other approved or practicable means, unless a full-hole cementer, or its equivalent, is used.

5. Cement shall be allowed to stand a minimum of 12 hours under pressure and a minimum total of 24 hours before initiating pressure test in the producing or oil string. Under pressure is complied with if one or more float valves are employed and are shown to be holding the cement in place, or when other means of holding pressure is used. When an operator elects to perforate and squeeze or to cement around the shoe, he may proceed with such work after 12 hours have elapsed after placing the first cement.

6. Before drilling the plug in the producing string of casing, the casing shall be tested by pump pressure, as determined from Table 3 hereof, after 200 feet of mud-laden fluid in the casing has been displaced by water at the top of the column.

Table 3. Producing String

Depth Set	Test Pressure (lbs. per sq. in.)
2000-3000'	800
3000-6000'	1000
6000-9000'	1200
9000-and deeper	1500

a. If at the end of 30 minutes the pressure gauge shows a drop of 10 percent of the test pressure or more, the operator shall be required to take such corrective measures as will insure that the producing string of casing is so set and cemented that it will hold said pressure for 30 minutes without a drop of more than 10 percent of the test pressure on the gauge.

7. If the commissioner's agent is not present at the time designated by the operator for inspection of the casing tests of the producing string, the operator shall have such tests witnessed, preferably by an offset operator. An affidavit of test, on the form prescribed by the district office, signed by the operator and witness, shall be furnished to the district office showing that the test conformed satisfactorily to the above mentioned regulations before proceeding with the completion. If test is satisfactory, normal operations may be resumed immediately.

8. If the test is unsatisfactory, the operator shall not proceed with the completion of the well until a satisfactory test has been obtained.

F. Cement Evaluation

1. Cement evaluation tests (cement bond or temperature survey) shall be conducted for all casing and liners installed below surface casing to assure compliance with LAC 43:XIX.205.D.3 and E.3.

2. Remedial cementing operations that are required to achieve compliance with LAC 43:XIX.205.D.3 & E.3 shall be conducted following receipt of an approved work permit from the district manager for the proposed operations.

3. Cementing and wireline records demonstrating the presence of the required cement tops shall be retained by the operator for a period of two years.

G. Leak-Off Tests

1. A pressure integrity test must be conducted below the surface casing or liner and all intermediate casings or liners. The district manager may require a pressure-integrity test at the conductor casing shoe if warranted by local geologic conditions or the planned casing setting depth. Each pressure integrity test must be conducted after drilling at least 10 feet but no more than 50 feet of new hole below the casing shoe and must be tested to either the formation leak-off pressure or to the anticipated equivalent drilling fluid weight at the setting depth of the next casing string.

a. The pressure integrity test and related hole-behavior observations, such as pore-pressure test results, gas-cut drilling fluid, and well kicks must be used to adjust the drilling fluid program and the setting depth of the next casing string. All test results must be recorded and hole-behavior observations made during the course of drilling related to formation integrity and pore pressure in the driller's report.

b. While drilling, a safe drilling margin must be maintained. When this safe margin cannot be maintained, drilling operations must be suspended until the situation is remedied.

H. Prolonged Drilling Operations

1. If wellbore operations continue for more than 30 days within a casing string run to the surface:

a. drilling operations must be stopped as soon as practicable, and the effects of the prolonged operations on continued drilling operations and the life of the well evaluated. At a minimum, the operator shall:

i. caliper or pressure test the casing; and

ii. report evaluation results to the district manager and obtain approval of those results before resuming operations.

b. If casing integrity as determined by the evaluation has deteriorated to a level below minimum safety factors, the casing must be repaired or another casing string run. Approval from the district manager shall be obtained prior to any casing repair activity.

I. Tubing and Completion

1. Well-completion operations means the work conducted to establish the production of a well after the production-casing string has been set, cemented, and pressure-tested.

2. Prior to engaging in well-completion operations, crew members shall be instructed in the safety requirements of the operations to be performed, possible hazards to be encountered, and general safety considerations to protect personnel, equipment, and the environment. Date and time of safety meetings shall be recorded and available for review by the Office of Conservation.

3. When well-completion operations are conducted on a platform where there are other hydrocarbon-producing wells or other hydrocarbon flow, an emergency shutdown system (ESD) manually controlled station shall be installed near the driller's console or well-servicing unit operator's work station.

4. No tubing string shall be placed in service or continue to be used unless such tubing string has the necessary strength and pressure integrity and is otherwise suitable for its intended use.

5. A valve, or its equivalent, tested to a pressure of not less than the calculated bottomhole pressure of the well, shall be installed below any and all tubing outlet connections.

6. When a well develops a casing pressure, upon completion, equivalent to more than three-quarters of the internal pressure that will develop the minimum yield point of the casing, such well shall be required by the district manager to be killed, and a tubing packer to be set so as to keep such excessive pressure off of the casing.

7. Wellhead Connections. Wellhead connections shall be tested prior to installation at a pressure indicated by the district manager in conformance with conditions existing in areas in which they are used. Whenever such tests are made in the field, they shall be witnessed by an agent of the Office of Conservation. Tubing and tubingheads shall be free from obstructions in wells used for bottomhole pressure test purposes.

8. When the tree is installed, the wellhead shall be equipped so that all annuli can be monitored for sustained pressure. If sustained casing pressure is observed on a well, the Operator shall immediately notify the district manager.

9. Wellhead, tree, and related equipment shall have a pressure rating greater than the shut-in tubing pressure and shall be designed, installed, used, maintained, and tested so as to achieve and maintain pressure control. New wells completed as flowing or gas-lift wells shall be equipped with a minimum of one master valve and one surface safety valve, installed above the master valve, in the vertical run of the tree.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§207. Diverter Systems and Blowout Preventers

A. Diverter System. A diverter system shall be required when drilling surface hole in areas where drilling hazards are known or anticipated to exist. The district manager may, at his discretion, require the use of a diverter system on any well. In cases where it is required, a diverter system consisting of a diverter sealing element, diverter lines, and control systems must be designed, installed, used, maintained, and tested to ensure proper diversion of gases, water, drilling fluids, and other materials away from facilities and personnel. The diverter system shall be designed to incorporate the following elements and characteristics:

1. dual diverter lines arranged to provide for maximum diversion capability;

2. at least two diverter control stations. One station shall be on the drilling floor. The other station shall be in a readily accessible location away from the drilling floor;

3. remote-controlled valves in the diverter lines. All valves in the diverter system shall be full-opening. Installation of manual or butterfly valves in any part of the diverter system is prohibited;

4. minimize the number of turns in the diverter lines, maximize the radius of curvature of turns, and minimize or eliminate all right angles and sharp turns;

5. anchor and support systems to prevent whipping and vibration;

6. rigid piping for diverter lines. The use of flexible hoses with integral end couplings in lieu of rigid piping for diverter lines shall be approved by the district manager.

B. Diverter Testing Requirements

1. When the diverter system is installed, the diverter components including the sealing element, diverter valves, control systems, stations and vent lines shall be function and pressure tested.

2. For drilling operations with a surface wellhead configuration, the system shall be function tested at least once every 24-hour period after the initial test.

3. After nippling-up on conductor casing, the diverter sealing element and diverter valves are to be pressure tested to a minimum of 200 psig. Subsequent pressure tests are to be conducted within seven days after the previous test.

4. Function tests and pressure tests shall be alternated between control stations.

5. Recordkeeping Requirements

a. Pressure and function tests are to be recorded in the driller's report and certified (signed and dated) by the operator's representative.

b. The control station used during a function or pressure test is to be recorded in the driller's report.

c. Problems or irregularities during the tests are to be recorded along with actions taken to remedy same in the driller's report.

d. All reports pertaining to diverter function and/or pressure tests are to be retained for inspection at the wellsite for the duration of drilling operations.

C. BOP Systems. The operator shall specify and insure that contractors design, install, use, maintain and test the BOP system to ensure well control during drilling, workover and all other appropriate operations. The surface BOP stack shall be installed before drilling below surface casing.

1. BOP system components for drilling activity located over a body of water shall be designed and utilized, as necessary, to control the well under all potential conditions that might occur during the operations being conducted and at minimum, shall include the following components:

a. annular-type well control component;

b. hydraulically-operated blind rams;

c. hydraulically-operated shear rams;

d. two sets of hydraulically-operated pipe rams.

2. Drilling activity with a tapered drill string shall require the installation of two or more sets of conventional or variable-bore pipe rams in the BOP stack to provide, at minimum, two sets of rams capable of sealing around the larger-size drill string and one set of pipe rams capable of sealing around the smaller-size drill string.

3. A set of hydraulically-operated combination rams may be used for the blind rams and shear rams.

4. All connections used in the surface BOP system must be flanged, including the connections between the well control stack and the first full-opening valve on the choke line and the kill line.

5. The commissioner of conservation, following a public hearing, may grant exceptions to the requirements of LAC 43:XIX.207.C-J.

D. BOP Working Pressure. The working pressure rating of any BOP component, excluding annular-type preventers, shall exceed the maximum anticipated surface pressure (MASP) to which it may be subjected.

E. BOP Auxiliary Equipment. All BOP systems shall be equipped and provided with the following:

1. a hydraulically actuated accumulator system which shall provide 1.5 times volume of fluid capacity to close and hold closed all BOP components, with a minimum pressure of 200 psig above the pre-charge pressure without assistance from a charging system;

2. a backup to the primary accumulator-charging system, supplied by a power source independent from the power source to the primary, which shall be sufficient to close all BOP components and hold them closed;

3. accumulator regulators supplied by rig air without a secondary source of pneumatic supply shall be equipped with manual overrides or other devices to ensure capability of hydraulic operation if the rig air is lost;

4. at least one operable remote BOP control station in addition to the one on the drilling floor. This control station shall be in a readily accessible location away from the drilling floor. If a BOP control station does not perform properly, operations shall be suspended until that station is operable;

5. a drilling spool with side outlets, if side outlets are not provided in the body of the BOP stack, to provide for separate kill and choke lines;

6. a kill line and a separate choke line are required. Each line must be equipped with two full-opening valves and at least one of the valves must be remotely controlled. The choke line shall be installed above the bottom ram. A manual valve must be used instead of the remotely controlled valve on the kill line if a check valve is installed between the two full-opening manual valves and the pump or manifold. The valves must have a working pressure rating equal to or greater than the working pressure rating of the connection to which they are attached, and must be installed between the well control stack and the choke or kill line. For operations with expected surface pressures greater than 3,500 psi, the kill line must be connected to a pump or manifold. The kill line inlet on the BOP stack must not be used for taking fluid returns from the wellbore;

7. a valve installed below the swivel (upper kelly cock), essentially full-opening, and a similar valve installed at the bottom of the kelly (lower kelly cock). An operator must be able to strip the lower kelly cock through the BOP stack. A wrench to fit each valve shall be stored in a location readily accessible to the drilling crew. If drilling with a mud motor and utilizing drill pipe in lieu of a kelly, you must install one kelly valve above, and one strippable kelly valve below the joint of pipe used in place of a kelly. On a top-drive system equipped with a remote-controlled valve, you must install a strippable kelly-type valve below the remote-controlled valve;

8. an essentially full-opening drill-string safety valve in the open position on the rig floor shall be available at all times while drilling operations are being conducted. This valve shall be maintained on the rig floor to fit all connections that are in the drill string. A wrench to fit the drill-string safety valve shall be stored in a location readily accessible to the drilling crew;

9. a safety valve shall be available on the rig floor assembled with the proper connection to fit the casing string being run in the hole;

10. locking devices installed on the ram-type preventers.

F. BOP Maintenance and Testing Requirements

1. The BOP system shall be visually inspected on a daily basis.

2. Pressure tests (low and high pressure) of the BOP system are to be conducted at the following times and intervals:

a. during a shop test prior to transport of the BOPs to the drilling location. Shop tests are not required for equipment that is transported directly from one well location to another;

b. immediately following installation of the BOPs;

c. within 14 days of the previous BOP pressure test, alternating between control stations and at a staggered interval to allow each crew to operate the equipment. If either control system is not functional, further operations shall be suspended until the nonfunctional, system is operable. Exceptions may be granted by the district manager in cases where a trip is scheduled to occur within 2 days after the 14-day testing deadline;

d. before drilling out each string of casing or liner (The district manager may require that a conservation enforcement specialist witness the test prior to drilling out each casing string or liner);

e. Not more than 48 hours before a well is drilled to a depth that is within 1000 feet of a hydrogen sulfide zone (The district manager may require that a conservation enforcement specialist witness the test prior to drilling to a depth that is within 1000 feet of a hydrogen sulfide zone);

f. when the BOP tests are postponed due to well control problem(s), the BOP test is to be performed on the first trip out of the hole, and reasons for postponing the testing are to be recorded in the driller's report.

3. Low pressure tests (200-300 psig) of the BOP system (choke manifold, kelly valves, drill-string safety valves, etc.) are to be performed at the times and intervals specified in LAC 43:XIX.207.F.2. in accordance with the following provisions.

a. Test pressures are to be held for a minimum of five minutes.

b. Variable bore pipe rams are to be tested against the largest and smallest sizes of pipe in use, excluding drill collars and bottom hole assembly.

c. Bonnet seals are to be tested before running the casing when casing rams are installed in the BOP stack.

4. High pressure tests of the BOP system are to be performed at the times and intervals specified in LAC 43:XIX.207.F.2 in accordance with the following provisions.

a. Test pressures are to be held for a minimum of five minutes.

b. Ram-type BOP's, choke manifolds, and associated equipment are to be tested to the rated working pressure of the equipment or 500 psi greater than the calculated MASP for the applicable section of the hole.

c. Annular-type BOPs are to be tested to 70% of the rated working pressure of the equipment.

5. The annular and ram-type BOPs with the exception of the blind-shear rams are to be function tested every seven

days between pressure tests. All BOP test records should be certified (signed and dated) by the operator's representative.

a. Blind-shear rams are to be tested at all casing points and at an interval not to exceed 30 days.

6. If the BOP equipment does not hold the required pressure during a test, the problem must be remedied and a retest of the affected component(s) performed. Additional BOP testing requirements.

a. Use water to test the surface BOP system.

b. If a control station is not functional operations shall be suspended until that station is operable.

c. Test affected BOP components following the disconnection or repair of any well-pressure containment seal in the wellhead or BOP stack assembly.

G. BOP Record Keeping. The time, date and results of pressure tests, function tests, and inspections of the BOP system are to be recorded in the driller's report. All pressure tests shall be recorded on an analog chart or digital recorder. All documents are to be retained for inspection at the wellsite for the duration of drilling operations and are to be retained in the operator's files for a period of 2 years.

H. BOP Well Control Drills. Weekly well control drills with each drilling crew are to be conducted during a period of activity that minimizes the risk to drilling operations. The drills must cover a range of drilling operations, including drilling with a diverter (if applicable), on-bottom drilling, and tripping. Each drill must be recorded in the driller's report and is to include the time required to close the BOP system, as well as, the total time to complete the entire drill.

I. Well Control Safety Training. In order to ensure that all drilling personnel understand and can properly perform their duties prior to drilling wells which are subject to the jurisdiction of the Office of Conservation, the operator shall require that contract drilling companies provide and/or implement the following:

1. periodic training for drilling contractor employees which ensures that employees maintain an understanding of, and competency in, well control practices;

2. procedures to verify adequate retention of the knowledge and skills that the contract drilling employees need to perform their assigned well control duties.

J. Well Control Operations

1. The operator must take necessary precautions to keep wells under control at all times and must:

a. Use the best available and safest drilling technology to monitor and evaluate well conditions and to minimize the potential for the well to flow or kick;

b. Have a person onsite during drilling operations who represents the operators interests and can fulfill the operators responsibilities;

c. Ensure that the tool pusher, operator's representative, or a member of the drilling crew maintains continuous surveillance on the rig floor from the beginning of drilling operations until the well is completed or abandoned, unless you have secured the well with blowout preventers (BOPs), bridge plugs, cement plugs, or packers;

d. Use and maintain equipment and materials necessary to ensure the safety and protection of personnel, equipment, natural resources, and the environment.

2. Whenever drilling operations are interrupted, a downhole safety device must be installed, such as a cement plug, bridge plug, or packer. The device must be installed at an appropriate depth within a properly cemented casing string or liner.

a. Among the events that may cause interruption to drilling operations are:

i. evacuation of the drilling crew;

ii. inability to keep the drilling rig on location; or

iii. repair to major drilling or well-control equipment.

3. If the diverter or BOP stack is nippled down while waiting on cement, it must be determined, before nippling down, when it will be safe to do so based on knowledge of formation conditions, cement composition, effects of nippling down, presence of potential drilling hazards, well conditions during drilling, cementing, and post cementing, as well as past experience.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§209. Casing-Heads

A. All wells shall be equipped with casing-heads with a test pressure in conformance with conditions existing in areas in which they are used. Casing-head body, as soon as installed shall be equipped with proper connections and valves accessible to the surface. Reconditioning shall be required on any well showing pressure on the casing-head, or leaking gas or oil between the oil string and next larger size casing string, when, in the opinion of the district managers, such pressure or leakage assume hazardous proportions or indicate the existence of underground waste. Mud-laden fluid may be pumped between any two strings of casing at the top of the hole, but no cement shall be used except by special permission of the commissioner or his agent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§211. Oil and Gas Well-Workover Operations

A. Definitions. When used in this section, the following terms shall have the meanings given below.

Expected Surface Pressure—the highest pressure predicted to be exerted upon the surface of a well. In calculating expected surface pressure, reservoir pressure as well as applied surface pressure must be considered.

Routine Operations—any of the following operations conducted on a well with the tree installed including cutting paraffin, removing and setting pump-through-type tubing plugs, gas-lift valves, and subsurface safety valves which can be removed by wireline operations, bailing sand, pressure surveys, swabbing, scale or corrosion treatment, caliper and gauge surveys, corrosion inhibitor treatment, removing or replacing subsurface pumps, through-tubing logging, wireline fishing, and setting and retrieving other subsurface flow-control devices.

Workover Operations—the work conducted on wells after the initial completion for the purpose of maintaining or restoring the productivity of a well.

B. When well-workover operations are conducted on a well with the tree removed, an emergency shutdown system (ESD) manually controlled station shall be installed near the driller's console or well-servicing unit operator's work

station, except when there is no other hydrocarbon-producing well or other hydrocarbon flow on the platform.

C. Prior to engaging in well-workover operations, crew members shall be instructed in the safety requirements of the operations to be performed, possible hazards to be encountered, and general safety considerations to protect personnel, equipment, and the environment. Date and time of safety meetings shall be recorded and available for review.

D. Well-control fluids, equipment, and operations. The following requirements apply during all well-workover operations with the tree removed.

1. The minimum BOP-system components when the expected surface pressure is less than or equal to 5,000 psi shall include one annular-type well control component, one set of pipe rams, and one set of blind-shear rams. The shear ram component of this requirement shall be effective for any workover operations initiated on or after January 1, 2011 and not before.

2. The minimum BOP-system components when the expected surface pressure is greater than 5,000 psi shall include one annular-type well control component, two sets of pipe rams, and one set of blind-shear rams. The shear ram component of this requirement shall be effective for any workover operations initiated on or after January 1, 2011 and not before.

3. BOP auxillary equipment in accordance with the requirements of LAC 43:XIX.207.E.

4. When coming out of the hole with drill pipe or a workover string, the annulus shall be filled with well-control fluid before the change in such fluid level decreases the hydrostatic pressure 75 pounds per square inch (psi) or every five stands of drill pipe or workover string, whichever gives a lower decrease in hydrostatic pressure. The number of stands of drill pipe or workover string and drill collars that may be pulled prior to filling the hole and the equivalent well-control fluid volume shall be calculated and posted near the operator's station. A mechanical, volumetric, or electronic device for measuring the amount of well-control fluid required to fill the hold shall be utilized.

5. The following well-control-fluid equipment shall be installed, maintained, and utilized:

a. a fill-up line above the uppermost bop;

b. a well-control, fluid-volume measuring device for determining fluid volumes when filling the hole on trips; and

c. a recording mud-pit-level indicator to determine mud-pit-volume gains and losses. This indicator shall include both a visual and an audible warning device.

E. The minimum BOP-system components for well-workover operations with the tree in place and performed through the wellhead inside of conventional tubing using small-diameter jointed pipe (usually ¾ inch to 1 ¼ inch) as a work string, i.e., small-tubing operations, shall include two sets of pipe rams, and one set of blind rams.

1. An essentially full-opening work-string safety valve in the open position on the rig floor shall be available at all times while well-workover operations are being conducted. This valve shall be maintained on the rig floor to fit all connections that are in the work string. A wrench to fit the work-string safety valve shall be stored in a location readily accessible to the workover crew.

F. For coiled tubing operations with the production tree in place, you must meet the following minimum requirements for the BOP system:

1. BOP system components must be in the following order from the top down when expected surface pressures are less than or equal to 3,500 psi:

a. stripper or annular-type well control component;

b. hydraulically-operated blind rams;

c. hydraulically-operated shear rams;

d. kill line inlet;

e. hydraulically operated two-way slip rams;

f. hydraulically operated pipe rams

2. BOP system components must be in the following order from the top down when expected surface pressures are greater than 3,500 psi:

a. stripper or annular-type well control component.

b. hydraulically-operated blind rams.

c. hydraulically-operated shear rams.

d. kill line inlet

e. hydraulically-operated two-way slip rams.

f. hydraulically-operated pipe rams.

g. hydraulically-operated blind-shear rams. These rams should be located as close to the tree as practical.

3. BOP system components must be in the following order from the top down for wells with returns taken through an outlet on the BOP stack:

a. stripper or annular-type well control component;

b. hydraulically-operated blind rams;

c. hydraulically-operated shear rams;

d. kill line inlet;

e. hydraulically-operated two-way slip rams;

f. hydraulically-operated pipe rams;

g. a flow tee or cross;

h. hydraulically-operated pipe rams;

i. hydraulically-operated blind-shear rams on wells with surface pressures less than or equal to 3,500 psi. As an option, the pipe rams can be placed below the blind-shear rams. The blind-shear rams should be placed as close to the tree as practical.

4. A set of hydraulically-operated combination rams may be used for the blind rams and shear rams.

5. A set of hydraulically-operated combination rams may be used for the hydraulic two-way slip rams and the hydraulically-operated pipe rams.

6. A dual check valve assembly must be attached to the coiled tubing connector at the downhole end of the coiled tubing string for all coiled tubing well-workover operations. To conduct operations without a downhole check valve, it must be approved by the district manager.

7. A kill line and a separate choke line are required. Each line must be equipped with two full-opening valves and at least one of the valves must be remotely controlled. A manual valve must be used instead of the remotely controlled valve on the kill line if a check valve is installed between the two full-opening manual valves and the pump or manifold. The valves must have a working pressure rating equal to or greater than the working pressure rating of the connection to which they are attached, and must be installed between the well control stack and the choke or kill line. For operations with expected surface pressures greater than 3,500 psi, the kill line must be connected to a pump or

manifold. The kill line inlet on the BOP stack must not be used for taking fluid returns from the wellbore.

8. The hydraulic-actuating system must provide sufficient accumulator capacity to close-open-close each component in the BOP stack. This cycle must be completed with at least 200 psi above the pre-charge pressure without assistance from a charging system.

9. All connections used in the surface BOP system from the tree to the uppermost required ram must be flanged, including the connections between the well control stack and the first full-opening valve on the choke line and the kill line.

10. The coiled tubing connector must be tested to a low pressure of 200 to 300 psi, followed by a high pressure test to the rated working pressure of the connector or the expected surface pressure, whichever is less. The dual check valves must be successfully pressure tested to the rated working pressure of the connector, the rated working pressure of the dual check valve, expected surface pressure, or the collapse pressure of the coiled tubing, whichever is less.

G. The minimum BOP-system components for well-workover operations with the tree in place and performed by moving tubing or drill pipe in or out of a well under pressure utilizing equipment specifically designed for that purpose, i.e., snubbing operations, shall include the following:

1. one set of pipe rams hydraulically operated; and

2. two sets of stripper-type pipe rams hydraulically operated with spacer spool.

H. Test pressures must be recorded during BOP and coiled tubing tests on a pressure chart, or with a digital recorder, unless otherwise approved by the district manager. The test interval for each BOP system component must be 5 minutes, except for coiled tubing operations, which must include a 10 minute high-pressure test for the coiled tubing string.

I. Wireline operations. The operator shall comply with the following requirements during routine, as defined in Subsection A of this section, and nonroutine wireline workover operations.

1. Wireline operations shall be conducted so as to minimize leakage of well fluids. Any leakage that does occur shall be contained to prevent pollution.

2. All wireline perforating operations and all other wireline operations where communication exists between the completed hydrocarbon-bearing zone(s) and the wellbore shall use a lubricator assembly containing at least one wireline valve.

3. When the lubricator is initially installed on the well, it shall be successfully pressure tested to the expected shut-in surface pressure.

J. Following completion of the well-workover activity, all such records shall be retained by the operator for a period of two years.

K. An essentially full-opening work-string safety valve in the open position on the rig floor shall be available at all times while well-workover operations are being conducted. This valve shall be maintained on the rig floor to fit all connections that are in the work string. A wrench to fit the work-string safety valve shall be stored in a location readily accessible to the workover crew.

L. The commissioner may grant an exception to any provisions of this section that require specific equipment upon proof of good cause. For consideration of an exception, the operator must show proof of the unavailability of properly sized equipment and demonstrate that anticipated surface pressures minimize the potential for a loss of well control during the proposed operations. All exception requests must be made in writing to the commissioner and include documentation of any available evidence supporting the request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§213. Diesel Engine Safety Requirements

A. On or after January 1, 2011, each diesel engine with an air take device must be equipped to shut down the diesel engine in the event of a runaway.

1. A diesel engine that is not continuously manned, must be equipped with an automatic shutdown device.

2. A diesel engine that is continuously manned, may be equipped with either an automatic or remote manual air intake shutdown device.

3. A diesel engine does not have to be equipped with an air intake device if it meets one of the following criteria:

a. starts a larger engine;

b. powers a firewater pump;

c. powers an emergency generator;

d. powers a BOP accumulator system;

e. provides air supply to divers or confined entry personnel;

f. powers temporary equipment on a nonproducing platform;

g. powers an escape capsule; or

h. powers a portable single-cylinder rig washer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§215. Drilling Fluids

A. The inspectors and engineers of the Office of Conservation shall have access to the mud records of any drilling well, except those records which pertain to special muds and special work with respect to patentable rights, and shall be allowed to conduct any essential test or tests on the mud used in the drilling of a well. When the conditions and tests indicate a need for a change in the mud or drilling fluid program in order to insure proper control of the well, the district manager shall require the operator or company to use due diligence in correcting any objectionable conditions.

B. Well-control fluids, equipment, and operations shall be designed, utilized, maintained, and/or tested as necessary to control the well in foreseeable conditions and circumstances.

C. The well shall be continuously monitored during all operations and shall not be left unattended at any time unless the well is shut in and secured.

D. The following well-control-fluid equipment shall be installed, maintained, and utilized:

1. a fill-up line above the uppermost BOP;

2. a well-control, fluid-volume measuring device for determining fluid volumes when filling the hole on trips; and

3. a recording mud-pit-level indicator to determine mud-pit-volume gains and losses. This indicator shall include both a visual and an audible warning device.

E. Safe Practices

1. Before starting out of the hole with drill pipe, the drilling fluid must be properly conditioned. A volume of drilling fluid equal to the annular volume must be circulated with the drill pipe just off-bottom. This practice may be omitted if documentation in the driller's report shows:

a. no indication of formation fluid influx before starting to pull the drill pipe from the hole;

b. the weight of returning drilling fluid is within 0.2 pounds per gallon of the drilling fluid entering the hole.

2. Record each time drilling fluid is circulated in the hole in the driller's report.

3. When coming out of the hole with drill pipe, the annulus must be filled with drilling fluid before the hydrostatic pressure decreases by 75 psi, or every five stands of drill pipe, whichever gives a lower decrease in hydrostatic pressure. The number of stands of drill pipe and drill collars that may be pulled must be calculated before the hole is filled. Both sets of numbers must be posted near the driller's station. A mechanical, volumetric, or electronic device must be used to measure the drilling fluid required to fill the hole.

4. Controlled rates must be used to run and pull drill pipe and downhole tools so as not to swab or surge the well.

5. When there is an indication of swabbing or influx of formation fluids, appropriate measures must be taken to control the well. Circulate and condition the well, on or near-bottom, unless well or drilling-fluid conditions prevent running the drill pipe back to the bottom.

6. The maximum pressures must be calculated and posted near the driller's console that you may safely contain under a shut-in BOP for each casing string. The pressures posted must consider the surface pressure at which the formation at the shoe would break down, the rated working pressure of the BOP stack, and 70 percent of casing burst (or casing test as approved by the district manager). As a minimum, you must post the following two pressures:

a. the surface pressure at which the shoe would break down. This calculation must consider the current drilling fluid weight in the hole; and

b. the lesser of the BOP's rated working pressure or 70 percent of casing-burst pressure (or casing test otherwise approved by the district manager).

7. An operable drilling fluid-gas separator and degasser must be installed before you begin drilling operations. This equipment must be maintained throughout the drilling of the well.

8. The test fluids in the hole must be circulated or reverse circulated before pulling drill-stem test tools from the hole. If circulating out test fluids is not feasible, with an appropriate kill weight fluid test fluids may be bullhead out of the drill-stem test string and tools.

9. When circulating, the drilling fluid must be tested at least once each work shift or more frequently if conditions warrant. The tests must conform to industry-accepted practices and include density, viscosity, and gel strength; hydrogen ion concentration; filtration; and any other tests the district manager requires for monitoring and maintaining drilling fluid quality, prevention of downhole equipment problems and for kick detection. The test results must be recorded in the drilling fluid report.

F. Monitoring Drilling Fluids

1. Once drilling fluid returns are established, the following drilling fluid-system monitoring equipment must be installed throughout subsequent drilling operations. This equipment must have the following indicators on the rig floor:

a. pit level indicator to determine drilling fluid-pit volume gains and losses. This indicator must include both a visual and an audible warning device;

b. volume measuring device to accurately determine drilling fluid volumes required to fill the hole on trips;

c. return indicator devices that indicate the relationship between drilling fluid-return flow rate and pump discharge rate. This indicator must include both a visual and an audible warning device; and

d. gas-detecting equipment to monitor the drilling fluid returns. The indicator may be located in the drilling fluid-logging compartment or on the rig floor. If the indicators are only in the logging compartment, you must continually man the equipment and have a means of immediate communication with the rig floor. If the indicators are on the rig floor only, an audible alarm must be installed.

G. Drilling Fluid Quantities

1. Quantities of drilling fluid and drilling fluid materials must be maintained and replenished at the drill site as necessary to ensure well control. These quantities must be determined based on known or anticipated drilling conditions, rig storage capacity, weather conditions, and estimated time for delivery.

2. The daily inventories of drilling fluid and drilling fluid materials must be recorded, including weight materials and additives in the drilling fluid report.

3. If there are not sufficient quantities of drilling fluid and drilling fluid material to maintain well control, the drilling operations must be suspended.

H. Drilling Fluid-Handling Areas

1. Drilling fluid-handling areas must be classified according to API RP 500, Recommended Practice for Classification of Locations for Electrical Installations at Petroleum Facilities, Classified as Class I, Division 1 and Division 2 or API RP 505, Recommended Practice for Classification of Locations for Electrical Installations at Petroleum Facilities, Classified as Class 1, Zone 0, Zone 1, and Zone 2. In areas where dangerous concentrations of combustible gas may accumulate. A ventilation system and gas monitors must be installed and maintained. Drilling fluid-handling areas must have the following safety equipment:

a. a ventilation system capable of replacing the air once every 5 minutes or 1.0 cubic feet of air-volume flow per minute, per square foot of area, whichever is greater. In addition:

i. if natural means provide adequate ventilation, then a mechanical ventilation system is not necessary;

ii. if a mechanical system does not run continuously, then it must activate when gas detectors indicate the presence of 1 percent or more of combustible gas by volume; and

iii. if discharges from a mechanical ventilation system may be hazardous, the drilling fluid-handling area must be maintained at a negative pressure. The negative pressure area must be protected by using at least one of the following: a pressure-sensitive alarm, open-door alarms on each access to the area, automatic door-closing devices, air locks, or other devices approved by the district manager;

b. gas detectors and alarms except in open areas where adequate ventilation is provided by natural means. Gas detectors must be tested and recalibrated quarterly. No more than 90 days may elapse between tests;

c. explosion-proof or pressurized electrical equipment to prevent the ignition of explosive gases. Where air is used for pressuring equipment, the air intake must be located outside of and as far as practicable from hazardous areas; and

d. alarms that activate when the mechanical ventilation system fails.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

Subpart 4. Statewide Order No. 29-B-a

Chapter 11. Required Use of Storm Chokes

§1101. Scope

A. Order establishing rules and regulations concerning the required use of storm chokes to prevent blowouts or uncontrolled flow in the case of damage to surface equipment.

AUTHORITY NOTE: Promulgated in accordance with Act 157 of the Legislature of 1940.

HISTORICAL NOTE: Adopted by the Department of Conservation, March 15, 1946, amended March 1, 1961, amended and promulgated by the Department of Natural Resources, Office of Conservation, LR 20:1127 (October 1994), amended LR 39:

§1103. Applicability

A. All wells capable of flow with a surface pressure in excess of 100 pounds, falling within the following categories, shall be equipped with storm chokes:

1. any locations inaccessible during periods of storm and/or floods, including spillways;

2. located in bodies of water being actively navigated;

3. located in wildlife refuges and/or game preserves;

4. located within 660 feet of railroads, ship channels, and other actively navigated bodies of water;

5. located within 660 feet of state and federal highways in Southeast Louisiana, in that area East of a North-South line drawn through New Iberia and South of an East-West line through Opelousas;

6. located within 660 feet of state and federal highways in Northeast Louisiana, in that area bounded on the West by the Ouachita River, on the North by the Arkansas-Louisiana line, on the East by the Mississippi River, and on the South by the Black and Red Rivers;

7. located within 660 feet of the following highways:

a. U.S. Highway 71 between Alexandria and Krotz Springs;

b. U.S. Highway 190 between Opelousas and Krotz Springs;

c. U.S. Highway 90 between Lake Charles and the Sabine River;

8. located within the corporate limits of any city, town, village, or other municipality.

AUTHORITY NOTE: Promulgated in accordance with Act 157 of the Legislature of 1940.

HISTORICAL NOTE: Adopted by the Department of Conservation, March 15, 1946, amended March 1, 1961, amended and promulgated by Department of Natural Resources, Office of Conservation, LR 20:1128 (October 1994), LR 39:

§1104. General Requirements for Storm Choke Use at Water Locations

A. This Section only applies to oil and gas wells at water locations.

B. A subsurface safety valve (SSSV) shall be designed, installed, used, maintained, and tested to ensure reliable operation.

1. The device shall be installed at a depth of 100 feet or more below the seafloor within 2 days after production is established.

2. Until a SSSV is installed, the well shall be attended in the immediate vicinity so that emergency actions may be taken while the well is open to flow. During testing and inspection procedures, the well shall not be left unattended while open to production unless a properly operating subsurface-safety device has been installed in the well.

3. The well shall not be open to flow while the SSSV is removed, except when flowing of the well is necessary for a particular operation such as cutting paraffin, bailing sand, or similar operations.

4. All SSSV's must be inspected, installed, used, maintained, and tested in accordance with American Petroleum Institute Recommended Practice 14B, Recommended Practice for Design, Installation, Repair, and Operation of Subsurface Safety Valve Systems.

C. Temporary Removal for Routine Operations

1. Each wireline or pumpdown-retrievable SSSV may be removed, without further authorization or notice, for a routine operation which does not require the approval of Form DM-4R.

2. The well shall be identified by a sign on the wellhead stating that the SSSV has been removed. If the master valve is open, a trained person shall be in the immediate vicinity of the well to attend the well so that emergency actions may be taken, if necessary.

3. A platform well shall be monitored, but a person need not remain in the well-bay area continuously if the master valve is closed. If the well is on a satellite structure, it must be attended or a pump-through plug installed in the tubing at least 100 feet below the mud line and the master valve closed, unless otherwise approved by the district manager.

4. Each operator shall maintain records indicating the date a SSSV is removed, the reason for its removal, and the date it is reinstalled

D. Emergency Action. In the event of an emergency, such as an impending storm, any well not equipped with a subsurface safety device and which is capable of natural flow shall have the device properly installed as soon as possible with due consideration being given to personnel safety.

E. Design and Operation

1. All SSSVs must be inspected, installed, maintained, and tested in accordance with API RP 14B, Recommended Practice for Design, Installation, Repair, and Operation of Subsurface Safety Valve Systems.

2. Testing Requirements. Each SSSV installed in a well shall be removed, inspected, and repaired or adjusted, as necessary, and reinstalled or replaced at intervals not exceeding 6 months for those valves not installed in a landing nipple and 12 months for those valves installed in a landing nipple.

3. Records must be retained for a period of two years for each safety device installed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 39:

§1105. Waivers

A. Onshore Wells. Where the use of storm chokes would unduly interfere with normal operation of a well, the district manager may, upon submission of pertinent data, in writing, waive the requirements of this order.

B. Offshore Wells

1. The district manager, upon submission of pertinent data, in writing explaining the efforts made to overcome the particular difficulties encountered, may waive the use of a subsurface safety valve under the following circumstances, and may, in his discretion, require in lieu thereof a surface safety valve:

a. where sand is produced to such an extent or in such a manner as to tend to plug the tubing or make inoperative the subsurface safety valve;

b. when the flowing pressure of the well is in excess of 100 psi but is inadequate to activate the subsurface safety valve;

c. where flow rate fluctuations or water production difficulties are so severe that the subsurface safety valve would prevent the well from producing at its allowable rate;

d. where mechanical well conditions do not permit the installation of a subsurface safety valve;

e. in such other cases as the district manager may deem necessary to grant an exception.

AUTHORITY NOTE: Promulgated in accordance with Act 157 of the Legislature of 1940.

HISTORICAL NOTE: Adopted by the Department of Conservation, March 1, 1961, amended March 15, 1961, amended and promulgated by Department of Natural Resources, Office of Conservation, LR 20:1128 (October 1994), amended LR 39:

James H. Welsh
Commissioner

1307#082

DECLARATION OF EMERGENCY

Department of Public Safety and Corrections
Corrections Services

Administrative Remedy Procedure (LAC 22:I.325)

In accordance with the provisions of R.S. 49:953, the Department of Public Safety and Corrections, Corrections Services, hereby determines that adoption of an Emergency Rule for implementation of the amendment of an existing department regulation, B-05-005 "Administrative Remedy Procedure," is necessary and that for the following reasons failure to adopt the rule on an emergency basis will result in a violation of the Prison Rape Elimination Act (PREA) of 2003 and Part 115 of Title 28 of the Code of Federal Regulations. Failure to adopt the rule on an emergency basis will violate the federal law and the Department of Justice implementation rules, effective May 17, 2013, requiring all states to be in compliance with the 50 PREA standards by August 20, 2013. One of these standards changes the administrative remedy process for those offenders having suffered a prison rape as defined by PREA. Therefore, the department is required, pursuant to the enactment of these laws and rules, to take certain affirmative acts such as promulgating the instant regulation.

For the foregoing reasons, the Department of Public Safety and Corrections, Corrections Services, has determined that the adoption of an Emergency Rule for implementation of department regulation number B-05-005 "Administrative Remedy Procedure" is necessary and hereby provides notice of its declaration of emergency effective on July 10, 2013, in accordance with R.S. 49:953. The Emergency Rule shall be in effect for 120 days or until adoption of the Final Rule, whichever occurs first.

Title 22
CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
Part I. Corrections

Chapter 3. Adult Services

§325. Administrative Remedy Procedure

A. Purpose—to constitute the department's "administrative remedy procedure" for offenders as a regulation.

B. Applicability—deputy secretary, chief of operations, regional wardens, wardens, and sheriffs or administrators of local jail facilities. Each unit head is responsible for ensuring that all unit written policies and procedures are in place to comply with the provisions of this regulation.

C. Policy. It is the secretary's policy that all offenders and employees have reasonable access to and comply with the department's "administrative remedy procedure" through which an offender may seek formal review of a complaint relating to most aspects of his incarceration. Offenders housed in local jail facilities shall also be afforded reasonable access to a grievance remedy procedures.

1. Revisions will be accomplished through this regulation under the signature of the secretary.

D. Administrative Remedy Procedure—Purpose

1. On September 18, 1985, the Department of Public Safety and Corrections installed in all of its adult institutions a formal grievance mechanism for use by all offenders committed to the custody of the department. The process bears the name Administrative Remedy Procedure (ARP). Offenders are required to use the procedure before they can proceed with a suit in federal and state courts.

2. Corrections Services has established the administrative remedy procedure through which an offender may seek formal review of a complaint which relates to any aspect of his incarceration if less formal methods have not resolved the matter. Such complaints and grievances include, but are not limited to any and all claims seeking monetary, injunctive, declaratory or any other form of relief authorized by law and by way of illustration, includes actions pertaining to conditions of confinement, personal injuries, medical malpractice, time computations, even though urged as a writ of habeas corpus, or challenges to rules, regulations, policies or statutes, including grievances such as offender requests

for accommodations under the Americans with disabilities act and for complaints of sexual abuse under the prison rape elimination act.

3. Through this procedure, offenders shall receive reasonable responses and where appropriate, meaningful remedies.

E. Definitions

ARP Screening Officer—a staff member, designated by the warden, whose responsibility is to coordinate and facilitate the administrative remedy procedure process.

Days—calendar *days*.

Emergency Grievance—a matter in which disposition within the regular time limits would subject the offender to a substantial risk of personal injury or cause other serious and irreparable harm to the offender.

Grievance—a written complaint by an offender on the offender's own behalf regarding a policy applicable within an institution, a condition within an institution, an action involving an offender of an institution or an incident occurring within an institution.

NOTE: The pronouns "he" and "his" as used herein are for convenience only and are not intended to discriminate against female employees or offenders.

F. General Policy

1. Offenders may request administrative remedies to situations arising from policies, conditions or events within the institution that affect them personally.

2. All offenders, regardless of their classification, impairment or disability, shall be entitled to invoke this grievance procedure. It shall be the responsibility of the warden to provide appropriate assistance for offenders with literacy deficiencies or language barriers (including hearing and visual impairments).

3. There are procedures already in place within all DPS and C institutions which are specifically and expressly incorporated into and made a part of this administrative remedy procedure. These procedures shall constitute the administrative remedies for disciplinary matters and lost property claims.

a. General Procedures

i. Notification of Procedures

(a). Offenders must be made aware of the system by oral explanation at orientation and should have the opportunity to ask questions and receive oral answers.

(b). The procedures shall be posted in writing in areas readily accessible to all offenders.

(c). All offenders may request information about or assistance in using the procedure from their classification officer or from a counsel substitute who services their living area.

ii. Nothing in this procedure should serve to prevent or discourage an offender from communicating with the warden or anyone else in the department. All forms of communication to the warden will be handled, investigated and responded to as the warden deems appropriate.

iii. The requirements set forth in this document for acceptance into the administrative remedy procedure are solely to assure that incidents which may give rise to a cause of action will be handled through this two step system of review.

iv. The following matters shall not be appealable through this administrative remedy procedure:

(a). court decisions and pending criminal matters over which the department has no control or jurisdiction;

(b). Board of Pardons and Parole decisions (under Louisiana law, these decisions are discretionary and may not be challenged);

(c). sex offender assessment panel recommendations;

(d). lockdown review board decisions (offenders are furnished written reasons at the time this decision is made as to why they are not being released from lockdown, if that is the case. The board's decision may not be challenged. However, a request for administrative remedy on lockdown review board hearings can be made in the following instances):

(i) that no reasons were given for the decision of the board;

(ii) that a hearing was not held within 90 days from the offender's original placement in lockdown or from the last hearing. There will be a 20 day grace period attached hereto, due to administrative scheduling problems of the board; therefore, a claim based on this ground will not be valid until 110 days have passed and no hearing has been held;

(e). warden's decision regarding restoration of good time pursuant to established policy and procedures.

v. A request for accommodation under the Americans with disabilities act made using the administrative remedy procedure process and the resolution of the offender's request shall be deemed to be exhaustion of the administrative procedure. The initiation of the process and deadlines and time limits stated in the administrative remedy procedure remain applicable.

vi. If an offender registers a complaint against a staff member, that employee shall not be involved in the decision making process on the request for remedy. However, this shall not prevent the employee from participating at the step one level, since this employee may be the best source from which to begin collecting information on an alleged incident.

vii. At each stage of decision and review, offenders will be provided written answers that explain the information gathered or the reason for the decision reached along with simple directions for obtaining further review.

viii. Prior to filing a grievance in federal or state court, unless specifically excepted by law, the offender must exhaust all administrative remedies. Exhaustion occurs:

(a). when the relief requested has been granted;

(b). when the second step response has been issued; or

(c). when the grievance has been screened and rejected for one of the reasons specified in Subsection I, Grievance Screening.

ix. If an offender submits multiple requests during the review of a previous request, they will be logged and set aside for handling at such time as the request currently in the system has been exhausted at the second step or until time limits to proceed from the first step to the second step have lapsed. The warden may determine whether a letter of instruction to the offender is in order.

x. In cases where a number of offenders have filed similar or identical requests seeking administrative remedy, it is appropriate to respond only to the offender who

filed the initial request. Copies of the decision sent to other offenders who filed requests simultaneously regarding the same issue will constitute a completed action. All such requests shall be logged separately.

xi. When an offender has filed a request at one institution and is transferred prior to the review, or if he files a request after transfer on an action taken by the sending institution, the sending institution shall complete the processing through the first step response. The warden of the receiving institution shall assist in communication with the offender.

xii. If an offender is discharged before the review of an issue is completed that affects the offender after discharge, or if he files a request after discharge on an issue that affects him after discharge, the institution shall complete the processing and shall notify the offender at his last known address. All other requests shall be considered moot when the offender discharges and the process shall not be completed.

xiii. No action shall be taken against anyone for the good faith use of or good faith participation in the procedure.

(a). Reprisals of any nature are prohibited. Offenders are entitled to pursue, through the grievance procedure, a complaint that a reprisal occurred.

(b). The prohibition against reprisals should not be construed to prohibit discipline of offenders who do not use the system in good faith. Those who file requests that are frivolous or deliberately malicious may be disciplined accordingly.

b. Maintenance of Records

i. Administrative remedy procedure records are confidential. Employees who are participating in the disposition of a request may have access to records essential to the resolution of requests. Otherwise, release of these records is governed by R.S. 15:574.12.

ii. All reports, investigations, etc., other than the offender's original letter and responses, are prepared in anticipation of litigation, and are prepared to become part of the attorney's work product for the attorney handling any anticipated future litigation of this matter and are therefore confidential and not subject to discovery.

iii. Records shall be maintained as follows.

(a). An electronic log shall document the nature of each request, all relevant dates and disposition at each step.

(i). Each institution shall submit reports on administrative remedy procedure activity in accordance with established policy and procedures.

(ii). Cross references and notations shall be made on other appropriate databases such as ADA and PREA as may be warranted.

(b). Individual requests and disposition, and all responses and pertinent documents shall be kept on file at the institution or at headquarters.

(c). Records shall be kept four years following final disposition of the request in accordance with the department's records retention schedule.

c. Annual Review. The warden shall annually solicit comments and suggestions on the processing, the efficiency and the credibility of the administrative remedy procedure from offenders and staff. A report with the results of such review shall be provided to the chief of operations/office of adult services no later than January 31 of each year.

G. Initiating a Formal Grievance

1. Offenders are encouraged to resolve their problems within the institution informally, before initiating the formal process. Informal resolution is accomplished through communication with appropriate staff members. If an offender is unable to resolve his problems or obtain relief in this fashion, he may initiate the formal process. In order to ensure their right to use the formal procedure, a request to the warden shall be made in writing within a 90 day period after an incident has occurred. This requirement may be waived when circumstances warrant. The warden or designee shall use reasonable judgment in such matters. There is no time limit imposed for grievances alleging sexual abuse.

a. Initiating a Formal Grievance

i. The offender commences the process by completing a request for administrative remedy or writing a letter to the warden, in which he briefly sets out the basis for his claim, and the relief sought. For purposes of this process, a letter is:

(a). any form of written communication which contains the phrase: "This is a request for administrative remedy" or "ARP;" or

(b). request for administrative remedy at those institutions that wish to furnish forms for commencement of this process.

ii. The institution is not required to be responsible for furnishing the offender with copies of his letter of complaint. It is the offender's responsibility for obtaining or duplicating a copy of his letter of complaint through established institutional procedures and for retaining the copy for his own records. The form or original letter will become a part of the administrative record and will not be returned to the offender.

iii. Original letters or requests to the warden should be as brief as possible. Offenders should present as many facts as possible to answer all questions (who, what, when, where and how) concerning the incident. If a request is unclear or the volume of attached material is too great, it may be rejected and returned to the offender with a request for clarity or summarization on one additional page. The deadline for this request begins on the date the resubmission is received in the warden's office.

iv. No request for administrative remedy shall be denied acceptance into the administrative remedy procedure because it is or is not on a form; however, no letter as set forth above shall be accepted into the process unless it contains the phrase, "This is a request for administrative remedy or ARP."

b. Withdrawing a Formal Grievance. If, after filing a formal request for administrative remedy, an offender receives a satisfactory response through informal means, the offender may request (in writing) that the warden cancel the administrative remedy request.

H. Emergency or Sensitive Issues

1. In instances where the offender's request is of an emergency or sensitive issue as defined below, the following procedures will apply.

a. If an offender feels he is subjected to emergency conditions, he must send an emergency request to the shift

supervisor. The shift supervisor shall immediately review the request to determine the appropriate corrective action to be taken. All emergency requests shall be documented on an unusual occurrence report by the appropriate staff member.

i. Abuse of the emergency review process by an offender shall be treated as a frivolous or malicious request and the offender shall be disciplined accordingly. Particularly, but not exclusively, matters relating to administrative transfers and time computation disputes are not to be treated as emergencies for purposes of this procedure, but shall be expeditiously handled by the shift supervisor, when appropriate.

b. If the offender believes the complaint is sensitive and that he would be adversely affected if the complaint became known at the institution, he may file the complaint directly with the secretary through the chief of operations/office of adult services. The offender must explain, in writing, his reason for not filing the complaint at the institution.

i. If the chief of operations/office of adult services agrees that the complaint is sensitive, he shall accept and respond to the complaint. If he does not agree that the complaint is sensitive, he shall so advise the offender in writing, and return the complaint to the warden's office. The offender shall then have five days from the date the rejection memo is received in the warden's office to submit his request through regular channels (beginning with the first step if his complaint is acceptable for processing in the administrative remedy procedure).

c. If an emergency complaint alleges that the offender is subject to a substantial risk of imminent sexual abuse, the grievance shall be sent immediately to the unit's PREA compliance manager who shall then immediately notify the unit's PREA investigator. The unit PREA compliance manager shall provide an initial response with 48 hours of receipt of the grievance outlining any corrective actions warranted and shall issue a first step response within five days. If the offender has been secured and is no longer in danger or imminent harm, the grievance procedure shall proceed as outlined within the deadlines and time limits stated in the administrative remedy procedure.

I. Grievance Screening

1. The ARP screening officer shall screen all requests prior to assignment to the first step. The screening process should not unreasonably restrain the offender's opportunity to seek a remedy.

a. The ARP screening officer shall furnish the offender with notice of the initial acceptance or rejection of the request to advise that his request is being processed or has been rejected.

i. If the request is processed, the warden, or designee, will assign a staff member to conduct further fact-finding and/or information gathering prior to rendering his response.

ii. If a request is rejected, it must be for one of the following reasons, which shall be noted on the request for administrative remedy or on the offender's written letter.

(a). This matter is not appealable through this process, such as:

(i). court decisions;

(ii). Board of Pardons and Parole decisions;

(iii). sex offender assessment panel recommendations;

(iv). lockdown review board (refer to Subsection F, General Policy).

(b). There are specialized administrative remedy procedures in place for this specific type of complaint, such as:

(i). disciplinary matters;

(ii). lost property claims.

(c). It is a duplicate request.

(d). The complaint concerns an action not yet taken or a decision which has not yet been made.

(e). The offender has requested a remedy for another offender (unless the request is a third party report of an allegation of sexual abuse).

(f). The request was not written by the offender and a waiver was not approved. The only exception is if the offender has alleged sexual abuse. In this instance, the offender:

(i). may seek help from a third party to file the initial grievance;

(ii). must attach written authorization for the named third party to submit the grievance on the offender's behalf; and

(iii). must personally pursue any remaining subsequent steps in the process.

(g). The offender has requested a remedy for more than one incident (a multiple complaint) unless the request is a report of an allegation of sexual abuse.

(h). Established rules and procedures were not followed.

(i). There has been a time lapse of more than 90 days between the event and the initial request, unless waived by the warden (some exceptions may apply, e.g., time computation issues, ADA and PREA issues, on-going medical issues, etc.)

(j). The offender does not request some type of remedy unless the request pertains to an allegation of sexual abuse, in which case stopping the abuse is the implied request for remedy.

b. Once an offender's request is accepted into the procedure, he must use the manila envelope that is furnished to him with the first step response to continue in the procedure. The flaps on the envelope may be tucked into the envelope for mailing to the facility's ARP screening officer.

J. Grievance Processing

1. The following process and time limits shall be adhered to in processing any ARP request.

a. First Step (time limit 40 days/5 days for PREA)

i. If an offender refuses to cooperate with the inquiry into his allegation, the request may be denied by noting the lack of cooperation on the appropriate step response and returning it to the offender.

ii. The warden shall respond to the offender within 40 days/5 days for PREA from the date the request is received at the first step utilizing the first step response.

iii. If the offender is not satisfied with the decision rendered at the first step, he should pursue his grievance to the secretary, through the chief of operations/office of adult services via the second step.

iv. For offenders wishing to continue to the second step, sufficient space will be allowed on the response to give

a reason for requesting review at the next level. It is not necessary to rewrite the original letter of request as it will be available to all reviewers at each step of the process.

b. Second Step (time limit 45 days)

i. An offender who is dissatisfied with the first step response may appeal to the secretary of the Department of Public Safety and Corrections by so indicating that he is not satisfied in the appropriate space on the response form and forwarding it to the ARP screening officer within five days of receipt of the decision.

ii. A final decision will be made by the secretary or designee and the offender shall be sent a response within 45 days from the date the request is received at the second step utilizing the second step response.

iii. A copy of the secretary's decision shall be sent to the warden.

iv. If an offender is not satisfied with the second step response, he may file suit in district court. The offender must furnish the administrative remedy procedure number on the court documents.

c. Deadlines and Time Limits. No more than 90 days from the initiation to completion of the process shall elapse, unless an extension has been granted. Absent such an extension, expiration of response time limits shall entitle the offender to move on to the next step in the process.

i. An offender may request an extension in writing of up to five days in which to file at any stage of the process.

(a). This request shall be made to the ARP screening officer for an extension to initiate a request; to the warden for the first step response and to the secretary through the chief of operations/office of adult services for the second step response.

(b). The offender must certify valid reasons for the delay, which must accompany his untimely request. The issue of sufficiency of valid reasons for delay shall be addressed at each step, along with the substantive issue of the complaint.

ii. The warden may request permission for an extension of time not more than five days from the chief of operations/office of adult services for the step one review/response.

(a). The offender must be notified in writing of such an extension.

(b). Cumulative extensions of time shall not exceed 25 days unless the grievance concerns sexual abuse, in which case an extension of time up to 70 days may be made.

(c). If the extension is approved, written communication shall be sent to the offender of the extension and a date by which the decision shall be rendered. Reasons for the extension of time for unusual circumstances shall be maintained in the administrative record.

K. Monetary Damages

1. The Department of Public Safety and Corrections based upon credible facts within a grievance or complaint filed by an offender, may determine that such an offender is entitled to monetary damages where monetary damages are deemed by the department as appropriate to render a fair and just remedy.

a. Upon a determination that monetary damages should be awarded, the only remaining question is quantum or the determination as to the dollar amount of the monetary damages to be awarded.

b. The determination of quantum shall be made after a formal review by the case contractor for the Office of Risk Management within the Division of Administration. The determination reached by the case contractor shall be submitted to the Office of Risk Management and the Department of Public Safety and Corrections for a final decision.

c. If a settlement is reached, a copy of the signed release shall be given to the warden on that same date.

L. Lost Property Claims

1. The purpose of this section is to establish a uniform procedure for handling lost property claims filed by offenders in the custody of the Department of Public Safety and Corrections. Each warden is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this procedure and for advising offenders and affected employees of its contents.

a. When an offender suffers a loss of personal property, he may submit a lost personal property claim to the warden or designee. The claim shall include the date the loss occurred, a full statement of the circumstances which resulted in the loss of property, a list of the items which are missing, the value of each lost item and any proof of ownership or value of the property available to the offender. All claims for lost personal property must be submitted to the warden or designee within 10 days of discovery of the loss.

i. Under no circumstances will an offender be compensated for an unsubstantiated loss, or for a loss which results from the offender's own acts or for any loss resulting from bartering, trading, selling to or gambling with other offenders.

b. The warden or designee shall assign an employee to investigate the claim. The investigative officer shall investigate the claim fully and will submit his report and recommendations to the warden or designee.

c. If a loss of an offender's personal property occurs through the negligence of the institution and/or its employees, the offender's claim may be processed in accordance with the following procedures.

i. Monetary:

(a). the warden or designee shall recommend a reasonable value for the lost personal property as described on the lost personal property claim. The state assumes no liability for any lost personal clothing. Liability shall be pursuant to established policy and procedures;

(b). a lost personal property claim response and agreement shall be completed and submitted to the offender for his signature; and

(c). the claim shall be submitted to the chief of operations/office of adult services for review and final approval.

ii. Non-monetary:

(a). the offender is entitled only to state issue where state issued items are available;

(b). the warden or designee shall review the claim and determine whether or not the institution is responsible;

(c). a lost personal property claim response shall be completed and submitted to the offender for his signature;

(d). an agreement shall be completed and submitted to the offender for his signature when state issue replacement has been offered.

d. If the warden or designee determines that the institution and/or its employees are not responsible for the offender's loss of property, the claim shall be denied, and a lost personal property claim response shall be submitted to the offender indicating the reason. If the offender is not satisfied with the resolution at the unit level, he may indicate by checking the appropriate box on the lost personal property claim response and submitting it to the ARP screening officer within five days of receipt. The screening officer shall provide the offender with an acknowledgment of receipt and date forwarded to the chief of operations/office of adult services. A copy of the offender's original lost personal property claim and lost personal property claim response and other relevant documentation shall be attached.

AUTHORITY NOTE: Promulgated in accordance with R.S. 49:950.

HISTORICAL NOTE: Promulgated by the Department of Corrections, Office of Adult Services, LR 28:857 (April 2002), amended LR 28:1993 (September 2002), amended by the Department of Public Safety and Corrections, Corrections Services, LR 37:3275 (November 2011), LR 39:

James M. Le Blanc
Secretary

1307#044

DECLARATION OF EMERGENCY

Department of State
Elections Division

Voter Registration at Mandatory Voter Registration Agencies (LAC 31:II.Chapter 4)

The Department of State, pursuant to the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), and under the authority of R.S. 18:116, R.S. 36:742 and 42 U.S.C. §1973gg et seq., has adopted LAC 31:II.Chapter 4 on an emergency basis in an effort to comply with the Permanent Injunction entered on January 23, 2013, by the United States District Court, Eastern District of Louisiana, in the matter of "Scott, et al. v. Schedler, et al." (Docket No. 11-926), directing the Secretary of State to implement "policies and procedures" no later than March 15, 2013, as to each program for which the Secretary of State has not achieved substantial compliance with the provisions of the National Voter Registration Act, 42 U.S.C. §1973gg et seq., as construed by the district court in the referenced proceeding. The district court's ruling is under review by the United States Court of Appeals for the Fifth Circuit, and if reversed may necessitate subsequent repeal or amendment of these rules.

The initial Emergency Rule became effective on March 14, 2013 and will remain in effect until July 12, 2013. This new Emergency Rule shall become effective on July 10, 2013, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act or until final Rules are promulgated in accordance with law, whichever occurs first.

Title 31
ELECTIONS
Part II. Voter Registration and Voter Education
Chapter 4. Voter Registration at Mandatory Voter Registration Agencies in the State that Provide Public Assistance or Provide State-funded Programs Primarily Engaged in Providing Services to Persons with Disabilities

§401. Objective

A. The objective of these rules is to provide procedures to implement the provisions of the National Voter Registration Act, 42 U.S.C. §1973gg et seq., (NVRA), as interpreted by the United States District Court for the Eastern District of Louisiana in "Scott, et al. v. Schedler, et al." (docket no. 11-926), in a permanent injunction dated January 23, 2013, at those agencies designated by the state as voter registration agencies which include all offices in the state that provide public assistance and all offices in the state that provide state-funded programs primarily engaged in providing services to persons with disabilities, hereinafter referred to as "mandatory voter registration agencies," within the intent of 42 U.S.C. §1973gg-5.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§403. Definitions

Department—an office, agency, or other instrumentality of the executive branch that contains mandatory voter registration agencies.

Employee—a full-time or part-time classified or unclassified employee, official, or any independent contractor of any mandatory voter registration agency as defined in Paragraph A.

Mandatory Voter Registration Agency or *Mandatory Voter Registration Agencies*—all offices or agencies in the state that provide public assistance or that provide state-funded programs primarily engaged in providing services to persons with disabilities.

Site—the physical location where voter registration is conducted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§405. Services Made Available

A. At each mandatory voter registration agency, the following services shall be made available:

1. distribution of the state voter registration application with each application for service or assistance, and with each recertification, renewal, or change of address form relating to such service or assistance, whether the application, recertification, renewal, or change of address form is in paper or electronic format;

2. provide a declaration form with each application, recertification, renewal, or change of address form as described in 42 U.S.C. §1973gg-5(a)(6)(B);

3. provide each applicant who does not decline to register to vote the same degree of assistance with regard to the completion of the voter registration application as is provided by the mandatory voter registration agency with regard to the completion of its own forms, unless the applicant refuses such assistance;

4. accept completed voter registration applications for transmittal to the appropriate parish registrar of voters.

5. accept any change of name submitted by a registrant which shall serve as a notification of change of name for voter registration unless the registrant states at the time of submitting the change that the change is not for voter registration purposes. The transmittal procedure shall be handled in the same manner as voter registration applications.

B. If the mandatory voter registration agency provides services to a person with a disability at the person's home, the agency shall provide the services described in Paragraph A at the person's home.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§407. Declaration Form

A. Each mandatory voter registration agency shall provide a declaration form with each voter registration application that is distributed with each application for service or assistance, and with each recertification, renewal, or change of address form relating to such service or assistance.

B. The declaration form shall include the following, in order:

1. the question:

> "If you are not registered to vote where you live now, would you like to apply to register to vote here today?";

2. boxes for the applicant to check to indicate whether the applicant would like to register to vote or declines to register to vote (failure to check either box being deemed to constitute a declination to register to vote for purposes of providing assistance in completion of the registration application form), together with the statement (in close proximity to the boxes and in prominent type):

> "IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME."

3. if the mandatory voter registration agency provides public assistance, the statement:

> "Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency."

4. the statement:

> "If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private."

5. the statement:

> "For assistance in completing the voter registration application form outside our office, contact _____ at _____."

a. the first blank shall be filled in with the department's name and the second blank shall be filled in with the department's telephone number or other contact information;

6. the statement:

> "If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to _____ or _____."

a. the first blank shall filled in with the department's local office physical location and the second blank shall be filled in with the department's mailing address used to accept applications for service or assistance, recertifications, renewals, and changes of address forms; and

7. the statement:

> "If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125, Telephone (toll-free) 1-800-883-2805."

C. Completed declaration forms shall be retained by the mandatory voter registration agency for at least 24 months.

D. No information relating to a declination to register to vote in connection with an application made at a mandatory voter registration agency may be used for any purpose other than voter registration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§409. Transmittal of Voter Registration Applications Accepted at Mandatory Voter Registration Agencies

A. Completed voter registration applications accepted by mandatory voter registration agencies shall be transmitted to the appropriate registrar of voters no later than five days after date of acceptance. If a registration application is accepted within five days before the last day for registration, the mandatory voter registration agency shall transmit the completed voter registration application to the appropriate registrar of voters at the conclusion of each business day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§411. Qualified Employees at Mandatory Voter Registration Agencies

A. Qualifications. In order to perform the services set forth herein, an employee at a mandatory voter registration agency shall possess the following qualifications:

1. be an employee of the mandatory voter registration agency; and

2. have received in-service training on implementation of the NVRA.

B. Duties. Every qualified employee at each mandatory voter registration agency shall comply with and perform all requirements of 42 U.S.C. §1973gg-5 and R.S. 18:116, and shall comply with and perform all duties and responsibilities as set forth in training, manuals, pamphlets, rules and procedures of the secretary of state.

C. Prohibitions. A qualified employee who provides services described in Paragraph A of Section 405 of this Chapter shall not:

1. seek to influence an applicant's political preference or party registration;

2. display any such political preference or party allegiance;

3. make any statement to an applicant or take any action the purpose or effect of which is to discourage the applicant from registering to vote; or

4. make any statement to an applicant or take any action the purpose or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§413. Review Process

A. Each mandatory voter registration agency shall appoint a qualified employee to serve as the NVRA site coordinator. Each department shall also appoint a NVRA department coordinator. The NVRA site coordinators and NVRA department coordinator shall be responsible for ensuring compliance by each mandatory voter registration agency with the duties and responsibilities provided in 42 U.S.C. §1973gg-5 and R.S. 18:116, and as set forth in training, manuals, pamphlets, rules and procedures of the secretary of state.

B. Each department shall submit the names and contact information of the NVRA site coordinators and NVRA department coordinator to the secretary of state NVRA coordinator. When a change is made, the department shall provide the name and contact information to the secretary of state NVRA coordinator within 10 days.

C. On a quarterly basis, each NVRA department coordinator shall meet with the secretary of state NVRA coordinator to review procedures, forms, and registration data, and to monitor any problem areas where changes in rules or laws may be necessary, or where improvement is needed.

D. Beginning on January 1, 2014, and on a quarterly basis thereafter, the NVRA department coordinator shall submit to the secretary of state NVRA coordinator a concise report that documents the following:

1. the total number of applications for service or assistance, recertifications, renewals, and changes of address relating to such service or assistance received by the department, by program and site;

2. the total number of declaration forms received by the department, by program and site; and

3. the total number of completed voter registration applications received by the department and forwarded to the appropriate registrar of voters, by program and site.

E. Each department shall submit its policies, procedures, and forms currently in use or to be used to implement the provisions of 42 U.S.C. §1973gg-5 and R.S. 18:116 to the secretary of state for approval. The secretary of state shall submit approved policies, procedures, and forms submitted by each department to the United States Department of Justice for preclearance as required by section 5 of the Voting Rights Act. The department shall not implement any policies, procedures, or forms until the approval of the secretary of state and preclearance from the United States Department of Justice has been obtained and provided to the department. The requirement for preclearance shall be applicable as long as preclearance requirements remain in effect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§415. Training

A. Training on implementation of 42 U.S.C. §1973gg-5 and R.S. 18:116 shall be provided as follows.

1. The secretary of state shall provide annual training to the NVRA department coordinator, NVRA site coordinators, and other personnel designated by the NVRA department coordinator.

2. The NVRA department coordinator shall provide training for new employees described in Paragraph C of Section 403 of this Chapter during employee orientation or as part of initial training within 30 days of the date of hire.

3. The NVRA department coordinator shall provide training on no less than an annual basis to all employees described in Paragraph C of Section 403 of this Chapter.

B. All training shall include, but shall not be limited to the following:

1. review of responsibilities of employees to distribute voter registration applications and provide declaration forms;

2. discussion of information which may be used to establish an applicant's age, identity, and residency;

3. discussion of assistance that may be provided to an applicant;

4. review of responsibilities in ensuring accuracy and legibility of voter registration applications and stressing responsibility for informing each applicant that the applicant is not registered to vote until the parish registrar of voters notifies the applicant of registration;

5. review of transmittal requirements; and

6. review of prohibitions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§419. List of Mandatory Voter Registration Agencies

A. The secretary of state shall maintain a list of the physical location of each mandatory voter registration agency. Once a year, the secretary of state shall submit the list to the NVRA department coordinator who shall verify the list within 30 days. If there is a change, the NVRA department coordinator shall notify the secretary of state NVRA coordinator within 10 days of the change.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§421. Monitoring and Compliance

A. Upon written request of the secretary of state, a department shall prepare a report on NVRA policies, procedures, and practices in sufficient detail to enable the

secretary of state to assess compliance with the NVRA for any mandatory voter registration agency within that department.

B. If, based upon the department's report and such other information as may come to his attention, the secretary of state suspects a violation, deficient practice or noncompliance with the NVRA, the secretary of state may:

1. request additional information from the department;

2. send a compliance letter to the department to correct any violation, deficient practice or noncompliance; or

3. report the suspected violation, deficient practice or noncompliance to the United States Department of Justice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§423. Application of this Chapter

A. This Chapter shall apply equally to all independent contractors, officials, as well as all full-time and part-time classified and unclassified employees of all mandatory voter registration agencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

§425. Requirement for Preclearance

A. These emergency rules shall not be implemented until preclearance of the rules is received from the United States Department of Justice, as required by section 5 of the Voting Rights Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 18:116, R.S. 36:742, 42 U.S.C. §1973gg et seq., and the Permanent Injunction issued in "Scott, et al. v. Schedler, et al." (Docket No. 11-926), United States District Court, Eastern District of Louisiana.

HISTORICAL NOTE: Promulgated by the Department of State, Elections Division, LR 39:

Tom Schedler
Secretary of State

1307#078

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Amberjack Commercial Season Closure

The commercial season for the harvest of greater amberjack in Louisiana state waters will close effective 12:01 a.m. on July 1, 2013. The secretary has been informed that the commercial season for greater amberjack in the Federal waters of the Gulf of Mexico off the coast of Louisiana will close at 12:01 a.m. on July 1, 2013, and will remain closed until 12:01 a.m. January 1, 2014.

In accordance with the provisions of R.S. 49:953, which allows the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission to use seasonal rules to set finfish seasons, R.S. 56:326.3 which provides that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, and the authority given to the secretary of the department by the commission in its resolution of January 3, 2013 to modify opening and closing dates of 2012-2013 commercial reef fish seasons in Louisiana state waters when he is informed by the Regional Administrator of NOAA Fisheries that the seasons have been closed in adjacent Federal waters, and that NOAA Fisheries requests that the season be modified in Louisiana State waters, the Secretary hereby declares:

The commercial fisheries for greater amberjack in Louisiana waters will close at 12:01 a.m. on July 1, 2013, and remain closed until 12:01 a.m., January 1, 2014. Effective with this closure, no person shall commercially harvest, possess, purchase, barter, trade, sell or attempt to purchase, barter, trade or sell greater amberjack whether within or without Louisiana waters. Nothing shall prohibit the possession or sale of fish legally taken prior to the closure providing that all commercial dealers possessing greater amberjack taken legally prior to the closure shall maintain appropriate records in accordance with R.S. 56:306.5 and R.S. 56:306.6.

The secretary has been notified by NOAA Fisheries that the commercial greater amberjack season in Federal waters of the Gulf of Mexico will close at 12:01 a.m. on July 1, 2013, and the season for commercial harvest will remain closed until 12:01 a.m. January 1, 2014. Having compatible season regulations in State waters is necessary to provide effective rules and efficient enforcement for the fishery, to prevent overfishing of the species in the long term.

Robert Barham
Secretary

1307#041

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Early Season Migratory Bird
Recommendations—2013-14 Seasons

In accordance with the emergency provisions of R.S. 49:953 of the Administrative Procedure Act, and under authority of R.S. 56:115, the Secretary of the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission hereby adopts the following Emergency Rule.

The hunting seasons for early migratory birds during the 2013-2014 hunting season shall be as follows:

Dove: The term "dove" refers to the following species, and only the following species: mourning doves, white-winged doves, Eurasian collared-doves, and ringed-turtle doves.

South
Sep. 07-15
Oct. 19-Dec. 01
Dec. 21-Jan. 06

North
Sep. 07-22
Oct. 12-Nov. 10
Dec. 14-Jan. 06

Bag Limit: Mourning and white-winged doves and fully dressed Eurasian collared- and ringed turtle-doves:

Daily bag limit 15 in aggregate, Possession 45 in aggregate, but note: there is no bag limit on Eurasian collared-doves or ringed turtle-doves provided that a fully feathered wing and head remain attached to the carcass of the bird. Fully dressed Eurasian-collared doves and ringed-turtle doves (those without a fully feathered wing and head naturally attached to the carcass) shall be included in the aggregate bag.

Dove Hunting Zones: The state shall be divided into North and South Dove Hunting Zones by the following boundary:

Beginning at the Texas-Louisiana border on La. Highway 12; thence east along La. Highway 12 to its intersection with U.S. Highway 190; thence east along U.S. Highway 190 to its intersection with Interstate 12; thence east along Interstate 12 to its intersection with Interstate 10; thence east along Interstate 10 to the Mississippi state line.

Teal: September 14 - September 29

Daily bag limit 6, possession limit 18, blue-winged, green-winged and Cinnamon teal only. Federal and state waterfowl stamps required.

Rails: Split Season, Statewide, 70 days

September 14 - September 29

Remainder of season to be set in August with the duck regulations.

King and Clapper: Daily bag limit 15 in the aggregate and possession 45 in the aggregate.

Sora and Virginia: Daily bag limit 25 and 75 in the aggregate.

Gallinules: Split Season, Statewide, 70 days

September 14 - September 29

Remainder of season to be set in August with the duck regulations.

Common and Purple: Daily bag limit 15 in the aggregate, possession of 45 in the aggregate.

Woodcock: December 18 - January 31, Statewide

Daily bag limit 3, possession limit 9.

Snipe: Deferred to be set in August with the duck regulations.

Extended Falconry Season

Mourning Doves: Statewide

September 16 - October 2

Woodcock: Split Season, Statewide

October 28 - December 17

February 1 - February 11

Falconry daily bag and possession limits for all permitted migratory game birds must not exceed 3 and 9 birds, respectively, singly or in the aggregate, during the extended falconry seasons and regular hunting seasons. Remainder of extended falconry seasons for ducks, rails, gallinules to be set in August with the duck regulations.

Shooting and Hawking Hours:

Dove: One-half hour before sunrise to sunset except 12:00 noon to sunset

September 7, 2013.

Teal, rails, gallinules, and woodcock: One-half hour before sunrise to sunset.

A Declaration of Emergency is necessary because the U.S. Fish and Wildlife Service establishes the framework for all migratory species. In order for Louisiana to provide hunting opportunities to the 100,000 sportsmen, selection of season dates, bag limits, and shooting hours must be established and presented to the U.S. Fish and Wildlife Service Immediately.

The aforementioned season dates, bag limits and shooting hours will become effective on September 1, 2013 and extend through sunset on February 28, 2014.

Ronald Graham
Chairman

1307#039

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Recreational and Commercial Fisheries Closure

In accordance with the emergency provisions of R.S. 49:953 and R.S.49:967 of the Administrative Procedure Act, and under the authority of R.S. 56:6.1 which provides the Secretary of the Department of Wildlife and Fisheries with authority to declare a closed season on any and all species of fish found or existing in the waters of the state; and, a declaration of emergency adopted by the Wildlife and Fisheries Commission on August 2, 2012, the Secretary of the Department of Wildlife and Fisheries hereby closes all commercial and recreational fishing except for recreational and charterboat angling; and, the harvest of bait by wholesale/retail seafood dealers who hold a special bait dealers permit and who harvest bait for sale to recreational fishermen exclusively, pursuant to the provisions of LAC 76:VII.329 effective immediately June 28, 2013, in the following area:

That portion of state outside waters seaward a distance of one-half mile from the shoreline from the southwestern shore of Grand Terre Island 2 at -89 degrees 54 minutes 04 seconds west longitude; thence eastward along the shoreline to the southeastern shore of Grand Terre Island 2 at -89 degrees 51 minutes 39 seconds west longitude; thence eastward along 29 degrees 18 minutes 46 seconds north latitude to -89 degrees 51 minutes 19 seconds west longitude.

Effective with the closure, no person shall take or possess or attempt to take any species of fish for commercial purposes from waters within the closed area. The possession, sale, barter, trade, or exchange of any fish or other aquatic life from the closed area during the closure is prohibited, except as provided herein. Recreational fishing shall be allowed in accordance with the provisions contained herein.

Recreational fishing is limited to recreational angling which shall include licensed charter boat guides.

This action is being taken due to the discovery of large submerged tar mats in the area to be closed and ongoing efforts to remove these.

Robert J. Barham
Secretary

1307#043

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Spring Inshore Shrimp Season Closure in
Portions of the Terrebonne Basin—July 4, 2013

In accordance with the emergency provisions of R.S. 49:953 of the Administrative Procedure Act which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons and R.S. 56:497 which provides that the Wildlife and Fisheries Commission shall fix no less than two open seasons each year for all or part of inside waters and a Declaration of Emergency adopted by the Wildlife and Fisheries Commission on May 2, 2013 which authorized the Secretary of the Department of Wildlife and Fisheries to close the 2013 Spring Inshore Shrimp Season in any portion of Louisiana's inside waters to protect small white shrimp if biological and technical data indicate the need to do so, or enforcement problems develop, the Secretary hereby declares:

The 2013 spring inshore shrimp season will close on July 4, 2013 at 6:00 a.m. in that portion of state inside waters from the eastern shore of Bayou Lafourche westward to the Atchafalaya River Ship Channel at Eugene Island as delineated by the River Channel Buoy Line except for that portion of state inside waters within portions of Timbalier Bay, Terrebonne Bay and Lake Pelto south of 29 degrees 15 minutes 00 seconds north latitude from 90 degrees 18 minutes 00 seconds west longitude westward to 90 degrees 34 minutes 00 seconds west longitude, and those inside waters south of 29 degrees 07 minutes 00 seconds north latitude from 90 degrees 34 minutes 00 seconds west longitude westward to 90 degrees 50 minutes 30 seconds west longitude which shall remain open to shrimping until further notice.

All remaining state inside waters as well as all state outside waters seaward of the Inside/Outside Shrimp Line, as described in R.S. 56:495 will remain open until further notice except for those areas closed to recreational and commercial fishing due to the Deepwater Horizon oil spill disaster.

The number, distribution and percentage of small juvenile white shrimp taken in biological samples within these waters have rapidly increased in recent weeks and these waters are being closed to protect these developing shrimp.

Robert J. Barham
Secretary

1307#042

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Spring Inshore Shrimp Season Closure in the
Atchafalaya, Vermilion and Teche Basins

In accordance with the emergency provisions of R.S. 49:953 of the Administrative Procedure Act which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons and R.S. 56:497 which provides that the Wildlife and Fisheries Commission shall fix no less than two open seasons each year for all or part of inside waters and a Declaration of Emergency adopted by the Wildlife and Fisheries Commission on May 2, 2013 which authorized the Secretary of the Department of Wildlife and Fisheries to close the 2013 Spring Inshore Shrimp Season in any portion of Louisiana's inside waters to protect small white shrimp if biological and technical data indicate the need to do so, or enforcement problems develop, the Secretary hereby declares:

The 2013 spring inshore shrimp season will close on July 6, 2013 at one-half hour after sunset in that portion of state inside waters from the Atchafalaya River Ship Channel at Eugene Island as delineated by the River Channel Buoy Line westward to the western shore of Freshwater Bayou; and, on July 9, 2013 at 6:00 am in that portion of state inside waters from the western shore of Freshwater Bayou westward to the Louisiana/Texas state line.

All remaining state inside waters as well as all state outside waters seaward of the Inside/Outside Shrimp Line, as described in R.S. 56:495 except for portions of the Terrebonne Basin will remain open to shrimping until further notice except for those areas closed to recreational and commercial fishing due to the Deepwater Horizon oil spill disaster.

The number, distribution and percentage of small juvenile white shrimp taken in biological samples within these waters have rapidly increased in recent weeks and these waters are being closed to protect these developing shrimp.

Robert J. Barham
Secretary

1307#040

Rules

RULE

Department of Agriculture and Forestry
Office of Agricultural and Environmental Sciences
Seed Commission

Labeling and Testing (LAC 7:XIII.Chapter 1)

In accordance with the provisions of the Administrative Procedure Act, R.S 49:950 et seq., and with the enabling statute, R.S. 3:1433, the Seed Commission has amended regulations requiring that all planting seed sold into Louisiana be completely tested by a registered seed technologist or an official state seed analyst; defining *registered seed technologist*; amending the general labeling requirements for certified seed; and replacing the existing seed certification standards for California bulrush, sea oats and smooth cordgrass.

Requiring that all seed sold into Louisiana be completely tested by a registered seed technologist or state seed analyst will provide reliable, dependable and accurate test data for seed purchased and planted by Louisiana's farmers and consumers, and with existing regulations, provide for seed regulatory officials authority to verify of such test data. A definition of *registered seed technologists* is needed to clarify which individuals are qualified to perform seed testing for seed offered for sale in Louisiana.

The general labeling requirements for certified seed are being amended to bring the labeling requirements into compliance with the Association of Official Seed Certifying Agencies (AOSCA), the national seed certification organization. The Louisiana Seed Certification Program works within the guidelines of AOSCA, and when AOSCA's rules are amended, Louisiana's rules must be amended to remain in compliance. The seed certification standards for California bulrush, sea oats and smooth cordgrass are being replaced with amended versions that were proposed and accepted by an ad hoc committee of agricultural professionals and industry representatives, established to review the existing standards and to propose changes that would make the regulations more suited to current industry practices.

The rules set new procedures for changing rules and issuing declaratory rulings in accordance with state law, specifically R.S. 49:953(C) and R.S. 49:962.

Title 7
AGRICULTURE AND ANIMALS
Part XIII. Seeds

Chapter 1. Louisiana Seed Law

Subchapter A. Enforcement of the Louisiana Seed Law

§101. Definitions

A. The following terms are defined in addition to those in the Act.

* * *

Registered Seed Technologist—as applied in these regulations, means a seed technologist who has attained registered membership in the Society of Commercial Seed Technologists (society) through qualifying tests and experiences as required by the society.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1431 and R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Seed Commission, LR 4:104 (April 1978), amended by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 12:825 (December 1986), LR 36:1220 (June 2010), LR 37:270 (January 2011), LR 39:1757 (July 2013).

§121. Labeling of Seed

A. Every person whose name appears on the label of seed, except persons exempt pursuant to the authority of R.S. 3:1445, who sells, transports, distributes, or offers for sale agricultural, vegetable, or flower seeds or other propagating stock in Louisiana for planting purposes shall have a complete analysis test performed on the seed by a registered seed technologist or an official state seed analyst prior to the seed being sold, distributed or offered for sale in Louisiana.

B. Information required to be shown on the label:

1. a word or statement in type no smaller than eight points indicating that the seed has been treated;

2. the commonly accepted coined, chemical (generic) or abbreviated chemical name or a description of any process (other than application of a substance) used in such treatment in type no smaller than eight points;

3. a caution statement if the substance used in such treatment in the amount remaining with the seed is harmful to humans or other vertebrate animals;

a. seed treated with a mercurial or similarly toxic substance, if any amount remains with the seed, shall be labeled to show a statement such as "poison," "poison treated" or "treated with poison." The word "poison" shall be in type no smaller than eight points and shall be in red letters on a distinctly contrasting background. In addition, the label shall show a representation of a skull and crossbones at least twice the size of the type used for the name of the substance and the statement indicating that the seed has been treated;

b. seed treated with other harmful substances (other than mercurials or similarly toxic substances). If the amount remaining with the seed is harmful to humans or other vertebrate animals, it shall be labeled to show a caution statement, in type no smaller than eight points, such as "Do not use for food, feed or oil," except:

i. seed treated with substances other than mercurials or similarly toxic substances and in containers of four ounces or less need not be labeled to show caution statement; and

ii. the following substances shall not be deemed harmful if present at a rate less than the number of parts per million (ppm) indicated:

(a). Allethrin, 2ppm;

(b). Malathion, 8ppm;

(c). Methoxychlor, 2ppm: Piperonyl butoxide, 8ppm on oat and sorghum and 20ppm on all other seeds; and

(d). Pyrethrins, 1ppm on oat and sorghum and 3ppm on all other seeds.

C. It shall be unlawful for any person to sell or offer for sale within the state any seed labeled "foundation seed," "registered seed" or "certified seed," unless it has been produced and labeled in compliance with the rules and regulations of a seed certifying agency approved by the commissioner.

D. When more than one component is required to be named on the label, the word "mixture" or the word "mixed" shall be shown conspicuously on the label.

E. The label on hybrid corn shall show the state where grown.

F. Abbreviation of Names. The name and kind of variety of seed shall not be abbreviated, but shall be written out in full.

G. Trucks and other carriers transporting seed for delivery or sale, or to be sold or delivered to consumers in this state, on the public highways, or at public auctions shall have available for examination at any time a bill of lading, waybill or a delivery receipt showing:

1. the name of the shipper or party from whom purchased;

2. the name and address of the party to whom the seed is to be delivered;

3. the kind and amount of each separate lot of seed; and

4. the name of the truck line or owner and driver of the truck or other carrier making delivery or transporting the seed.

H. No seed shall be sold or offered for sale from any bag or container bearing a germination label more than nine months prior to the time such seed is offered for sale. For all vegetable seed packaged in hermetically sealed containers, this period shall be extended to 24 months. The owner shall be responsible for the relabeling after expiration of the germination test date period. Under the provisions of this regulation, any person, firm or corporation possessing a seedsman's permit shall have the right to label such seed after it has been retested, stating the true germination thereof. A new tag or label shall be used to bring the germination up-to-date. The original tag shall not be changed in any way.

I. After December 31, 2011 each package of coated seed shall have the following additional information on the front of the package which shall be set forth in a clear and conspicuous manner so that the ultimate purchaser is able to read the information easily and without strain:

1. the words “coated seed;”

2. a statement giving the maximum amount of coating material contained within the package;

3. a statement referring purchaser to the product label for additional information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433 and 3:1436.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Seed Commission, LR 4:105 (April 1978), amended by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 12:825 (December 1986), LR 16:492 (June 1990), LR 37:270 (January 2011), LR 37:2979 (October 2011), LR 39:1757 (July 2013).

Subchapter B. General Seed Certification Requirements

§141. Processing of Certified Seed

A. - A.3.a. …

* * *

B. General Labeling Requirements

1. Each container, regardless of size, of all classes of certified seed offered for sale must bear an official certification label issued by the Louisiana Department of Agriculture and Forestry.

2. Labeling requirements may vary with the crop and methods of handling, but, in all instances, labels shall be attached to the containers in a secure manner.

3. The lot number of the label attached to each container must be the same as the lot number marked on the container.

4. The label shall contain the following information:

a. kind and variety;

b. where grown;

c. percentage of pure seed, crop seed, weed seed and inert matter;

d. name and number of noxious weed seeds per pound;

e. grower's name and address or code number;

f. germination percentage;

g. hard seed;

h. total germination and hard seed percentage;

i. net weight;

j. lot number; and

k. date of test.

5. Labels will be issued only for seed proven by laboratory analysis to meet required germination and purity standards.

6. The number of labels issued will be determined by the inspector's estimate of the quantity of seed at the time of sampling. All unused labels must be returned to the Louisiana Department of Agriculture and Forestry.

7. Prelabeling

a. In order to permit seedsmen to bag and label seed in advance of final laboratory reports, certification labels may be issued in advance. Such labels can be pre-issued upon receipt of completed field inspection reports showing that field production standards have been met. The state may grant a waiver on the movement of seed if an acceptable preliminary test is made on the seed lot. If prelabeled lots fail laboratory analysis standards, all labels shall be destroyed or returned to the Louisiana Department of Agriculture and Forestry. Failure to comply with this regulation will result in suspension of future prelabeling privileges.

8. The official certification label may be printed directly on the container with prior approval of the Louisiana Department of Agriculture and Forestry.

9. When separate seed analysis labels containing warranties, treatment information, etc., are attached to containers they shall be positioned so as not to obscure certification labels.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433 and R.S. 3:1434.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Seed Commission, LR 8:566 (November l982), amended LR 9:196 (April l983), amended by the Department of

Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 12:825 (December l986), LR 20:643 (June 1994), LR 31:35 (January 2005), LR 31:1510 (July 2005), LR 39:1758 (July 2013).

Subchapter C. Certification of Specific Crops/Varieties

§171. California Bulrush (*Schoenoplectus californicus*) Clonally Propagated Plant Certification Standards

A. The department shall issue numbered certified bulk sales certificates when requested to do so by a grower who has met the requirements and standards set forth in this Section. The numbered certified certificates shall accompany each shipment of certified material.

B. Definition of Classes. For the purpose of this Section, the word *material* refers to clonally propagated plants with identical genotypes.

1. Breeder material shall be maintained by the plant breeder, or their respective authorized agent(s).

2. Foundation material shall be the vegetative increase of breeder material.

3. Registered material shall be the vegetative increase of either breeder or foundation material.

4. Certified material shall be the vegetative increase of breeder, foundation, or registered material.

C. DNA Fingerprinting Requirements

1. DNA fingerprinting samples shall be taken by Louisiana Department of Agriculture and Forestry (LDAF) inspectors and submitted to an LDAF approved laboratory for testing, according to the following guidelines:

a. foundation material:

i. fingerprinting is required at year of transplant and every other year thereafter;

ii. ponds—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—ten percent or 190 random plants, whichever is smaller;

b. registered material:

i. fingerprinting is required at year of transplant and every three years thereafter;

ii. ponds—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—five percent or 94 random plants, whichever is smaller;

c. certified material:

i. fingerprinting is required at year of transplant and every five years thereafter;

ii. ponds—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—five percent or 94 random plants, whichever is smaller.

2. The LDAF shall have the right to re-inspect, re-sample and re-test production fields, ponds and containers/tanks that are out-of-tolerance for DNA fingerprinting prior to final certification.

a. Resampling of fields that are out-of-tolerance for DNA fingerprinting shall be at the request of the producer.

3. Additional DNA fingerprinting samples shall be required of a certified grower when the integrity of the genetic purity of a production field, pond or container/tank has been jeopardized by any means prior to final certification.

D. Production Requirements

1. General production requirements for all classes and production methods:

a. only one variety of California bulrush shall be grown per production field, pond or container/tank;

b. all seed heads shall be routinely removed from plants after flowering begins, to ensure that viable seed are not produced;

c. production fields, ponds, container/tanks shall meet the minimum isolation distance at all points;

d. pond requirements:

i. ponds shall be contained by levees;

ii. ponds of different varieties shall be separated by the minimum required isolation distance and must have individual water supplies and water drainage capabilities for each produced variety;

e. container/tank requirements:

i. soil used for container/tank production shall:

(a). come from an area that has not produced California bulrush for a minimum of one year; and

(b). be free of visible California bulrush rhizomes and stems prior to transplanting.

2. Certified Class

a. Production fields of the certified class may be located within natural tidal influenced areas.

E. Land Requirements

1. In order to be eligible for the production of all certified classes, production fields, ponds and containers/tanks of *Schoenoplectus californicus* shall:

a. be left undisturbed for a minimum of four weeks prior to planting; and

b. be found to be free of California bulrush and noxious and objectionable weeds.

F. Grower Inspections

1. Production fields, ponds and containers/tanks shall be inspected by the grower to ensure that all requirements of this Section are met prior to each inspection by the LDAF.

G. LDAF Inspections

1. Production fields, ponds and containers/tanks shall be made accessible for inspection by the grower.

2. First Year (year of transplant)

a. Production fields, ponds and containers/tanks shall be inspected by LDAF inspectors within four weeks prior to transplanting to ensure production fields, ponds and containers/tanks are free of volunteer California bulrush plants.

b. Production fields, ponds and containers/tanks shall be non-flooded at time of inspection.

c. Production fields, ponds and containers/tanks shall be inspected between 60 and 120 days from date of establishment for the purpose of collecting DNA fingerprinting samples.

d. Production fields, ponds and containers/tanks shall be inspected by the LDAF inspectors a minimum of once a year to ensure that all requirements of this Section are being met.

e. The LDAF shall have the right to re-inspect, re-sample, and re-test production fields, ponds and containers/tanks that are out-of-tolerance for DNA fingerprinting prior to final certification.

f. Additional inspections may be performed at the discretion of the LDAF at any time without prior notice.

3. Subsequent Years

a. Production fields, ponds and containers/tanks shall be inspected by the LDAF inspectors a minimum of once a year to ensure that all requirements of this Section are being met.

b. The LDAF shall have the right to re-inspect, re-sample and re-test production fields, ponds and containers/tanks that are out-of-tolerance for DNA fingerprinting prior to final certification.

c. Additional inspections may be performed at the discretion of the LDAF at any time without prior notice.

H. Field Standards

Factor	Foundation	Registered	Certified
Maximum Age: Production Unit Life From Transplant Date[1]	4 years	6 years	Unlimited
Isolation: Minimum Clonal/Seed Separation Between Production Units			
Pond Production	Clonal - 20 ft.: Seed - 150 ft.	Clonal - 20 ft.: Seed - 150 ft.	Clonal - 20 ft.: Seed - 150 ft.
Tank Production	Clonal - 1 variety per tank: Seed - 150 ft.	Clonal - 1 variety per tank: Seed - 150 ft.	Clonal - 1 variety per tank: Seed - 150 ft.
Field Production	N/A	N/A	200 ft.
Plant Variants: Maximum Variants Allowed.			
DNA Fingerprints	1 percent	2 percent	25 percent
Visual Inspections	3 plants per 5,400 sq. ft.	5 plants per 5,400 sq. ft.	10 plants per 5,400 sq. ft.
Harmful Diseases[2]	None	None	None
Noxious or Objectionable Weeds[3]	None	None	≤ 5 plants per 5,400 sq. ft.
Land Requirements	1 year	1 year	1 year
Other Crops[4]	None	None	None

[1] No maximum age for a certified class production unit so long as the unit continues to meet all requirements of this Section

[2] Diseases seriously affecting quality of seed and transmissible by planting stock

[3] Cyperus spp. (Sedge), Eleocharis spp. (Spikerush), Phragmites australis (Roseau cane), Typha spp. (Cattail)

[4] Spartina alterniflora (Smooth cordgrass), Spartina patens (Marshhay cordgrass), Spartina cynosuroides (Big cordgrass), Spartina spartinae (Gulf cordgrass), Distichlis spicata (Saltgrass), Paspalum vaginatum (Seashore paspalum)

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 37:2980 (October 2011), LR 39:1759 (July 2013).

§183. Sea Oats (*Uniola paniculata*) Clonally Propagated Plant Certification Standards

A. The department shall issue numbered certified bulk sales certificates when requested to do so by a grower who has met the requirements and standards set forth in this Section. The numbered certified certificates shall accompany each shipment of certified material.

B. Definition of Classes. For the purpose of this Section, the word *material* refers to clonally propagated plants with identical genotypes.

1. Breeder material shall be maintained by the plant breeder, or their respective authorized agent(s).

2. Foundation material shall be the vegetative increase of breeder material.

3. Registered material shall be the vegetative increase of either breeder or foundation material.

4. Certified material shall be the vegetative increase of breeder, foundation, or registered material.

C. DNA Fingerprinting Requirements

1. DNA fingerprinting samples shall be taken by (LDAF) inspectors and submitted to an LDAF approved laboratory for testing, in accordance with the following guidelines:

a. foundation material:

i. fingerprinting is required at year of transplant and every other year thereafter;

ii. plots—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—ten percent or 190 random plants, whichever is smaller;

b. registered material:

i. fingerprinting is required at year of transplant and every three years thereafter;

ii. plots—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—five percent or 94 random plants, whichever is smaller;

c. certified material:

i. fingerprinting is required at year of transplant and every five years thereafter;

ii. plots—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—five percent or 94 random plants, whichever is smaller.

2. The LDAF shall have the right to re-inspect, re-sample and re-test production plots and containers that are out-of-tolerance for DNA fingerprinting prior to final certification.

a. Resampling of production plots and container production units that are out-of-tolerance for DNA fingerprinting shall be at the request of the producer.

3. Additional DNA fingerprinting samples shall be required of a certified grower when the integrity of the genetic purity of a production plot or container production unit has been jeopardized by any means prior to final certification.

D. Production Requirements

1. General requirements for all classes and production methods:

a. only one variety of sea oats shall be grown per production plot or container production unit;

b. all seed heads shall be routinely removed from plants after flowering begins, to ensure that viable seed are not produced.

2. Plot requirements:

a. production plots shall be free of sea oats plants for a minimum of four weeks prior to transplanting;

b. production plots and container production units shall meet the minimum isolation distance at all points.

3. Container requirements:

a. soil used for container production shall:

i. come from an area that has not produced sea oats for a minimum of one year; and

ii. be free of visible sea oats rhizomes and stems prior to transplanting.

E. Land Requirements

1. To be eligible for the production of all certified classes of seed; production plots and containers of *Uniola paniculata* shall:

a. be left undisturbed for a minimum of four weeks prior to planting; and

b. found to be free of sea oats and noxious and objectionable weeds.

F. Grower Inspections

1. Production plots and containers shall be inspected by grower to ensure that all requirements of this Section are met prior to each inspection by the LDAF.

G. LDAF Inspections

1. Plots and containers shall be made accessible for inspection by the grower.

2. First Year (year of transplant)

a. Production plots and containers shall be inspected by LDAF inspectors within four weeks prior to transplanting to ensure they are free of volunteer sea oats plants.

b. Production plots and containers shall be inspected between 60 and 120 days from date of establishment for the purpose of collecting DNA fingerprinting samples.

c. Production plots and containers shall be inspected by the LDAF inspectors a minimum of once a year to ensure that all requirements of this Section are being met.

d. The LDAF shall have the right to re-inspect, re-sample, and re-test production plots and containers that are out-of-tolerance for DNA fingerprinting prior to final certification.

e. Additional inspections may be performed at the discretion of the LDAF at any time without prior notice.

3. Subsequent Years

a. Production plots and containers shall be inspected by the LDAF inspectors a minimum of once a year to ensure that all requirements of this Section are being met.

b. The LDAF shall have the right to re-inspect, re-sample and re-test production plots and containers that are out-of-tolerance for DNA fingerprinting prior to final certification.

c. Additional inspections may be performed at the discretion of the LDAF at any time without prior notice.

H. Field Standards

Factor	Foundation	Registered	Certified
Maximum Age: Production Unit Life From Transplant Date[1]	4 years	6 years	Unlimited
Isolation: Minimum Clonal/Seed Separation Between Production Units			
Plot Production	Clonal - 20 ft.: Seed - 150 ft.	Clonal - 20 ft.: Seed - 150 ft.	Clonal - 20 ft.: Seed - 150 ft.
Container Production Unit	Clonal - 1 variety per unit: Seed - 150 ft.	Clonal - 1 variety per unit: Seed - 150 ft.	Clonal - 1 variety per unit: Seed - 150 ft.
Plant Variants: Maximum Variants Allowed.			
DNA Fingerprints	1 percent	2 percent	25 percent
Visual Inspections	3 plants per 5,400 sq. ft.	5 plants per 5,400 sq. ft.	10 plants per 5,400 sq. ft.
Harmful Diseases[2]	None	None	None
Noxious or Objectionable Weeds[3]	None	None	≤ 5 plants per 5,400 sq. ft.
Land Requirements	1 year	1 year	1 year
Other Crops[4]	None	None	None

[1] No maximum age for a certified class production unit so long as the unit continues to meet all requirements of this Section

[2] Diseases seriously affecting quality of seed and transmissible by planting stock

[3] *Cyperus* spp. (Sedges), *Panicum repens* (Torpedograss), *Phragmites australis* (Roseau cane), *Fimbristylis* spp. (Fimbristylis), *Tamarix* spp. (Salt cedar), *Cenchrus* spp. (Sandbur), *Suaeda linearis* (Sea-blite), *Acacia farnesiana* (Sweet acacia)

[4] *Spartina patens* (Marshhay cordgrass), *Spartina spartinae* (Gulf cordgrass), *Sporobolus virginicus* (Dropseed), *Distichlis spicata* (Saltgrass), *Schizachyrium maritimum* (Seacoast bluestem), *Paspalum vaginatum* (Seashore paspalum), *Panicum amarum* (Beach panicgrass)

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 37:2982 (October 2011), amended LR 39:1760 (July 2013).

§193. Smooth Cordgrass (*Spartina alterniflora*) Clonally Propagated Plant Certification Standards

A. The department shall issue numbered certified bulk sales certificates when requested to do so by a grower who has met the requirements and standards set forth in this Section. The numbered certified certificates shall accompany each shipment of certified material.

B. Definition of Classes. For the purpose of this Section, the word *material* refers to clonally propagated plants with identical genotypes.

1. Breeder material shall be maintained by the plant breeder, or their respective authorized agent(s).

2. Foundation material shall be the vegetative increase of breeder material.

3. Registered material shall be the vegetative increase of either breeder or foundation material.

4. Certified material shall be the vegetative increase of breeder, foundation, or registered material.

C. DNA Fingerprinting Requirements

1. DNA fingerprinting samples shall be taken by LDAF inspectors and submitted to an LDAF approved laboratory for testing, in accordance with the following guidelines:

a. foundation material:

i. fingerprinting is required at year of transplant and every other year thereafter;

ii. ponds—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—ten percent or 190 random plants, whichever is smaller;

b. registered material:

i. fingerprinting is required at year of transplant and every three years thereafter;

ii. ponds—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—five percent or 94 random plants, whichever is smaller;

c. certified material:

i. fingerprinting is required at year of transplant and every five years thereafter;

ii. ponds—one sample/1000 sq. ft., with a minimum of 10 samples, regardless of size;

iii. containers—five percent or 94 random plants, whichever is smaller.

2. The LDAF shall have the right to re-inspect, re-sample and re-test production fields, ponds and containers/tanks that are out-of-tolerance for DNA fingerprinting prior to final certification.

3. Resampling of fields that are out-of-tolerance for DNA fingerprinting shall be at the request of the producer.

4. Additional DNA fingerprinting samples shall be required of a certified grower when the integrity of the genetic purity of a production field, pond or container/tank has been jeopardized by any means prior to final certification.

D. Production Requirements

1. General production requirements for all classes and production methods:

a. only one variety of smooth cordgrass shall be grown per production field, pond or container/tank;

b. all seed heads shall be routinely removed from plants after flowering begins, to ensure that viable seed are not produced.;

c. production fields, ponds, container/tanks shall meet the minimum isolation distance at all points;

d. pond requirements:

i. ponds shall be contained by levees;

ii. ponds of different varieties shall be separated by the minimum required isolation distance, and must have individual water supplies and water drainage capabilities for each produced variety;

e. container/tank requirements:

i. soil used for container/tank production shall:

(a). come from an area that has not produced smooth cordgrass for a minimum of one year; and

(b). be free of visible smooth cordgrass rhizomes and stems prior to transplanting.

2. Certified Class

a. Production fields of the certified class may be located within natural tidal influenced areas.

E. Land Requirements. In order to be eligible for the production of all certified classes; production fields, ponds and containers/tanks of *Spartina alterniflora* shall:

1. be left undisturbed for a minimum of four weeks prior to planting; and

2. found to be free of smooth cordgrass and noxious and objectionable weeds.

F. Grower Inspections

1. Production fields, ponds and containers/tanks shall be inspected by grower to ensure that all requirements of this Section are met prior to each inspection by the LDAF.

G. LDAF Inspections

1. Production fields, ponds and containers/tanks shall be made accessible for inspection by the grower.

2. First Year (year of transplant)

a. Production fields, ponds and containers/tanks shall be inspected by LDAF inspectors within four weeks prior to transplanting to ensure production fields, ponds and containers/tanks are free of volunteer smooth cordgrass plants.

i. Production fields, ponds and containers/tanks shall be non-flooded at time of inspection.

b. Production fields, ponds and containers/tanks shall be inspected between 60 and 120 days from date of establishment for the purpose of collecting DNA fingerprinting samples.

c. Production fields, ponds and containers/tanks shall be inspected by the LDAF inspectors a minimum of once a year to ensure that all requirements of this Section are being met.

d. The LDAF shall have the right to re-inspect, re-sample, and re-test production fields, ponds and containers/tanks that are out-of-tolerance for DNA fingerprinting prior to final certification.

e. Additional inspections may be performed at the discretion of the LDAF at any time without prior notice.

3. Subsequent Years

a. Production fields, ponds and containers/tanks shall be inspected by the LDAF inspectors a minimum of once a year to ensure that all requirements of this Section are being met.

b. The LDAF shall have the right to re-inspect, re-sample and re-test production fields, ponds and containers/tanks that are out-of-tolerance for DNA fingerprinting prior to final certification.

c. Additional inspections may be performed at the discretion of the LDAF at any time without prior notice.

H. Field Standards

Factor	Foundation	Registered	Certified
Maximum Age: Production Unit Life From Transplant Date[1]	4 years	6 years	Unlimited
Isolation: Minimum Clonal/Seed Separation Between Production Units			
Pond Production	Clonal - 20 ft.: Seed - 150 ft.	Clonal - 20 ft.: Seed - 150 ft.	Clonal - 20 ft.: Seed - 150 ft.
Tank Production	Clonal - 1 variety per tank: Seed - 150 ft.	Clonal - 1 variety per tank: Seed - 150 ft.	Clonal - 1 variety per tank: Seed - 150 ft.
Field Production	N/A	N/A	200 ft.
Plant Variants: Maximum Variants Allowed.			
DNA Fingerprints	1 percent	2 percent	25 percent
Visual Inspections	3 plants per 5,400 sq. ft.	5 plants per 5,400 sq. ft.	10 plants per 5,400 sq. ft.
Harmful Diseases[2]	None	None	None
Noxious or Objectionable Weeds[3]	None	None	≤ 5 plants per 5,400 sq. ft.
Land Requirements	1 year	1 year	1 year
Other Crops[4]	None	None	None

[1] No maximum age for a certified class production unit so long as the unit continues to meet all requirements of this Section

[2] Diseases seriously affecting quality of seed and transmissible by planting stock

[3] Salvinia spp. (Salvinia), Cyperus spp. (Sedge), Eleocharis spp. (Spike rush), Phragmites australis (Roseau cane), Typha spp. (Cattail)

[4] Spartina patens (Marshhay cordgrass), Spartina cynosuroides (Big cordgrass), Spartina spartinae (Gulf cordgrass), Distichlis spicata (Saltgrass), Schoenoplectus californicus (California bulrush), Paspalum vaginatum (Seashore paspalum)

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 37:2983 (October 2011), amended LR 39:1761 (July 2013).

Subchapter F. Requests for Adoption, Amendment, or Repeal of a Rule; Procedure for Declaratory Orders and Rulings

§239. Requests for Adoption, Amendment, or Repeal of a Rule

A. Any interested person may, pursuant to R.S. 49:953(C), request the commission to adopt, amend, or repeal a rule (rule change) that the commission has the authority to make.

B. A request for a rule change shall be in writing and shall contain the following information:

1. a draft of the proposed wording of the requested rule change or a statement detailing the content of the requested rule change;

2. the name, address, telephone number, fax number and e-mail address of the requesting party.

C. The request for a rule change shall be addressed to the commission and shall be mailed or delivered to 5825 Florida Boulevard, Baton Rouge, LA 70806.

D. The commission shall consider the request as follows:

1. a request for rule change shall be considered by the commission within a reasonable time, not to exceed 90 days:

a. notice of the meeting at which the request is to be considered shall be provided to the person submitting the request;

b. failure of the requesting party to attend the meeting for purposes of discussing the proposed Rule change may be cause for the request to be denied by the commission;

c. the request, with the consent of the requesting party, may be taken under consideration or action deferred pending further information. If the matter is taken under consideration or action is deferred then it will be taken up again at the next regularly scheduled meeting of the commission or at a special meeting.

E. Any decision by the commission shall be in writing and shall state the reasons for the denial or action. Such notice may be delivered by hand, mail, electronically or by any other means reasonably assured to provide notice to the requesting party.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433 and R.S. 49:953(C).

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 39:1763 (July 2013).

§241. Procedure for Declaratory Orders and Rulings

A. This rule provides for the filing and prompt disposition of requests for declaratory orders and rulings as to the applicability of any statutory provision or as to the applicability of any rule or order of the commission, as required by R.S. 49:962 and 49:963(D).

B. A request for a declaratory order or ruling shall be in writing and shall contain the following information:

1. a citation to the specific statutory provision, rule or order that will be the subject of the declaratory order or ruling;

2. a concise statement of why the declaratory order or ruling is being requested;

3. a list of all persons that the requesting party may call to testify and a list of all documents that may be submitted as evidence, if a hearing is called to take evidence;

4. the name, address, telephone number, fax number and e-mail address of the requesting party, either printed or written in legible form.

C. The request for a declaratory order or ruling shall be addressed to the commission and shall be mailed or delivered to 5825 Florida Boulevard, Baton Rouge, LA 70806.

D. The commission shall consider the request as follows.

1. The request shall be considered by the commission within a reasonable time, not to exceed 90 days.

2. Notice of the meeting at which the request is to be considered shall be provided to the person submitting the request.

E. The commission's decision shall be sent to the requesting party either by certified mail, return receipt requested; hand delivery; or commercial courier.

F. Failure of the requesting party, after notice, to attend any hearing or meeting regarding the request may be cause for the request to be denied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1433, R.S. 49:962 and R.S. 49:963(D).

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Seed Commission, LR 39:1763 (July 2013).

Mike Strain, DVM
Commissioner

1307#028

RULE

Department of Children and Family Services
Child Support Enforcement Section

Administrative Suspension of Licenses Issued
by the State of Louisiana (LAC 67:III.2545)

In accordance with the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, the Department of Children and Family Services has amended the Louisiana Administrative Code, Title 67, Part III, Subpart 4, Support Enforcement Services, Chapter 25, Subchapter L, Section 2545, Administrative Suspension of Licenses Issued by the State of Louisiana.

Pursuant to Act 613 of the 2012 Regular Session of the Louisiana Legislature, the agency has amended Section 2545 Administrative Suspension of Licenses Issued by the State of Louisiana to allow for the issuance of a certificate of partial compliance requesting that the suspension be lifted or modified when an obligor provides evidence of ability to comply with the support order and enters into a written agreement with the department.

Title 67
SOCIAL SERVICES
Part III. Economic Stability
Subpart 4. Support Enforcement Services
Chapter 25. Support Enforcement
Subchapter L. Enforcement of Support Obligations
§2545. Administrative Suspension of Licenses Issued by the State of Louisiana

A. CSE may administratively suspend licenses of child support obligors who are not in compliance with an order for support. License suspension will be considered if income assignment is not effective, or if the obligor is not making payments or is making only periodic payments. An obligor shall meet one of the following criteria to be considered for license suspension:

1. - 2. ...

B. CSE will send a notice of the intent to suspend licenses to the obligor by certified mail with return receipt requested. If anyone in the obligor's household accepts the notice, it shall be considered as successfully served on the obligor. The notice will provide information concerning the following:

1. - 5. ...

6. the right of an unobligated spouse to provide CSE with a notarized affidavit in order to retain use of a shared vehicle.

C. Within 20 days of receipt of the notice, the obligor may act in the following manner to forestall license suspension. CSE shall certify the obligor's non-compliance to the appropriate licensing authorities if the obligor fails to act as detailed in this matter.

1. The obligor may enter into a written agreement to pay current and past-due support. If an obligor fails to comply with the terms of a written agreement, CSE may proceed with license suspension without further notice.

2. The obligor may file a written objection requesting an administrative hearing to determine whether the obligor is in compliance with an order of support. If the hearing authority rules that the obligor is in arrears with the support order and all legal delays have elapsed, CSE shall proceed with license suspension without further notice.

3. The obligor may provide acceptable evidence of the inability to pay.

D. ...

E. For a driver's or vehicular license, CSE shall be sensitive to the obligor's needs to retain the license for work purposes or to provide medical transportation to a dependent person. In some situations, CSE may suspend driving privileges for specific times of the day or for specific days of the week.

F. CSE shall issue a release certificate if an obligor becomes compliant with a support order and is eligible to have a license reissued. Such certificate will be sent to the agency or authority that suspended the obligor's license.

G. CSE may issue a certificate of partial compliance requesting that the suspension be lifted or modified if an obligor provides evidence of his ability to comply with the support order and enters into a written agreement with the department. The written agreement will serve as notice of license suspension if obligor fails to comply. Evidence of ability to comply is defined as:

1. a written statement signed by a person authorized to hire and pay wages which includes the address for the income withholding order form to be sent;

2. a copy of lease or rental agreement that indicates the obligors ability to provide a service that will result in self-employment income; or

3. any other evidence presented by an obligor that is approved by the State's IV-D Director or the IV-D Director's designee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:315.40 et seq.; 42 U.S.C. 666.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, Support Enforcement Services, LR 27:2264 (December 2001), amended by the Department of Social Services, Office of Family Support, LR 31:1103 (May 2005), amended by the Department of Children and Family Services, Child Support Enforcement Section, LR 39:1764 (July 2013).

Suzy Sonnier
Secretary

1307#021

RULE

Department of Children and Family Services
Child Support Enforcement Section

Income Assignment (LAC 67:III.2509)

In accordance with the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, the Department of Children and Family Services (DCFS) has amended the *Louisiana Administrative Code*, Title 67, Part III, Subpart 4, Support Enforcement Services, Chapter 25, Subchapter B, Section 2509, Income Assignment.

Sections 466(a)(1), (a)(8) and 466(b)(6)(A)(ii) of the Social Security Act mandates that the state have laws requiring the use of procedures for the withholding of income consistent with the Act to increase the effectiveness of the Child Support Enforcement program. These procedures specify that employers of any absent parent who becomes subject to withholding must be given notice in a standard format prescribed by the secretary. The prescribed format is disseminated by the Administration of Children and Families, Office of Child Support Enforcement in the form of an Office of Management and Budget (OMB) form. DCFS has amended Section 2509 Income Assignment to require the use of the OMB form to adhere with federal law.

Title 67
SOCIAL SERVICES
Part III. Economic Stability and Self-Sufficiency
Subpart 4. Support Enforcement Services
Chapter 25. Support Enforcement
Subchapter B. Support Obligation
§2509. Income Assignment

A. In all new or modified child support orders enforced by Child Support Enforcement Section (CSE) and all new child support orders after January 1, 1994, that are not being enforced by CSE, the court shall order an immediate income assignment unless a written agreement exists between the parties for an alternate arrangement, or the court finds good cause not to require an immediate income assignment. The notice given to employer shall be issued on the federally-approved income withholding order (IWO) form as required by federal law. Employers shall remit any amounts withheld through income assignment within seven days.

B. In any case in which CSE is providing services, if not previously subject to income assignment, the order shall become subject to withholding, if arrearages occur, without the need for a judicial or administrative hearing. Orders enforced by CSE will be subject to withholding without advance notice to the obligor. The payor of income is notified to withhold an amount for current support plus an additional amount, determined by CSE toward any arrears owed. The amount subject to be withheld cannot exceed the percentage of disposable income as defined in R.S. 13:3881 or the federal wage garnishment.

C. - D. ...

E. All income assignment orders shall be payable through the Louisiana state disbursement unit. Payments shall be made payable to the Department of Children and Family Services and mailed to:

Centralized Collection Unit
Post Office Box 260222
Baton Rouge, LA 70826-0222

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:236.3 and 45 CFR 303.100, P.L. 104-193.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 11:1083 (November 1985), amended by the Department of Social Services, Office of Eligibility Determinations, LR 16:33 (January 1990), amended by the Department of Social Services, Office of Family Support, LR 23:748 (June 1997), LR 26:356 (February 2000), LR 36:74 (January 2010), amended by the Department of Children and Family Services, Child Support Enforcement Section, LR 39:1765 (July 2013).

Suzy Sonnier
Secretary

1307#022

RULE

Board of Elementary and Secondary Education

Bulletin 124—Supplemental Educational Services
(LAC 28:CXXXV.Chapter 1)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted the repeal of *Bulletin 124—Supplemental Educational Services*. Per the approval of Louisiana's Elementary and Secondary Education Act (ESEA) flexibility waiver in May 2012, section 1116(e) of No Child Left Behind has been waived by the United States Department of Education. As such, the procedural requirements and definitions for supplemental education services enumerated in Bulletin 124 no longer apply.

Title 28
EDUCATION
Part CXXXV. Bulletin 124—Supplemental Educational Services
Chapter 1. Supplemental Educational Services
§101. Definition of Supplemental Educational Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2044 (October 2007), repealed LR 39:1765 (July 2013).

§103. Supplemental Educational Services Model

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2044 (October 2007), repealed LR 39:1765 (July 2013).

§105. Supplemental Educational Service Providers

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2044 (October 2007), repealed LR 39:1765 (July 2013).

§107. State Educational Agency Role and Responsibilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2045 (October 2007), repealed LR 39:1765 (July 2013).

§109. Local Educational Agency Role and Responsibilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2046 (October 2007), repealed LR 39:1766 (July 2013).

§111. Optional LEA Responsibilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2046 (October 2007), repealed LR 39:1766 (July 2013).

§113. SES Agreement between Provider and LEA

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2046 (October 2007), repealed LR 39:1766 (July 2013).

§115. SES Provider Responsibilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2047 (October 2007), repealed LR 39:1766 (July 2013).

§117. State Approval and Sanctions of SES Providers

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2047 (October 2007), repealed LR 39:1766 (July 2013).

§119. SES Appeal Process—LEA

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2048 (October 2007), repealed LR 39:1766 (July 2013).

§121. SES Provider Request for Appeal

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2048 (October 2007), repealed LR 39:1766 (July 2013).

§123. SES Appeal Process—State

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2048 (October 2007), repealed LR 39:1766 (July 2013).

§125. SES Provider Request for Appeal

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2049 (October 2007), repealed LR 39:1766 (July 2013).

§127. SES Provider Appeals on the Record; Submissions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:2049 (October 2007), repealed LR 39:1766 (July 2013).

Heather Cope
Executive Director

1307#011

NOTICE OF INTENT

Office of the Governor
Board of Tax Appeals

Filing and Board Operations

The following are the administrative rules of the Board of Tax Appeals for the state of Louisiana. The jurisdiction of the board is authorized by R.S. 47:1407. These rules are promulgated in accordance with R.S. 47:1413, which states: "In all other matters regarding the conduct of its hearings, the Board may prescribe and promulgate rules and regulations not inconsistent with law or the provisions of this chapter, which rules and regulations when prescribed, adopted, and promulgated shall be binding upon parties litigant in any cause over which the jurisdiction of this Board shall extend." The board reserves the right to amend, modify, waive or supplement these rules in the interest of justice.

Rules and Regulations of Procedure and Practice before the Louisiana Board of Tax Appeals
Part I

* * *

Rule 3.1—Fax Filing:

The Board will accept pleadings (not Exhibits or Memoranda) by facsimile only as provided for herein.

Within seven days, exclusive of legal holidays, after the Board has received the facsimile transmission, the Board must receive all of the following from the party filing by facsimile:

(1) The original signed documents that were fax filed, together with the required six conformed copies.

(2) The applicable filing fee, if any, under Rule 16.

(3) A fax transmission fee of five dollars per page faxed.

If the party complies with all of the requirements of this Rule, the filing shall be deemed complete at the time that the facsimile transmission is received by the Board, but if the party fails to comply with all of these requirements then the facsimile filing shall have no force or effect.

* * *

Rule 16—Filing Fees, Fees and Mileage of Witnesses:

The Board's filing fee schedule for petitions is as follows.

Initial filings (under $10,000 in controversy):	$ no filing fee
Initial filings (between $10,000 and $50,000 in controversy):	$250.00
Initial filings (over $50,000 in controversy):	$400.00
Additional and supplemental filings (up to 25 pages):	$ no filing fee
Additional and supplemental filings (over 25 pages):	$2.00 per page

The Chairman, at his discretion, may reduce or waive the filing fees.

Any witnesses subpoenaed for trial, or whose deposition is taken under R.S. 47:1409, shall receive the same fees and mileage as witnesses in courts of the State of Louisiana as provided by R.S.47:1409. Such fees and mileage and the expenses of taking such deposition shall be paid as follows:

a. In the case of witnesses for the Department of Revenue, such payments shall be made and the responsibility of the Department of Revenue.

b. In the case of any other witnesses, such payments shall be made, subject to rules prescribed by the board, by the party at whose instance the witness appears or deposition is taken.

No witness, other than one for the Department of Revenue, shall be required to testify in any proceeding before this Board until he shall have been tendered the fees and mileage to which he is entitled.

* * *

Part IV
Board Operations

Rule 20—Board Chairman:

The Chairman shall serve as the chief administrative officer of the Board, and shall supervise its regular operations.

The Chairman shall preside over all Board meetings or hearings. He shall rule on all evidentiary matters, which may only be overruled by a majority vote of the Board upon the motion of any Member.

The Chairman may sign any Judgment or Order that codifies an action previously agreed at a meeting of the Board. The Chairman may also grant, without hearing, any Motion consented to by all parties.

The Chairman may exercise all other powers authorized by law, rule, or a majority vote of the Board.

Rule 21—Board Vice-Chairman:

The Board Member other than the Chairman with the longest continuous service on the Board shall be its Vice-Chairman.

Whenever the Chairman is absent, the Vice-Chairman shall preside. If the Chairman has been recused from consideration of a case, the Vice-Chairman will assume the Chairman's duties in relation to that case.

The Chairman may, at his discretion, delegate other responsibilities and duties to the Vice-Chairman.

Rule 22—Administrative Fees and Costs:

The Board's administrative fees or costs are as follows.

Request to purchase a transcript of Board proceedings	$2.00 per page plus applicable stenographic costs
All Copying	$1.00 per page

When the Board transmits the record of a case to a District Court, the party seeking judicial review shall pay the Board's copying charge for any necessary copies.

Effective Date:

These Rules and Regulations shall be effective August 1, 2013, all other previously promulgated Rules and Regulations of the Board shall remain in full force and effect.

Tony Graphia
Chairman

1307#074

RULE

Department of Health and Hospitals
Board of Massage Therapy

Massage Therapists
(LAC 46:XLIV.301, 501, 701, 901, 1101, 1201, 1301, 1401, 1403, 1405, 1407, 1409, 1411, 1413, 1415, 1501, 1701, 1901, 2301, 2501, 2701, 2901, 3101, 3301, 3501, 3701, 3703, 4101, 4301, 4501, 4701, 4901, 5301, 5501, 5503 5701, 5901, 6101, and 6301)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and with the enabling statute R.S. 37:3555, the Louisiana Board of Massage Therapy hereby amends its rules and regulations, Title 46, Part XLIV relating to professional and occupational standards for massage therapists. These rule changes are the result of an intent to protect the public by implementing a criminal background investigation for licensees, to eliminate provisions deemed unnecessary, clarify procedures implemented in the prior rules, and to bring the rules into conformance with the recent legislative revisions to the Louisiana Massage Therapists and Massage Establishment Act, R.S. 37:3551 et seq.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLIV. Massage Therapists

Chapter 3. Definitions

§301. Incorporation of Definitions

A. The definitions set forth in R.S. 37:3551 et seq., and R.S. 49:951 et seq., are incorporated herein by reference.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., R.S. 37:3555 et seq., and R.S. 49:951 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1230 (July 2006), LR 39:1767 (July 2013).

Chapter 5. Applicability and Exceptions

§501. Applicability

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1767 (July 2013).

Chapter 7. Board Composition and Officers

§701. Board Composition and Officers

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 7:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1767 (July 2013).

Chapter 9. Ethics

§901. Code of Ethics

A. - A.1. …

2. accurately inform clients, other health care practitioners, and the public of the scope and limitations of their discipline;

3. - 6. …

7. not unjustly discriminate against clients or other ethical health professionals;

8. - 11. …

12. refrain, under all circumstances, from initiating or engaging in any romantic or sexual conduct, sexual activities, or sexual behavior involving a client, even if the client attempts to pursue a sexual relationship;

13. …

B. Every person licensed as a massage therapist shall subscribe to and practice by the code of ethics established by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37: 3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1230 (July 2006), LR 39:1768 (July 2013).

Chapter 11. Educational Qualifications

§1101. Educational Qualifications for Licensure

A. A person desiring to be licensed as a massage therapist must be able to read, write, speak and understand English and shall provide evidence to the board of compliance with the requirements set forth in §1301 of this Part.

B. The person shall also provide evidence of having satisfactorily completed massage therapy studies in a minimum of 500 in-class hours or the equivalent number of credit hours as set forth or required by federal regulations of a supervised course of instruction. The course of instruction must be provided by any proprietary school licensed by the Board of Regents, or appropriate governing body of any state and approved by the Board of Massage Therapy, or a supervised massage therapy course of study offered by a public entity, community college or technical school regulated by the state of Louisiana that meets the education requirements of this Chapter. In order for an out-of-state course of instruction to be considered acceptable as part of the licensure requirements for the state of Louisiana, the school providing the course of study must be licensed or approved by the state where the school is located at the time the application is submitted or the person must provide written verification from that state that the school was duly licensed or approved at the time the course was taken. The minimum 500 in-class hours shall consist of 325 hours dedicated to the study of massage therapy techniques and clinical practicum-related modalities, 125 hours dedicated to the study of anatomy and physiology, and 50 hours of discretionary related course work including, but not limited to, hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation (CPR) and first aid. If the applicant is submitting an educational transcript from any Louisiana or out-of-state school and the transcript does not allow a determination of in-class or clock hours, the school must submit information necessary to convert credit hours shown on the transcript into class hours to demonstrate that the applicant has met the educational requirements of 500 in-class hours. It is the applicant's responsibility to obtain the necessary information to demonstrate compliance with the educational requirements. An individual with military training and experience will be considered to have completed the educational requirements for this Section when the service member has been awarded a military occupational specialty and performance in that specialty is at a level equal to or exceeding the requirements of this Section.

C. In order to satisfactorily complete course requirements to be eligible for licensure, massage school students must have graduated from the school with passing grades and must have attended at least 90 percent of class hours in each subject matter offered in the supervised course of instruction, as reflected by attendance records taken at the beginning of each class meeting. The Board of Massage Therapy's inspector is authorized to review attendance and course records and to conduct monitoring as spot-site visits, either directly or through a duly authorized designee, to determine whether scheduled classes are being held and whether all students recorded as present are present for the entire class period. If documentation, satisfactory to the Board of Massage Therapy, of student attendance is not maintained by a massage therapy school or if the documentation includes classes that were not held or shows students as present who were not present for the full class period, the Board of Massage Therapy may deny eligibility for state licensure to graduates who attended the school during the period that attendance was not adequately or correctly documented.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1231 (July 2006), LR 39:1768 (July 2013).

Chapter 12. Instructor Qualifications

§1201. Specific Message Therapy Technique Instructor Qualifications

A. A person desiring to be approved as a massage therapy instructor of a specific massage therapy technique, clinical practicum-related modality, anatomy, or physiology shall, upon request, submit evidence satisfactory to the Board of Massage Therapy that the applicant has complied with the instructor qualifications as set by the Board of Regents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1768 (July 2013).

Chapter 13. Examination

§1301. Examination Requirements

A. Persons seeking a license must first pass a national examination that is:

1. approved and/or accredited by the National Commission for Certifying Agencies, an accrediting arm of

the National Organization for Competency Assurance and approved by the board; or

2. approved and administered by the Federation of State Massage Therapy Boards including, specifically, the massage and bodywork licensing examination (MBLEx); and

3. taken and passed within two years from the date the license application is filed.

B. As provided in R.S. 37:3556(B), a person who holds a valid, current, and unexpired license or registration to engage in the practice of massage therapy in another state, territory, commonwealth, or the District of Columbia that has and maintains standards and requirements of practice and licensure or registration that substantially conform to the requirements in force in Louisiana, as determined by the board, may be exempt from the national test requirements of this Section and the educational requirements of §1101.B of this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., R.S. 37:3555 et seq., and R.S. 37:3556(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1232 (July 2006), LR 39:1769 (July 2013).

Chapter 14. Criminal History Records Information

§1401. Scope of Chapter

A. The rules of this Chapter govern the collection and use of criminal history records information in connection with applications for an initial license or reinstatement of a license of a massage therapist in conformity with R.S. 37:3556.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., and R.S. 37:3556.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1769 (July 2013).

§1403. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Applicant—an individual who has made application to the board for the issuance or reinstatement of any license, permit, certificate, or registration which the board is authorized by law to issue.

Board—the Louisiana Board of Massage Therapy.

Bureau—the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections or a similarly recognized police agency outside of Louisiana.

Criminal History Record Information—

a. information collected by the bureau or the Federal Bureau of Investigation of the United States Department of Justice or an individual consisting of detentions, indictments, bills of information, or any formal criminal charges and any disposition arising therefrom including sentencing, criminal correctional supervision and release;

b. does not include information collected for intelligence or investigatory purposes nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

FBI—the Federal Bureau of Investigation of the United States Department of Justice.

License or *Licensure*—any *license*, permit, certification, or registration which the board is authorized by law to issue.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1769 (July 2013).

§1405. Criminal History Record Information Requirement

A. As a condition for eligibility for the issuance of an initial license or the reinstatement of any license, an applicant must submit, along with the application, a criminal history record which has been obtained from the bureau or the FBI and has a certification date that is not more than six months prior to date of the license application.

B. The application of an applicant who fails to comply with the requirements set forth in Subsection A of this Section shall be deemed incomplete and shall not be considered by the board unless and until such requirements have been satisfied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1769 (July 2013).

§1407. Effect of Application

A. The submission of an application for licensure to the board along with the criminal history information shall constitute and operate as a consent by the applicant for disclosure and release of such information and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto subject to the limitations as set forth in §1413 of this Chapter.

B. The submission of an application for licensure along with the criminal history information to the board shall constitute and operate as an acknowledgement and authorization by the applicant for the board's utilization of criminal history record information to determine his or her suitability and eligibility for licensure, and whether just cause exists for the board to refuse to issue, suspend, revoke, or impose probationary or other terms, conditions, or restrictions on any license held or applied for by an applicant in the state of Louisiana for violation of any of the causes specified by R.S. 37:3563 and the board's rules respecting any such massage therapist as set forth in LAC 46:XLIV.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., and R.S. 37:3563.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1769 (July 2013).

§1409. Procedural Requirements

A. In conformity with the substantive requirements of §1405 of this Chapter, an application for licensure, whether initial or reinstatement to the board, shall be accompanied by each of the following:

1. a complete criminal history record which has been obtained from the bureau or the FBI and certified by those agencies. The background history must be dated within six months of the application and must cover at least the preceding five-year period of time.

a. An applicant who has resided in Louisiana for more than five years immediately, prior to filing the license application, shall only be required to submit a criminal history record obtained from the bureau.

b. An applicant who has not resided in Louisiana for the five-year period immediately prior to filing the license application must submit either a criminal history record from Louisiana and/or any state or states in which the applicant was previously domiciled which would cover a minimum of a five-year period within six months of the application date or a criminal history record obtained from the FBI.

B. An applicant shall be responsible for the payment of all fees which may be assessed by any state or federal agency including, but not limited to, the bureau and the FBI, which may be incurred in requesting and obtaining criminal history record information which is submitted with the application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1769 (July 2013).

§1411. Falsification of Criminal Record Information

A. An applicant who denies the existence or extent of criminal history record information on an application, which is discovered by information, records, or documentation provided by the bureau, FBI, or any other state, national, or foreign jurisdiction shall, in addition to the potential disqualification of licensure for any of the causes specified in §1407.B of this Chapter, be deemed to have provided false, misleading, or deceptive information, or false sworn information on an application for licensure, and to have engaged in unprofessional conduct, providing additional cause for the board to suspend or revoke, refuse to issue, or impose probationary or other restrictions on any license held or applied for by an applicant in the state of Louisiana culpable of such violation, pursuant to R.S. 37:3563 and 3565.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., R.S. 37:3555 et seq., R.S. 37:3556, R.S. 37:3563, and R.S. 37:3565.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1770 (July 2013).

§1413. Confidentiality of Criminal History Record Information

A. Criminal history record information obtained by the board pursuant to R.S. 37:3556 and the rules of this Chapter, which is not already a matter of public record or to which the privilege of confidentiality has not otherwise been waived or abandoned, shall be deemed nonpublic and confidential information, restricted to and utilized exclusively by the board, its officers, members, investigators, employees, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. Criminal history record information shall not, except with the written consent of the applicant or by the order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency provided, however, that any such information or documents which are admitted into evidence and made part of the administrative record in any adjudicatory proceeding before the board shall become public records upon the filing of a petition for judicial review of the board's final decision therein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., and R.S. 37:3556.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1770 (July 2013).

§1415. Exceptions to Criminal History Information Requirement

A. The criminal history record information requirements prescribed by §§1401-1413 of this Chapter may be waived in such instances as the board, in its discretion, may deem necessary or appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1770 (July 2013).

Chapter 15. License Application Requirements

§1501. Applications—Fees, Documentation, and Validity

A. Applications for Licensure. An applicant for licensure must submit a completed application that meets the requirements of R.S. 37:3556 along with payment of the fee required by R.S. 37:3562. The application must include:

1. proof satisfactory to the board that the applicant has satisfied the requirements for licensure;

2. an official transcript from the massage therapy school showing completion of the course of instruction.

B. A license application shall be considered valid and pending for a period not to exceed 45 days. After 45 days, the license application will be considered expired and a new application will be required to proceed with the application process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., R.S. 37:3556, and R.S. 37:3562.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 39:1770 (July 2013).

Chapter 17. Professional and Establishment License

§1701. Applications—Availability, Requirements, and Expiration

A. All professional and establishment license applications are available on the board's website.

B. All professional and establishment licenses issued by the board shall expire on March 31 of each year. In order to avoid a late fee, renewal applications must be postmarked, have an e-mail acknowledgment of receipt, or other proof of delivery prior to the expiration date. The board shall have the authority to prorate the license renewal fees during any transitional period that may result from a change in expiration dates.

C. With the exception of first-year professional licensees, a minimum of 12 hours of continuing education units must be completed and submitted to the board in order to be eligible to renew the professional license. The educational units must be from an approved program and taught by a provider registered with the board. All continuing education units will be verified by the continuing education provider.

D. Incomplete renewal applications will be returned to the licensee and may be subject to late fees as provided for in R.S. 37:3562.

E. Inactive Status

1. Those who wish to temporarily cease their activities as a massage therapist may place their license on inactive status for a period not to exceed five years by paying the inactive status fee which shall be a one-time per-application fee of not more than 60 percent of the annual license renewal fee as provided for in R.S. 37:3562 and submitting a board-provided affidavit/form. No license shall be issued to a massage therapist on inactive status. To revert to active status, the massage therapist shall submit to the board the following:

a.i. a board-provided affidavit/form requesting return to active status;

ii. payment of the current license renewal fee as provided in R.S. 37:3562;

iii. evidence of having completed a minimum of 24 hours of continuing education units within two years of the date that the application for reinstatement is filed;

b. after five years on inactive status, the license shall be considered to be a lapsed license. In order to take inactive status, the application affidavit/form must be filed within six months from the date that the person last had an active license. The commencement of the period of inactive status shall be retroactive to the date on which the person last had an active license. After the license has been expired for more than six months, the therapist will not be eligible to take inactive status unless the license has been first renewed to active status.

F. Lapsed Status. As provided in R.S. 37:3552, any license that is not renewed for a period in excess of two years from the date of its last expiration and is not on inactive status shall be considered to have become a lapsed license. Once a license has lapsed, the former holder of such license who desires to obtain a new license will be considered as a new applicant and must comply with all of the provisions of R.S. 37:3556 in order to obtain a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., 3552, 3556, 3559, 3561, and 3562.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1233 (July 2006), LR 39:1770 (July 2013).

Chapter 19. Requirements and Supervision

§1901. Provisional License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1233 (July 2006), repealed LR 39:1771 (July 2013).

Chapter 23. Licensure of Massage Establishments

§2301. Establishment Licensure Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1771 (July 2013).

Chapter 25. Massage Establishment Safety and Sanitary Requirements

§2501. Safety and Sanitary Requirements

A. Sanitary Requirements. Each massage establishment shall be maintained and operated in a safe and sanitary manner. Massage establishments shall adhere to local regulations as provided for in R.S. 37:3567. Each massage establishment shall:

1. maintain all equipment used to perform massage services on the premises in a safe and sanitary condition;

2. launder, before reuse, all materials furnished for the personal use of the customer, such as towels and linens;

3. provide adequate toilet and lavatory facilities. To be adequate, such facilities:

a. shall have at least one toilet and one sink with running water;

b. shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric hand dryer, and waste receptacle; and

c. all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors;

4. adequately maintain shower facilities on the premises if equipped with a whirlpool bath, sauna, steam cabinet and/or steam room.

B. Draping. Each massage establishment shall maintain a sufficient supply of clean towels, gowns or sheets, for the purpose of covering each client during a massage. Before beginning a massage, each massage therapist shall explain to the client expected draping techniques and provide the client a clean drape for that purpose. At all times during a massage session, reasonable efforts must be made to keep covered the gluteal cleft and genitalia for male clients and the breasts, the gluteal cleft, and genitalia for female clients. The board may establish a protocol for any variation from the above described draping procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., R.S. 37:3555 et seq., and R.S. 37:3567.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1234 (July 2006), LR 39:1771 (July 2013).

Chapter 27. Inspections

§2701. Inspections—Licensed and Unlicensed Establishments

A. The board may make periodic inspections of all massage establishments, including licensed and/or unlicensed massage establishments.

B. Such inspections may include, but need not be limited to, confirmation that the site is being utilized for massage therapy and a determination of whether the establishment is in compliance with the laws and rules governing the establishment's operation, facilities, personnel, safety, and sanitary requirements.

C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002

(September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1234 (July 2006), LR 39:1771 (July 2013).

Chapter 29. Notification to Board of Change of Status

§2901. Name, Ownership and/or Location Changes

A. All name, location and/or ownership changes of licensure must be reported in writing to the board within 30 days of occurrence using a form provided by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006), LR 39:1772 (July 2013).

Chapter 31. Conduct of Massage Therapist Toward Client

§3101. Prohibition of Sexual Activity

A. …

B. No massage establishment owner or operator shall engage in, or permit any person or persons to engage in, sexual activity in a massage establishment or to use that establishment to make arrangements to engage in sexual activity in any other place.

C. No massage therapist shall engage in sexual activity with a current client of the therapist.

D. No massage therapist shall engage in sexual activity with a former client of the therapist within three months after cessation of professional services.

E. As used in this Rule and §5301 of this Part:

a. sexual activity—includes:

i. coital sexual intercourse;

ii. anal sexual intercourse;

iii. fellatio, cunnilingus;

iv. masturbation;

v. passionate kissing and acts of sadomasochistic abuse;

vi. flagellation; or

vii. torture in the context of sexual conduct;

b. the purposeful touching of the genitals of another person and the purposeful erotic stimulation of the anus, the male or female nipple, or the female breast, whether through draping or clothing, whether resulting in penetration or orgasm or not, and whether by instrumental manipulation, touching with the hands, or other bodily contact;

c. any sexual offenses proscribed by the criminal laws of Louisiana including, but not limited to, R.S. 14:83.3 and 83.4.

F. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., R.S. 37:3556(A)(4) and (6), and R.S. 14:83.3 and 83.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006), LR 39:1772 (July 2013).

Chapter 33. Displaying and Ownership of License

§3301. How to Display; Board Ownership

A. Each massage establishment shall post, in plain sight, its establishment license and the license or the licensed massage therapist identification card (LMT-ID) of each massage therapist who practices in the massage establishment. Each massage therapist must have his licensed massage therapist identification card (LMT-ID) in his possession while providing massage therapy for a client and present it for review upon request.

B. A license is the property of the board and shall be surrendered upon demand of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., and R.S. 37:3556 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006), LR 39:1772 (July 2013).

Chapter 35. Provisional License, Limited Renewal

§3501. Limitations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., and R.S. 37:3556(A)(4) and (6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006), repealed LR 39:1772 (July 2013).

Chapter 37. Continuing Education

§3701. Requirements for Massage Therapists

A. Each licensed massage therapist shall complete a minimum of 12 hours each year of continuing education units (CEUs) approved pursuant to §3703 of this Chapter.

B. The continuing education requirement set forth in Subsection A of this Section shall not apply during the first 12 months after a massage therapist is first licensed in Louisiana. The continuing education requirement shall apply to the licensee for every year of licensure thereafter.

C. Definition

One Hour of Continuing Education—no less than 50 uninterrupted minutes of instruction, with no credit to be given for introduction of the speaker, meal breaks or business meetings. Sessions of less than 50 minutes but more than 30 minutes shall be counted as 1/2 hour. Instructional sessions of less than 30 minutes shall be disregarded for purposes of counting CEU credits. On line or home study courses may be considered in compliance with this requirement if verification of completion of the course is furnished to the board.

D. Presenters/moderators/instructors of courses shall not receive credit for courses they present.

E. Failure of the licensee to satisfy the requirements of this Rule shall be in violation and shall subject the licensee to disciplinary actions pursuant to these rules.

F. A licensed individual who is serving on active duty in the United States Armed Forces shall be entitled to apply for a waiver of the CEU requirements during the period of such service and the board shall have the authority to grant such a waiver.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006), LR 39:1772 (July 2013).

§3703. Board Approval of Providers and Programs [Formerly §3901]

A. A continuing education provider is an individual and/or business that sponsors continuing education programs and presenters which has registered with the board and paid the continuing education provider fee provided for in R.S. 37:3562. The provider may also be a presenter. A continuing education provider registration term (providership) shall be for a period not to exceed 24 months. Upon expiration of the

24-month term, the provider may renew for another term. The provider shall be responsible for submitting all continuing education program information forms and payment of the continuing education program approval fee for each program being taught. The education provider fee includes the right to present two continuing education programs, which are identified in the initial registration form, during the providership period without additional charge.

1. A continuing education provider must be registered with the board before disseminating any notices that its program is approved for license renewal credit. In the event a provider does advertise without being registered with the board, that provider may be subject to a fine not to exceed $1,000.

B. Authority to Review and Revoke Approval. The board retains the right and authority to audit and/or monitor CEU providers. The board may at any time evaluate any provider and deny, revoke, and/or decline to renew approval of that provider for good cause.

C. Approved Providers. In order to register with the board, providers must comply with the following requirements.

1. The provider must retain attendance records for at least four years following each program.

2. The provider must furnish each participant with a certificate or letter of attendance verifying that the program has been completed. The certificate shall contain the provider's name and number, the title of the program and instructor, the program number assigned by the board, the date, the number of CEU hours, and the licensee's name and license number.

3. Within 30 days after the program, the provider must submit to the board attendance records which include the name, license number and date of attendance for each attendee and the provider number, program name, assigned program number and number of CEU hours. Submission of attendance records may be by mail or online through the board's website.

4. A CEU certificate cannot be issued for less than the number of hours approved and attendees must complete the entire course for credit.

D. Continuing Education Program and Presenter Requirements

1. Each program presented for Louisiana CEU credits shall be relevant to and focus on massage theory, practice, methods, or laws, regulations, business or ethical principles pertaining to the practice of massage therapy or the operation of a massage therapy business and shall have stated learning objectives. No Louisiana CEU credits will be approved for programs that include:

a. instruction in diagnosis;

b. the treatment of illness or disease; or

c. any service or procedure that otherwise exceeds the scope of the practice of massage therapy as defined in R.S. 37:3552(10).

2. Each program presented for Louisiana CEU credits shall be taught by a person who:

a. …

b. has completed at least five years of professional experience in the practice of massage therapy; or

c. has completed at least 100 hours of non-entry level education in the subject matter to be offered and has a minimum of two years of professional experience in the subject.

3. Program Approval

a. Program Information Form. Providers (approved pursuant to §3703 of this Part) shall submit on a program information form provided by the board all CEU programs to be offered or presented during a providership period which shall consist of 24 consecutive months.

i. Once the program information form is submitted to the board, the program described on the form will be added to the list of approved CEU programs contained on the board website unless the provider is notified otherwise.

ii. Each provider is entitled to present two approved programs as part of its biennial provider fee, provided such programs are identified on the initial program information form.

iii. A $50 per-program fee will be required for each additional program that the provider wishes to present for CEU credit.

iv. Once a program has been included on the approved list, it will remain on that list for the entire 24-month providership period provided that the materials presented for each program do not change.

v. The provider must demonstrate, upon request, that each program and presenter meets the requirements of Paragraphs 1 and 2 of this Subsection and failure to provide such information will result in the program being removed from the approved list.

vi. Any changes and/or amendments to a program during the 24-month providership period will require the completion of a new program information form together with the payment of a $50 program fee.

vii. Submission of the program information form for a particular program must be submitted no later than 15 days before the program is scheduled to be taught.

b. Other Program Approval. Louisiana licensees may request CEU approval of a non-standard program or course of study by submitting an application form issued by the board. The form, along with a non-refundable program review fee of $50 per program, must be presented during the year for which CEU credit is sought and the program must comply with the CEU guidelines as set forth in Paragraph 1 of this Subsection. This procedure may be used to apply for approval for activities which may include, but are not limited to, college courses, published works by the therapist, or other educational activities that may be used in lieu of CEUs for the given year. In order to be considered for approval, the non-standard program or course of study must have been completed within 12 months from the date the request for approval is submitted. Protocols for such proposed programs will be established by the board and the licensee will be provided with written notice as to whether the request for CEU credit has been approved.

c. Provider Renewal. A provider approval letter issued by the board pursuant to this Chapter shall be valid for a providership period of 24 months from the date that the letter was issued. Within 30 days from the expiration of the 24-month period, the provider may apply for a renewal of

the providership period by submitting a renewal request. The renewal request form may be found on-line at the board website or upon request a renewal form will be mailed to the provider. In order to obtain renewal of the providership, the provider must return the completed renewal form to the board office on or before the expiration date of the current providership period, together with the provider fee of $100. Failure to renew on or before the expiration date will result in loss of providership status and all programs offered under the provider number will no longer be recognized as approved.

d. Statement as to Approval

i. The provider of a program approved for Louisiana CEU units may announce that the program is approved by the Louisiana Board of Massage Therapy so long as the provider number and the number of approved CEU hours are referenced in the advertising or other promotional materials.

ii. Providers may offer programs that are not approved pursuant to this Section. If a therapist is taking a program with anticipation that the program qualifies for CEU credits, it is the obligation of the therapist to make that determination by checking the list of approved programs on the board website or checking with the board office as to the approval status before taking the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555 et seq., R.S. 37:3552(10), and R.S. 37:3562.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1236 (July 2006), LR 39:1772 (July 2013).

Chapter 39. Requirements for Board Approval of Continuing Education Providers and Programs

§3901. Continuing Education Provider Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555(B)(2) and 3561.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1236 (July 2006), repealed LR 39:1774 (July 2013).

Chapter 41. Health Data Recordkeeping

§4101. Health Data

A. …

1. The format for the collection and recordation of data must provide for systematic collection, frequent updating, accessibility, and appropriate confidentiality.

2. …

3. Client records are to be obtained and reviewed by the licensed therapist to determine if therapeutic massage intervention is needed.

4. Current client records are to be maintained at the licensed establishment location in a confidential manner.

5. All client records must be maintained for a minimum of five calendar years after the last service is performed for that client. After five years from the last date of service, client records may be disposed of in an appropriate and confidential manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1237 (July 2006), LR 39:1774 (July 2013).

Chapter 43. Fee Schedule

§4301. Fees

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1774 (July 2013).

Chapter 45. Licenses Suspension, Revocation, or Failure to Renew

§4501. Suspensions and Revocations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1774 (July 2013).

Chapter 47. Advertising

§4701. Limitations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1774 (July 2013).

Chapter 49. Penalties

§4901. Penalties

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1774 (July 2013).

Chapter 51. Discipline and Injunctions

§5101. Discipline and Injunctions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1237 (July 2006), repealed LR 39:1774 (July 2013).

Chapter 53. Misconduct and Negligence in the Practice of Massage Therapy

§5301. Unprofessional Conduct

A. …

1. conviction or a plea of guilty in any jurisdiction, regardless of adjudication, of a crime directly relating to the practice of massage or to the ability to practice massage. Any plea of "nolo contendere" shall be considered a conviction for purposes of this rule; including pleas of guilty, nolo contendere and pleas under La. C.Cr.P. Article 893 and 894;

2. …

3. aiding, assisting, procuring, or advising any unlicensed person to practice massage therapy, contrary to this Rule or to a rule of the department or the board;

4. engaging in or attempting or offering to engage a client in sexual activity, including any genital contact, as provided under §3101 of this Part;

5. - 7. …

8. violating any provision of any rule of the board or a lawful order issued at a board hearing or failing to comply with a lawfully issued subpoena;

9. - 11. …

12. practicing massage therapy when a license to practice massage therapy has expired, been revoked, suspended or otherwise acted against, including the denial of licensure by the licensing authority of another state, territory or country;

13. failure to perform any statutory or legal obligation placed upon a licensed massage therapist;

14. inability to skillfully and safely engage in the practice of massage therapy by reason of illness, alcohol or substance abuse or as a result of any mental or physical condition;

15. engaging in the practice of massage therapy without a current massage license;

16. failure to practice massage with that level of care, skill, and treatment which is recognized by a reasonably prudent similar massage therapist as being acceptable under similar conditions and circumstances;

17. failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition;

18. engaging in the practice of reflexology without a current massage therapy license.

a. For the purpose of this Rule:

reflexology—the manipulation of the superficial tissues of the hands and feet, based on the theory that manipulation of body reflex areas or zones can affect other body functions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1238 (July 2006), LR 39:1774 (July 2013).

Chapter 55. Disciplinary Actions

§5501. Guidelines for Disciplinary Actions

A. When the board finds that an applicant or licensee whom it regulates has committed any of the prohibited acts set forth in the statutes or rules, the board may impose appropriate penalties within the ranges recommended in the following disciplinary guidelines.

B. - D. …

E. In determining whether an applicant who has a criminal history should be permitted to apply to be licensed or renew a license, the complaint investigation officer (CIO), designated under §5901 of this Part, shall be authorized to make an initial decision as to whether a conviction of a non-violent crime by an applicant, which conviction is less than five years old, is sufficiently related to the practice of massage therapy so as to require the application or renewal to be presented to the board for approval. If the CIO makes a determination that the criminal activity involved is clearly not related to the ability to engage in the practice of massage therapy, the CIO may approve the applicant to continue with the application or renewal process. The CIO shall submit a report to the board as to those applicants who have been approved under this procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1238 (July 2006), LR 39:1775 (July 2013).

§5503. Injunctions and Other Relief [Formerly §5101]

A. In addition to other authorized penalties, the board may seek injunctive and other relief as provided in R.S. 37:3566.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., R.S. 37:3555 et seq., and R.S. 37:3566.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1237 (July 2006), LR 39:1775 (July 2013).

Chapter 57. Minor Violations

§5701. Minor Violations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1238 (July 2006), repealed LR 39:1775 (July 2013).

Chapter 59. Investigation of Complaints

§5901. Investigation Procedures

A. The board shall designate a member to serve as complaint investigative officer (CIO) to review and investigate complaints.

B. Each complaint shall be submitted to the CIO. Once a complaint is received, the CIO or the CIO's designated representative will initiate a review and investigation of the allegations. After the investigation the CIO may make a determination to dismiss the complaint or proceed to informal hearing.

C. At any point during the investigation the CIO may resolve the matter by consent agreement, which agreement must be submitted to the board for review and action.

D. The CIO shall place a formal disciplinary hearing on the board agenda for a regular board meeting or may request that a special board meeting be scheduled to consider a disciplinary matter if the investigation by the CIO disclosed any of the following:

1. - 2. …

3. failure to resolve all issues through a consent agreement; or

4. …

E. When placing a disciplinary matter on the board agenda for hearing, the CIO shall submit to the board in brief concise language, a statement providing a description of the matter and the recommended disciplinary action, without making any reference to the particulars of the investigation or any finding of fact or conclusions of law arrived at during the investigative process.

F. At no time shall the CIO investigate any case as authorized by the board or this Section wherein said officer has any personal or economic interest in the outcome of the investigation or is personally related to or maintains close

friendships with the complainant or the licensee. In such event, the CIO shall immediately notify the board, which shall have authority to appoint an "ad hoc" CIO for disposition of that case.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., and R.S. 37:3555 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1239 (July 2006), LR 39:1776 (July 2013).

Chapter 61. Hearings

§6101. Formal Disciplinary Hearings

A. - A.1. …

2. The hearing shall be held before the board only after the involved licensee and/or applicant is given at least 30 days notice by registered or certified mail. The content of the notice, as well as the conduct of the hearings, shall be governed by R.S. 49:955, being further provided that the licensee be advised of the right to be represented by legal counsel. The board shall arrange for a court reporter to make an accurate recording of all testimony presented at the hearing. Any person bringing a complaint waives the privilege of confidentiality for purposes of the hearing.

3. …

4. It is the obligation of each licensed therapists or the holder of an establishment license to keep the board informed of current contact information. Accordingly, if notice of the hearing cannot be delivered by mail because of a change of address and the new address is not provided to the board, the board may hold the hearing without the therapists or establishment license holder being present, so long as reasonable efforts have been made to obtain the licensee's new address.

5. When the licensee receives notice of a complaint and/or the scheduling of a disciplinary hearing, he may file an answer to the notice responding to the charges, or offering any explanation or assert whatever defense is deemed applicable.

6. Upon timely request, the board has discretion to extend or continue the time set for the hearing for such reasons as:

a. ill health;

b. inability to obtain counsel;

c. the complexities of the case; or

d. other matters deemed by the board to constitute good cause.

7. The board attorney shall advise board members on proceedings during the hearing.

8. Any board member having reason to believe that he may be perceived to be biased or prejudiced against any of the parties to the proceeding or who has a personal or economic interest in the outcome of such proceedings shall immediately notify the remaining board members and request to be relieved of participation in the proceedings. Any party to such a hearing may file with the board an affidavit requesting the recusal of a board member because of bias or personal or financial interest. As soon as possible, but not later than the beginning of the hearing, the majority of the board must pass upon the request for disqualification. The concerned board member shall not vote in the action to disqualify. Any doubt concerning the fitness of a board member shall be resolved in favor of disqualification. In the event of disqualification, the board shall proceed without the disqualified member. The number of board members needed for a quorum and majority shall be reduced to compensate for the disqualified member(s).

9. The parties to the hearing are urged to confer prior to the hearing or through their respective counsel in an attempt to reduce or simplify the issues to be heard. The board will accept any joint stipulations between the parties as proven facts at the hearing. The purpose of the pre-hearing conference is to ensure that the hearing is not unduly prolonged by receiving testimony or other evidence on matters which are not seriously in dispute.

10. The board shall have discretion to consolidate one or more cases for hearing if the matters involve the same or related parties, or substantially the same questions of law or fact. The board may also grant separate hearings if such a joint hearing would be prejudicial to one or more of the parties. If hearings are to be consolidated, notice must be given to all parties in advance of the hearing.

11. The board shall consider a motion to modify or quash any subpoena issued in connection with the hearing or a deposition related to a hearing, provided that such motion is filed by registered mail with the board no later than three days prior to the hearing date or the date scheduled for the deposition. Grounds to quash or limit the subpoena include, but are not limited to:

a. testimony or material protected by privilege granted by statute, regulation, or other law;

b. burdensomeness that would not be justified in light of the evidence's importance to the case;

c. undue hardship on a witness;

d. vagueness; and

e. immateriality.

12. …

13. The burden of proof rests upon the CIO who is presenting the charge before the board. No sanctions shall be imposed or order issued, except upon consideration of the whole record, as supported by and in accordance with, reliable, probative and substantial evidence. While proof beyond all reasonable doubt is not required to establish a given fact as true, the burden must be carried by a clear preponderance of the evidence. This standard of proof shall apply in all hearings conducted before the board and any review or examination of evidence or any hearing requested.

14. …

15. Judicial review and appeal of any decision or order of the board shall be governed by R.S. 49:964-965.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq., R.S. 37:3555 et seq., R.S. 49:955, and R.S. 49:964-965.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1239 (July 2006), LR 39:1776 (July 2013).

Chapter 63. Effect on Local Regulations

§6301. Effect on Local Regulations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR 20:1111 (October 1994), repealed LR 39:1776 (July 2013).

Rhonda McManus
Executive Director

1307#083

RULE

Department of Health and Hospitals
Board of Pharmacy

Technician Training Programs (LAC 46:LIII.Chapter 9)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Louisiana Board of Pharmacy has amended its chapter of rules for pharmacy technicians to initially eliminate the requirement for board approval of a pharmacy technician training program, and then beginning in January 2016, to require an applicant for a pharmacy technician certificate to have completed a nationally-accredited and board approved pharmacy technician training program.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIII. Pharmacists
Chapter 9. Pharmacy Technicians

§901. Definitions

A. As used in this Chapter, the following terms shall have the meaning ascribed to them in this Section.

* * *

Pharmacist Preceptor—Repealed.

* * *

Pharmacy Technician Candidate—an individual not yet certified as a pharmacy technician by the board who is:

a. an individual who possesses a valid registration and is working under the supervision of a pharmacist for the purpose of obtaining practical experience for certification as a pharmacy technician by the board; or

b. an individual who possesses a valid registration~~,~~ and is awaiting examination.

Structured Program—Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1212.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 30:2485 (November 2004), effective January 1, 2005, amended LR 39:1777 (July 2013).

§903. Pharmacy Technician Candidates

A. Registration

1. - 1.e.ii. …

2. Issuance and Maintenance

a. Upon receipt of a properly completed application, appropriate fee, and any other documentation required by the board, the board may issue a Pharmacy Technician Candidate Registration to the applicant.

b. - d. …

e. A pharmacy technician candidate shall notify the board, in writing, no later than 10 days following a change in location(s) of employment. The written notice shall include the candidate's name, registration number, and name, address, and permit numbers for old and new employers.

B. Practical Experience

1. The candidate shall possess a registration prior to earning any practical experience in a pharmacy.

2. The candidate's registration shall be conspicuously displayed in the prescription department.

3. The candidate shall wear appropriate attire and be properly identified as to name and candidate status while on duty in the prescription department.

4. A candidate shall not work in a permitted site that is on probation with the board, or with a pharmacist who is on probation with the board.

5. The candidate's registration shall evidence his authority to earn a minimum of 600 hours of practical experience in a pharmacy, under the supervision of a pharmacist, in satisfaction of the requirements for pharmacy technician certification.

6. A candidate may receive board credit for a maximum of 50 hours per week.

7. Hours of practical experience earned by a candidate shall expire one year after the expiration date of the registration.

C. Examination

1. A board-approved technician examination shall consist of integrated pharmacy subject matter and any other disciplines the board may deem appropriate in order to permit the candidate to demonstrate his competency. The candidate shall achieve a passing score, as determined by the board.

2. Re-Examination

a. Following the first or second unsuccessful attempt of an examination, the candidate may be permitted to retake that examination.

b. Following the third unsuccessful attempt of an examination, the candidate shall wait one year after the date of the last examination to retake that examination. If the candidate fails to wait the prescribed one year period, the board may delay any future certification until that one year period has elapsed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1212.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, repromulgated LR 19:1025 (August 1993), amended LR 23:1307 (October 1997), LR 30:2485 (November 2004), effective January 1, 2005, amended LR 39:1777 (July 2013).

§905. Pharmacy Technician Certificate

A. Qualifications

1. - 2. …

3. An applicant shall demonstrate the following educational competencies:

a. shall be a graduate from a high school approved by a state department of education, or shall possess an equivalent degree of education, as evidenced by a valid and legible copy of a diploma, transcript, or other appropriate credential; and

b. For those applicants submitting applications on or after January 1, 2016, the applicant shall demonstrate successful completion of a nationally-accredited and board-approved pharmacy technician training program, as

evidenced by a valid and legible copy of the appropriate credential from that program.

4. An applicant shall demonstrate evidence of at least 600 hours of practical experience under the supervision of a pharmacist, using a form supplied by the board.

A.5. - B.6. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1212.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 30:2486 (November 2004), effective January 1, 2005, amended LR 38:1235 (May 2012), amended LR 39:1777 (July 2013).

§909. Continuing Education

A. A minimum of one technician-specific ACPE or board-approved CPE unit, or 10 credit hours, shall be required each year as a prerequisite for annual renewal of a pharmacy technician certificate. Such CPE units shall be credited in the 12-month period prior to the expiration date of the certificate.

B. - D.3. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1212.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 30:2487 (November 2004), effective January 1, 2005, amended LR 39:1778 (July 2013).

Malcolm J Broussard
Executive Director

1307#032

RULE

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Home and Community-Based Services Waivers
Community Choices Waiver
(LAC 50:XXI.8105, 8301, 8307,
8325, 8327, 8501, and 9501)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services have amended LAC 50:XXI.8105, §8301, §8307, §8501, §9501 and to adopt §8325-8327 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community Based Services Waivers
Subpart 7. Community Choices Waiver
Chapter 81. General Provisions
§8105. Programmatic Allocation of Waiver Opportunities

A. - B.2.…

3. individuals who are residing in a State of Louisiana permanent supportive housing unit or who are linked for the State of Louisiana permanent supportive housing process;

4. individuals admitted to a nursing facility who are approved for a stay of more than 90 days;

a - d. Repealed.

5. individuals who are not presently receiving home and community-based services (HCBS) under another approved Medicaid waiver program, including, but not limited to the:

a. adult day health care (ADHC) Waiver;
b. new opportunities waiver (NOW);
c. supports waiver, and/or
d. residential options waiver (ROW); and

6. all other eligible individuals on the request for services registry (RFSR), by date of first request for services.

C. - E.2.e. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3517 (December 2011), amended LR 39:319 (February 2013), LR 39:1778 (July 2013).

Chapter 83. Covered Services
§8301. Support Coordination

A. - B.1.c. …

B.2. Support coordinators shall be available to participants for ongoing support and assistance in these decision-making areas and with employer responsibilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3519 (December 2011), amended LR 39:319 (February 2013), LR 39:1778 (July 2013).

§8307. Personal Assistance Services

A. - A.3. ...

4. supervision or assistance with health related tasks (any health related procedures governed under the Nurse Practice Act)where the direct service worker has received proper training pursuant to R.S. 37:1031-1034;

A.5 - D.4. …

5. "a.m. and p.m." PAS cannot be "shared;"

6. it is permissible to receive only the "a.m." or "p.m." portion of PAS within a calendar day;

7. "a.m." and/or "p.m." PAS may not be provided on the same calendar day as other LT-PCS delivery methods;

8. PAS providers must be able to provide both regular and "a.m." and "p.m." PAS and cannot refuse to accept a Community Choices Waiver participant solely due to the type of PAS delivery method that is listed on the POC.

E. - I.6. ...

J. Participants are not permitted to receive PAS while living in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services and providers are prohibited from providing and billing for services under these circumstances. Participants may not live in the home of a direct support worker unless the direct support is related by blood or marriage to the participant.

K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3519 (December 2011), amended LR 39:320 (February 2013), LR 39:1778 (July 2013).

§8325. Housing Transition or Crisis Intervention Services

A. Housing transition or crisis intervention services enable participants who are transitioning into a permanent supportive housing unit, including those transitioning from institutions, to secure their own housing or provide assistance at any time the participant's housing is placed at risk (e.g., eviction, loss of roommate or income). The service includes the following components:

1. conducting a housing assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, accommodations needed, and other important preferences), and identifying his/her needs for support to maintain housing, including:

a. access to housing;

b. meeting the terms of a lease;

c. eviction prevention;

d. budgeting for housing/living expenses;

e. obtaining/accessing sources of income necessary for rent;

f. home management;

g. establishing credit; and

h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. assisting the participant to view and secure housing as needed. This may include arranging or providing transportation. The participant shall be assisted in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

3. developing an individualized housing support plan based upon the housing assessment that:

a. includes short- and long-term measurable goals for each issue;

b. establishes the participant's approach to meeting the goal; and

c. identifies where other provider(s) or services may be required to meet the goal;

4. participating in the development of the plan of care and incorporating elements of the housing support plan;

5. looking for alternatives to housing if permanent supportive housing is unavailable to support completion of transition; and

6. communicating with the landlord or property manager regarding the participant's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager.

B. If at any time the participant's housing is placed at risk (e.g. eviction, loss of roommate or income), housing transition or crisis intervention services will provide supports to retain housing or locate and secure housing to continue community based supports including locating new housing, sources of income, etc.

C. This service is only available upon referral from the support coordinator. This service is not duplicative of other waiver services, including support coordination. It is only available to persons who are residing in a State of Louisiana permanent supportive housing unit or who are linked for the State of Louisiana permanent supportive housing selection process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:1779 (July 2013).

§8327. Housing Stabilization Services

A. Housing stabilization services enable waiver participants to maintain their own housing as set forth in the participant's approved plan of care. Services must be provided in the home or a community setting. This service includes the following components:

1. participation in the plan of care renewal and updates as needed, incorporating elements of the housing support plan;

2. providing supports and interventions per the individualized housing support plan. If additional supports or services are identified as needed outside the scope of housing stabilization services, the needs must be communicated to the support coordinator;

3. providing ongoing communication with the landlord or property manager regarding the participant's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager; and

4. updating the housing support plan annually or as needed due to changes in the participant's situation or status.

B. This service is only available upon referral from the support coordinator. This service is not duplicative of other waiver services including support coordination. It is only available to persons who are residing in a state of Louisiana permanent supportive housing unit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:1779 (July 2013).

Chapter 85. Self-Direction Initiative

§8501. Self-Direction Service Option

A. - D.2.…

E. A portion of the overall budget will be used to offset administrative costs for the fiscal management agency. After this portion has been deducted from the overall budget, the remainder will be the budget amount for the individual participant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3523 (December 2011); amended LR 39:321 (February 2013), LR 39:1779 (July 2013).

Chapter 95. Reimbursement

§9501. Reimbursement Methodology

A. - A.2.…

3. caregiver temporary support services when provided by an adult day health care center;

4. adult day health care services;

5. housing transition or crisis intervention services; and

6. housing stabilization services.

B. - L.1. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3525 (December 2011), amended LR 39:322 (February 2013), LR 39:1779 (July 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Secretary

1307#068

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Intermediate Care Facilities for Persons with Developmental Disabilities—Non-State Facilities Reimbursement Methodology (LAC 50:VII.32903)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:VII.32903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part VII. Long-Term Care
Subpart 3. Intermediate Care Facilities for Persons with Developmental Disabilities
Chapter 329. Reimbursement Methodology
Subchapter A. Non-State Facilities
§32903. Rate Determination

A. - K.1. …

L. Effective for dates of service on or after August 1, 2010, the per diem rates for ICFs/DD which have downsized from over 100 beds to less than 35 beds prior to December 31, 2010 shall be restored to the rates in effect on January 1, 2009.

M. Reserved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:2253 (September 2005), amended LR 33:462 (March 2007), LR 33:2202 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1555 (July 2010), LR 37:3028 (October 2011), LR 39:1780 (July 2013).

Kathy H. Kliebert
Secretary

1307#069

RULE

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Personal Care Services—Long Term Reimbursement Rate Reduction (LAC 50:XV.12917)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services have amended LAC 50:XV.12917 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 9. Personal Care Services
Chapter 129. Long-Term Care
§12917. Reimbursement Methodology

A. - H.2. ...

I. Effective for dates of service on or after July 1, 2012, the reimbursement rate for long-term personal care services furnished to one participant shall be reduced by 1.5 percent of the rate on file as of June 30, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:913 (June 2003), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:253 (February 2008), LR 34:2581 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:1901 (September 2009), LR 36:1251 (June 2010), LR 37:3267 (November 2011), LR 39:1780 (July 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Secretary

1307#071

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program
Anesthesia Services
Reimbursement Rate Reduction
(LAC 50:IX.15133 and 15135)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:IX.15133 and §15135 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter D. Anesthesia Services
§15133. Formula-Based Reimbursement

A. - C.2. ...

D. Effective for dates of service on or after July 1, 2012, the reimbursement for formula-based anesthesia services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

E. Effective for dates of service on or after July 20, 2012, the 3.7 percent reimbursement rate reduction for formula-based anesthesia services shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

F. Effective for dates of service on or after July 20, 2012, the reimbursement for formula-based anesthesia services rendered by a CRNA shall be reduced by 3.4 percent of the rates in effect on July 19, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1251 (June 2010), amended LR 36:2282 (October 2010), LR 39:1781 (July 2013).

§15135. Flat Fee Reimbursement

A. - D.1. ...

E. Effective for dates of service on or after July 1, 2012, the flat fee reimbursement rates paid for anesthesia services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

F. Effective for dates of service on or after July 20, 2012, the 3.7 percent rate reduction for flat fee reimbursement of anesthesia services shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

G. Effective for dates of service on or after July 20, 2012, the flat fee reimbursement for anesthesia services rendered by a CRNA shall be reduced by 3.4 percent of the rates in effect on July 19, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, amended LR 36:1251 (June 2010), LR 39:1781 (July 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Secretary

1307#072

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program—Family Planning Services
Reimbursement Rate Reduction (LAC 50:IX.15143)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:IX.15143 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter E. Family Planning Services
§15143. Reimbursement

A. - C. ...

D. Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning services rendered by a physician shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

1. Effective for dates of service on or after February 20, 2013, the 3.7 percent reimbursement rate reduction for family planning services rendered by a physician shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

E. - E.3.a. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2566 (November 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:1781 (July 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Secretary

1307#073

RULE

Department of Health and Hospitals
Licensed Professional Counselors Board of Examiners

LPC Practice and Code of Conduct
(LAC 46:LX.103, 301, 307, 501, 503, 505, 701, 703, 705, 801, 803, 901, 903, 1101, 1103, 1303, 1305, 1309, 1311, 1321, 1323, 1505, 1703, 2101, 2103, 2105, 2107, 2109, 2113, 2115, 2117, 2118, 3313, 3315, 3701, and 3703)

In accordance with R.S. 49:950 et seq., of the Louisiana Administrative Procedures Act, as well as R.S. 37:1103, 1104, 1106, 1107, 1109, 1110, 1117, and R.S. 37:1118, the Louisiana Licensed Professional Counselors Board of Examiners has adopted rules and amended its existing rules and regulations by revising LAC 46:LX.Chapter 1, 3, 5, 7, 8, 9, 11, 13, 15, 17, 21, 33, 35, and 37. These revisions and additions are, in part, necessary to implement Act 276 and Act 636 of the 2012 Regular Session of the Louisiana Legislature. Additionally, new rules are needed for the board to update the LPC Code of Conduct based on the latest edition of the American Counseling Association code of ethics. Specifically, the Licensed Professional Counselors Board of Examiners has amended Sections 103, 301, 307, 501, 503, 701, 703, 705, 801, 803, 901, 903, 1101, 1303, 1305, 1309, 1311, 1321, 1323, 1703, 2101, 2103, 2105, 2107, 2109, 2113, 2115, 2117, 2118, 3313, 3315, 3701, and added Sections 505, 1103, 1505, and 3703.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LX. Licensed Professional Counselors Board of Examiners
Subpart 1. Licensed Professional Counselors
Chapter 1. General Provisions
§103. Description of Organization

A. The Louisiana Licensed Professional Counselors Board of Examiners, hereafter referred to as the board, resides in the Department of Health and Hospitals, and consists of 11 members, who shall be residents of the state of Louisiana. Each term shall be for four years. The governor shall make seven appointments to the board from a list of qualified candidates submitted by the executive board of the Louisiana Counseling Association. The governor shall make four appointments to the board from a list of candidates submitted by the executive board of the Louisiana Association for Marriage and Family Therapy. Each appointment by the governor shall be submitted to the Senate for confirmation. Board membership shall consist of three licensed professional counselors, three educators who are licensed professional counselors and whose function is the training of mental health counselors in accredited programs, four licensed marriage and family therapists, and one individual from the public at large. No board member shall serve more than two full consecutive terms. The professional membership of the board shall be licensed under this Chapter. No board member shall be liable in any civil action for any act performed in good faith in the execution of his duties under chapter 13 of title 37.

1. - 3.d. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:2782 (December 2003), LR 39:1782 (July 2013).

Chapter 3. Board Meetings, Procedures, Records, Powers and Duties
§301. Officers

A. The board shall elect from its membership a chair, vice chair, and secretary. The chair shall preside at all meetings at which he or she is in attendance and perform all duties prescribed by chapter 13 of title 37 and the board. The chair is authorized by the board to make day-to-day decisions regarding board activities to facilitate the responsiveness and effectiveness of the board. The vice chair shall perform the duties of the chair in case of absence or disability of the chair. In the event the office of chair becomes vacant, the vice chair shall serve as chair until a successor is named. In the absence of the chair and vice chair, the secretary will preside until the chair or vice chair is present. The secretary shall keep the minutes of board meetings and send said minutes to board members and the clerical secretary of the board before each regular meeting of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:82 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003), LR 39:1782 (July 2013).

§307. Meetings

A. The board shall be domiciled in Baton Rouge and shall hold its meetings in places to be designated by the board. The chair will call meetings after consultation with board members or by a majority of members voting at a regular meeting. Reasonable notice of all board meetings will be given by posting the meeting place and time, seven days before the meeting, on the door of the office of the board and in two places in the building housing the office of the board. The board may examine, approve, revoke, suspend, and renew the license of applicants and shall review applications at least once a year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:82 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003), LR 39:1782 (July 2013).

Chapter 5. License and Practice of Counseling
§501. License of Title and Practice

A. As stated in R.S. 37:1111(A), no person shall assume or use the title or designation "licensed professional counselor" or engage in the practice of mental health counseling unless the person possesses a valid license issued by the board under the authority of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional

Counselors Board of Examiners, LR 29:130 (February 2003), LR 39:1782 (July 2013).

§503. Definitions for Licensed Professional Counselors

A. For purposes of this rule, the following definitions will apply.

* * *

Licensed Professional Counselor—any person who holds oneself out to the public for a fee or other personal gain, by any title or description of services incorporating the words "licensed professional counselor" or any similar term, and who offers to render professional mental health counseling/psychotherapy services denoting a client-counselor relationship in which the counselor assumes the responsibility for knowledge, skill, and ethical consideration needed to assist individuals, groups, organizations, or the general public, and who implies that he/she is licensed to practice mental health counseling.

Mental Health Counseling/Psychotherapy Services—rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor which is consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession. However, nothing in this Chapter shall be construed to authorize any person licensed hereunder to administer or interpret tests in accordance with the provision of R.S.37:2352(5), except as provided by LAC 46:LXIII.1702.E, or engage in the practice of psychology or to prescribe, either orally or in writing, distribute, dispense, or administer any medications.

Practice of Mental Health Counseling/Psychotherapy—rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, which is consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession which includes but is not limited to:

a. *Mental Health Counseling/Psychotherapy*—assisting an individual or group through psychotherapy by rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders. This professional relationship empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

i. - ii.(b). …

(c). a minimum of 1 1/2 hours per week of group supervision with other students in similar practica or internships by a program faculty member supervisor or a student supervisor working under the supervision of a program faculty member or an approved on-site supervisor that meets the on-site supervisor requirements established by the university.

b. *Consulting*—interpreting or reporting scientific fact or theory to provide assistance in solving current or potential problems of individuals, groups, or organizations. Section 505 defines ongoing consultation and collaboration for assessment, diagnosis, and treatment of "serious mental illnesses".

c. - e.ii. …

iii. Appraisals done within the practice of mental health counseling must be performed in accordance with the requirements of the *Louisiana Administrative Code*, Title 46, Part LX, Chapter 21, Code of Conduct for Licensed Professional Counselors. A licensed professional counselor must be privileged by this board to utilize formal appraisal instruments and shall limit such use to those areas heretofore mentioned in this Chapter. A licensed professional counselor who wishes to be board privileged to utilize formal appraisal instruments in the appraisal of individuals shall additionally furnish this board satisfactory evidence of formal graduate training in statistics, sampling theory, test construction, test and measurements and individual differences and must renew this privileging designation every two years (as defined in Chapter 8). Formal training shall include a practicum and supervised practice with appraisal instruments.

f. *Graduate Degree*—the substance of which is professional mental health counseling from a regionally accredited university (as defined in Chapter 7) and must conform to one of the criteria below:

i. …

ii. a counseling program incorporating the word "counseling" or "counselor" in its title;

iii. a program incorporating a counseling-related term in its title (e.g., "marriage and family therapy"); or

iv. a program incorporating the eight content areas, a counseling practicum, and a counseling internship.

g. The requisite graduate degree may not consist of a degree in any disciplines otherwise licensed by the state of Louisiana including, but not limited to, psychology, clinical psychology, or social work, with the exception of counseling psychology and vocational rehabilitation counseling programs.

h. …

i. *Approved Supervisor*—an individual who has received a letter from the board certifying that all the requirements for approved supervisor as defined in Chapter 7, §705 were met.

j. *Counselor Intern*—an individual who has received a letter from the board certifying that all the requirements for counselor intern as defined in Chapter 7, §705 were met.

k. *Internet Counseling*—mental health services delivered over the internet are rendered where the patient/client is situated. All counselors/therapists serving Louisiana residents must be licensed in Louisiana and must adhere to all applicable state laws relative to the practice of mental health counseling. R.S. 37:1111 prohibits any person from engaging in the practice of mental health counseling in Louisiana unless he/she possesses a valid license issued by the Louisiana LPC Board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 371101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 16:302 (April 1990), LR 18:51

(January, 1992), LR 22:101 (February 1996), LR 24:437 (March 1998), LR 24:2124 (November 1998), LR 26:493 (March 2000), LR 29:130 (February 2003), LR 33:2654 (December 2007), LR 39:1784 (July 2013).

§505. Serious Mental Illnesses

A. Introduction. Act 636 of the 2012 Regular Session of the Louisiana Legislature amended the Louisiana Professional Counselors Practice Act as follows.

1. *Mental Health Counseling/Psychotherapy Services*—rendering or offering prevention, assessment, diagnosis, and treatment, which include psychotherapy, of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, which is consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession.

2. However, a counselor may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness when medication may be indicated, unless the counselor consults and collaborates with a practitioner who is licensed or holds a permit with the Louisiana state Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana state Board of Nursing who is certified as a psychiatric nurse practitioner.

B. Applicability. The requirement for collaboration and consultation set forth above shall apply only if any of the following conditions are assessed, diagnosed, or treated by the counselor:

1. schizophrenia or schizoaffective disorder;
2. bipolar disorder;
3. panic disorder;
4. obsessive-compulsive disorder;
5. major depressive disorder, moderate to severe;
6. anorexia/bulimia;
7. intermittent explosive disorder;
8. autism;
9. psychosis NOS (not otherwise specified) when diagnosed in a child under 17 years of age;
10. Rett's disorder;
11. Tourette's disorder;
12. dementia.

C. Definitions

1. As used herein:

Practitioner—an individual who is licensed or holds a permit with the state Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana state Board of Nursing who is certified as a psychiatric nurse practitioner.

2. As used herein:

Medication is Indicated—when the client has been diagnosed with a serious mental illness and:

i. when the client or legal guardian discloses the prescribed use of psychiatric medication;

ii. when the counselor, client, or legal guardian believes that the use of prescribed psychiatric medication may facilitate treatment goals and improve client functioning.

3. As used herein:

C*onsultation and Collaboration*—may be specific or general in nature.

i. Specific *Consultation and Collaboration*. When medication is indicated for clients who have been diagnosed with a serious mental illness and if the client assents to consultation, the counselor must attempt to consult with the client's practitioner within a reasonable time after receiving the consent for the purpose of communicating the diagnosis and plan of care.

(a). If the counselor's attempts to consult directly with the practitioner are not successful, the counselor must notify the practitioner within a reasonable time that he or she is providing services to the client. Also, the counselor must document in the client's file the date of client consent, the date of consultation, or, if attempts to consult did not succeed, the date and manner of notification to the practitioner. The counselor will inform the client of the inability to consult directly with the practitioner and will discuss and document additional options with the client, including that of general *consultation and collaboration*. The counselor will provide information to the practitioner regarding client progress as conditions warrant. *Consultation and collaboration*, for purposes of these rules and otherwise, shall not be construed as supervision. Further, *consultation and collaboration* does not include the transfer between the consulting professionals of responsibility for the client's care or the ongoing management of the client's presenting problem(s).

(b). If attempts to consult directly with a practitioner for a specific consultation are successful, the counselor must document in the client's file the information obtained in the specific consultation. The counselor will provide information to the practitioner regarding client progress as conditions warrant.

ii. General *Consultation and Collaboration*. When medication is indicated for clients who have been diagnosed with a serious mental illness and when the client does not assent to a specific consultation, the counselor must attempt to consult with a practitioner within a reasonable time for a general consultation without releasing any identifying information about the client.

(a). If the counselor's attempts to consult directly with a practitioner are not successful, the counselor must document in the client's file the date of client refusal for consent to consult, the date of general consultation, or if attempts to consult did not succeed, the date and manner of notification to a practitioner.

(b). If attempts to consult directly with a practitioner for a general consultation are successful, the counselor must document in the client's file the information obtained in the general consultation. The counselor will provide general information to the practitioner regarding client progress as conditions warrant.

iii. *Consultation and collaboration*, for purposes of these rules and otherwise, shall not be construed as supervision. Further, *consultation and collaboration* does not include the transfer between the consulting professionals of responsibility for the client's care or the ongoing management of the client's presenting problem(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1105(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1784 (July 2013).

Chapter 7. Requirements for Licensure of Licensed Professional Counselors

§701. General Provisions

A. The board shall license to practice all persons who present satisfactory evidence of qualifications as specified in these rules and regulations of the board. Such licensure shall be signed by the chair and vice chair of the board under the seal of the board. No license shall be denied any applicant based upon the applicant's:

1. age;
2. culture;
3. disability;
4. ethnicity;
5. race;
6. religion/spirituality;
7. gender;
8. gender identity;
9. sexual orientation;
10. marital status/partnership;
11. language preference;
12. socioeconomic status; or
13. any basis proscribed by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:131 (February 2003), LR 39:1785 (July 2013).

§703. Licensed Professional Counselors Licensing Requirements

A. The board shall issue a license to each licensed professional counselor applicant who files an application upon a form designated by the board and in such a manner as the board prescribes, accompanied by such fee required by R.S. 37:1106 and who furnishes satisfactory evidence to the board that he/she:

1. - 2. …

3. is not in violation of any of the provisions of R.S. 37:1101-1122 and the rules and regulations adopted herein;

4. can document a minimum of 3,000 hours of post-master's experience in professional mental health counseling under the clinical supervision of a board-approved supervisor, with said supervision occurring over a period of no less than two years and not more than seven years from the original date such supervision was approved. Five hundred indirect hours of supervised experience may be gained for each 30 graduate semester hours earned beyond the required master's degree, provided that such hours are clearly related to the field of mental health counseling, are earned from a regionally accredited institution, and are acceptable to the board provided that in no case the applicant has less than 2,000 hours of board-approved supervised experience within the aforementioned time limits. All documents for licensure must be submitted before the end of the 7-year period. Failure to submit all documents for licensure by the end of the 7-year period will result in forfeiture of all previously accrued direct, indirect, and face-to-face supervision hours, and the applicant must reapply under the current rules. A request for extension may be made to the board in writing no later than 60 days prior to the end of the seven year period. The board will review such requests to determine if an exception is warranted;

5. has declared special competencies and demonstrated professional competence therein by passing a written and, at the discretion of the board, an oral examination as shall be prescribed by the board;

6. has received a graduate degree, as defined in Chapter 5, the substance of which is professional mental health counseling in content from a regionally-accredited institution of higher education offering a master's and/or doctoral program in counseling that is approved by the board and has accumulated at least 48 graduate semester hours as part of the graduate degree plan containing the eight required areas, the supervised mental health practicum and supervised internship in mental health counseling (as defined in Chapter 5). Applicants may apply post-masters counseling courses towards licensure if their degree program consisted of less than 48 hours. Beginning September 1, 2015, all applicants whose academic background has not been previously approved by the board, must have accumulated at least 60 graduate semester hours as part of the graduate degree plan containing the eight required areas, the supervised mental health practicum and supervised internship in mental health counseling (as defined in Chapter 5). Applicants may apply post-masters counseling courses towards licensure if their degree program consisted of less than 60 hours;

a. the following eight areas are required to have at least one semester course:

i. counseling/theories of personality;
ii. human growth and development;
iii. abnormal behavior;
iv. techniques of counseling;
v. group dynamics, processes, and counseling;
vi. lifestyle and career development;
vii. appraisal of individuals;
viii ethics;

7. has provided to the board a declaration of practices and procedures, with the content being subject to board review and approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:83 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:269 (March 1992), LR 22:102 (February 1996), LR 24:1294 (July 1998), LR 24:2124 (November 1998), LR 29:131 (February 2003), LR 39:1785 (July 2013).

§705. Supervised Experience of Counselor Interns

A. - A.1. …

2. Pursuant to R.S. 37:1107(A), an applicant for license must document a minimum of 3,000 hours of post-master's experience in professional mental health counseling under the clinical supervision of a board-approved supervisor, with said supervision occurring over a period of no less than two years and not more than seven years from the original date such supervision was approved. A supervisee must remain under supervision of a board-approved supervisor until receiving written notification of approval for licensure. An out-of-state applicant may transfer up to 2500 hours of supervised experience towards licensure (a maximum of 1600 direct client contact hours, a

maximum of 815 indirect hours, and a maximum of 85 hours of face-to-face supervision). The aforementioned hours must have been accrued under the clinical supervision of an approved supervisor within their state who meets the qualifications of a supervisor of counselor interns set forth by the Licensed Professional Counselor Board of Examiners. The decision to approve transfer of hours and supervisors from out-of-state shall be made at the discretion of the board.

3. Five hundred indirect hours of supervised experience may be gained for each 30 graduate semester hours earned beyond the required master's degree provided that such hours are clearly related to the field of mental health counseling, are earned from a regionally accredited institution, and are acceptable to the board, provided that in no case the applicant has less than the 2,000 hours of board-approved supervised experience within the aforementioned time limits. All documents for licensure must be submitted before the end of the seven year period. Failure to submit all documents for licensure by the end of the seven year period will result in forfeiture of all previously accrued direct, indirect, and supervision hours, and the applicant must reapply under the current rules. A request for extension may be made to the board in writing no later than 60 days prior to the end of the seven year period. The board will review such requests to determine if an exception is warranted.

a.i. Based on the above, the required 3,000 hours of counseling/psychotherapeutic experience shall be accrued in the following manner:

(a). a minimum of 1,900 hours (up to 2,900) in direct counseling/psychotherapeutic services involving individuals, couples, families, or groups;

(b). a maximum of 1,000 hours in additional client contact, counseling related activities (i.e., case notes, staffing, case consultation, or testing/assessment of clients) or education at the graduate level in the field of mental health as defined above;

(c). a minimum of 100 hours of face-to-face supervision by a board-approved supervisor. Up to 25 of the 100 face-to-face hours may be conducted by synchronous videoconferencing.

ii. An applicant may utilize supervised hours earned in post-master's degree courses in counseling or in a doctoral degree program in counseling toward the required hours of supervised experience in addition to exercising the option of substituting 30 graduate semester hours earned beyond the master's degree for 500 hours of supervised experience, as long as supervised experience, practicum, or internship courses are not included in the 30 graduate semester hours that are used to substitute for 500 hours of supervised experience. In no case, may the applicant have less than 2,000 hours of supervised experience.

b. The board recommends one hour of supervision for every 20 hours of direct client contact as outlined in Subclause A.2.a.i.(a). Supervision may not take place via mail, email, or telephone. Telephone, mail, or email contacts with supervisor may be counted under Subclause A.2.a.i.(b) (i.e., consultation), however, it cannot be counted as face to face supervision as defined in Subclause A.2.a.i.(c).

c. To be eligible for supervision as a counselor intern, the applicant must provide proof of completion of a supervised practicum and internship as listed in §503, definitions, and each of the following eight content area. In order for a course to fulfill a content area requirement, it must include in a substantial manner, the area in the description for the content areas.

i. Counseling/Psychotherapy Theories of Personality—description:

(a). counseling/psychotherapy theories, including both individual and systems perspectives;

(b). research and factors considered in applications of counseling/psychotherapy theories; or

(c). theories of personality including major theories of personality.

ii. Human Growth and Development—description:

(a). the nature and needs of individuals at developmental levels;

(b). theories of individual and family development and transitions across the life-span;

(c). theories of learning and personality development;

(d). human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology, and environmental factors as they affect both normal and abnormal behavior;

(e). strategies for facilitating development over the lifespan.

iii. Abnormal Behavior—description:

(a). emotional and mental disorders experienced by persons of all ages;

(b). characteristics of disorders;

(c). common nosologies of emotional and mental disorders utilized within the U.S. health care system;

(d). the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, as published by the American Psychiatric Association;

(e). preferred treatment approaches for disorders based on research;

(f). common medications used by psychiatrists to treat disorders;

(g). working with other health care and mental health care professionals in treating individuals with emotional and mental disorders.

iv. Techniques of Counseling/ Psychotherapy—description:

(a). basic interviewing, assessment, and counseling/psychotherapeutic skills;

(b). counselor characteristics and behaviors that influence helping processes, including:

(i). age;

(ii). gender and ethnic differences;

(iii). verbal and nonverbal behaviors and personal characteristics;

(iv). orientations; and

(v). skills;

(c). client characteristics and behaviors that influence helping processes, including:

(i). age;

(ii). gender and ethnic differences;

(iii). verbal and nonverbal behaviors and personal characteristics;

(iv). traits;

(v). capabilities; and

(vi). life circumstances.

v. Group Dynamics, Processes, and Counseling/Psychotherapy—description:

(a). principles of group dynamics, including:

(i). group process components;

(ii). developmental stage theories; and

(iii). group members' roles and behaviors;

(b). group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;

(c). theories of group counseling/psychotherapy, including:

(i). commonalities;

(ii). distinguishing characteristics; and

(iii). pertinent research and literature;

(d). group counseling/psychotherapeutic methods, including:

(i). group counselor orientations and behaviors;

(ii). ethical standards;

(iii). appropriate selection criteria and methods; and

(iv). methods of evaluation of effectiveness;

(e). approaches used for other types of group work, including:

(i). task groups;

(ii). prevention groups;

(iii). support group; and

(iv). therapy groups.

vi. Lifestyle and Career Development—description:

(a). career development theories and decision-making models;

(b). career, a vocational, educational, and labor market information resources, visual and print media, and computer-based career information systems;

(c). career development program planning, organization, implementation, administration, and evaluation;

(d). interrelationships among work, family, and other life roles and factors including multicultural and gender issues as related to career development;

(e). career and educational placement, follow-up and evaluation;

(f). assessment instruments and techniques relevant to career planning and decision-making;

(g). computer-based career development applications and strategies, including computer-assisted guidance systems;

(h). career counseling processes, techniques, and resources, including those applicable to specific populations.

vii. Appraisal of Individuals—description:

(a). theoretical and historical bases for assessment techniques;

(b). validity, including evidence for establishing:

(i). content;

(ii). construct; and

(iii). empirical validity;

(c). reliability, including methods of establishing:

(i). stability;

(ii). internal and equivalence reliability;

(d). appraisal methods, including:

(i). environmental assessment;

(ii). performance assessment;

(iii).[a]. individual and group test and inventory methods;

[b]. behavioral observations; and

[c]. computer-managed and computer-assisted methods;

(e). psychometric statistics, including:

(i). types of assessment scores;

(ii). measures of central tendency;

(iii). indices of variability;

(iv). standard errors; and

(v). correlations;

(f). age, gender, ethnicity, language, disability, and culture factors related to the assessment and evaluation of individuals and groups;

(g). strategies for selecting, administering, interpreting, and using assessment and evaluation instruments and techniques in counseling.

viii. Ethics—description:

(a). ethical standards of the American Counseling Association, state counselor licensure boards, and national counselor certifying agencies;

(b). ethical and legal issues and their applications to various professional activities;

(c). history of the helping professions, including significant factors and events;

(d). professional roles and functions of counselors, including similarities and differences with other mental health professionals;

(e). professional organizations, primarily the American Counseling Association, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases, professional preparation standards, their evolution, and current applications;

(f). professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;

(g). public policy processes, including the role of the professional counselor in advocating on behalf of the profession and its clientele.

4. Acceptable modes for supervision of direct clinical contact are the following.

a. Individual Supervision. The supervisory session is conducted by an approved supervisor with one counselor intern present.

b. Group Supervision. The supervisory session is conducted by an approved supervisor with no more than 10 counselor interns present.

5. At least 100 hours of the counselor intern's direct clinical contact with clients must be supervised by an approved supervisor or supervisors, as defined below.

a. At least 50 of these 100 hours must be individual supervision as defined above. The remaining 50 hours of these 100 hours may be either individual supervision or group supervision as defined above.

b. A supervisor may not supervise more than 10 counselor interns at any given time.

6. Supervisors of counselor interns, as defined in these rules, have the responsibility of assisting counselor interns in increasing their skills as a mental health professional.

Supervisors, as defined in these rules, have no control, oversight, or professional responsibility for the services of counselor interns whom they are supervising, unless a supervisor also serves as the administrative supervisor of a counselor interns in the setting in which the counselor intern is employed or contracted or is rendering counseling services on a volunteer basis. The control, oversight, and professional responsibility for counselor interns rests with the counselor intern's administrative supervisor in the setting in which they are employed or contracted or are rendering counseling services on a volunteer basis. A licensed mental health professional (e.g. LPC, LMFT, LCSW), not necessarily the board-approved supervisor, must be employed in the professional setting in which the counselor intern is rendering counseling services and be available for case consultation and processing. In obtaining permission for outside supervision, counselor interns must notify their administrative supervisor of the identity of their supervisor for the purpose of gaining the supervised experience for licensure and the nature of the supervisory activities, including any observations or taping that occurs with clients, after obtaining the client's permission, in the setting.

7. The process of supervision must encompass multiple modes of supervision, including regularly scheduled live observation of counseling sessions (where possible) and review of audiotapes and/or videotapes of counseling sessions. The process may also include discussion of the counselor intern's self-reports, microtraining, interpersonal process recall, modeling, role-playing, and other supervisory techniques. (*Supervision* as defined in these rules does not require the approved supervisor to be in the same room with the counselor intern during the intern's provision of services to clients.)

8. The supervisor must provide nurturance and support to the counselor intern, explaining the relationship of theory to practice, suggesting specific actions, assisting the counselor intern in exploring various models for practice, and challenging discrepancies in the counselor intern's practice.

9. The supervisor must ensure the counselor intern's familiarity with important literature in the field of counseling.

10. The supervisor must provide training appropriate to the counselor intern's intended area of expertise and practice.

11. The supervisor must model effective professional counseling practice.

12. The supervisor must ensure that the mental health counseling and the supervision of the mental health counseling is completed in an appropriate professional setting.

13. The counselor intern must have received a letter from the board certifying that all the requirements for *counselor intern*, as defined in this Chapter, were met.

14. The professional setting cannot include private practice in which the counselor intern operates, manages, or has an ownership interest in the private practice.

15. Supervisors may employ counselor interns in their private practice setting. The supervisor may bill clients for services rendered by the counselor intern, however, under no circumstances can the counselor intern bill clients directly for services rendered by him/herself.

16. The supervisor must certify to the board that the counselor intern has successfully complied with all requirements for supervised counseling experience.

B. …

1. Supervision of counselor interns is a specialty area and requires privileging review. Those individuals who may provide supervision to counselor interns must meet the following requirements.

B.1.a. - D. …

1. All proposed supervision arrangements must be approved by the board prior to the starting date of the supervised experience.

a. - a.i. …

ii. submit this written proposal on forms provided by the board prior to the proposed starting date of the supervision;

1.a.iii. - 2. …

3. Following the board's review, the counselor intern will be informed by letter either that the proposed supervision arrangement has been approved or that it has been rejected. Any rejection letter will outline, with as much specificity as practical, the reasons for rejection.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:269 (March 1992), amended LR 21:465 (May 1995), LR 22:102 (February 1996), LR 24:1294 (July 1998), LR 24:2124 (November 1998), LR 26:493 (March 2000), LR 29:132 (February 2003), LR 33:2655 (December 2007), LR 39:1785 (July 2013).

Chapter 8. Renewal of Licensed Professional Counselor Licenses and Privileging Designations

§801. Renewal

A. A licensed professional counselor shall renew his/her license and privileging designation(s) every two years in the month of June by meeting the requirement that 40 clock hours of continuing education be obtained prior to each renewal date every two years in an area of professional mental health counseling as approved by the board and by paying a renewal fee. The licensee should submit a declaration statement only if there has been a change in area of expertise, with the content being subject to board review and approval. The board, at its discretion, may require the licensee to present satisfactory evidence supporting any changes in areas of expertise noted in the declaration statement. The chair shall issue a document renewing the license for a term of two years. The license or privileging designation of any mental health counselor who fails to have this license or privileging designation renewed every two years during the month of June shall lapse; however, the failure to renew said license or privileging designation shall not deprive said counselor the right of renewal thereafter. A lapsed license or privileging designation may be renewed within a period of two years after the expired renewal date upon payment of all fees in arrears and presentation of evidence of completion of the continuing education requirement. Application for renewal after two years from the date of expiration will not be considered for renewal; the individual must apply under the current licensure and/or privileging guidelines.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:271 (March 1992), amended LR 22:102 (February 1996), LR 24:1294 (July 1998), LR 26:494 (March 2000), LR 29:134 (February 2003), LR 39:1788 (July 2013).

§803. Continuing Education Requirements for Licensed Professional Counselors and Board Approved Supervisors

A. General Guidelines

1. A licensee must accrue 40 clock hours of continuing education by every renewal period every two years. Of the 40 clock hours of continuing education, 3 clock hours must be accrued in ethics and 6 clock hours must be accrued in diagnosis (assessment, diagnosis, and treatment under the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, as published by the American Psychiatric Association). A board-approved supervisor must accrue 3 clock hours (of the required 40 clock hours of continuing education) in supervision.

2. - 5. …

6. At the time of renewal, 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. If you are one of the 10 percent chosen, you will be notified to submit documentation of your CEHs.

B. Approved Continuing Education for Licensed Professional Counselors and Board Approved Supervisors

1. Continuing education requirements are meant to encourage personal and professional development throughout the counselor's career. For this reason, a wide range of options are offered to accommodate the diversity of counselors' training, experience, and geographic locations.

2. A counselor may obtain the 40 CEHs through one or more of the options listed below. Effective July 1, 2014 a maximum of 20 CEHs may be obtained through an online format, with the exception of coursework obtained through a regionally accredited institution of higher education.

a. …

b. Continuing Education Not Preapproved. For those organizations, groups or individuals that do not carry provider status by one of the associations listed in Subparagraph a of this Paragraph, the continuing education hours will be subject to approval by the Licensed Professional Counselors Board of Examiners at the time of renewal. The board will not pre-approve any type of continuing education. The continuing education must be in one of the 14 approved content areas listed in §803.C, and be given by a qualified presenter. A qualified presenter is considered to be someone at the master's level or above and trained in the mental health field or related services. One may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner. Credit cannot be granted for business/governance meetings, breaks, social activities, including meal functions, except for actual time of a content speaker. Credit cannot be given for an approved session to persons who leave early from that session. Verification for workshops, seminars, or conventions can consist of copies of certificates of attendance. Typically one continuing education unit (CEU) is equivalent to 10 clock hours (CEH).

c. ...

d. Home Study (10 hours maximum per renewal period, effective July 1, 2014). The LCA journal, video presentations, and approved teleconferences are all approved home study options. Each option must carry a provider number from either NBCC, LCA, or other board-approved mental health organizations. Each activity will specify the number of CEHs that will be granted upon completion. Verification consists of a certificate issued by NBCC, LCA, or certificates from other professional mental health organizations that will be reviewed by the board.

e. Presentations (10 hours maximum per renewal period, effective July 1, 2014). Presenters may get credit for original presentations at a rate of five clock hours per one hour presentation. Presenters must meet the qualifications stated in Subparagraph B.2.b above. The presentation must be to the professional community, not to the lay public or a classroom presentation. The presentation must also be in one of the 12 approved content areas listed in §803.C. Verification of your presentation consists of obtaining a letter from the workshop/convention coordinator stating the topic, date, and number of hours of presentation.

f. Publishing (10 hours maximum per renewal period, effective July 1, 2014). Authors may receive five clock hours per article or chapter in a book. The article must be published in a professional refereed journal. Both articles and chapters must be in one of the 12 approved content areas listed in §803.C. Verification will consist of either a reprint of the article/chapter, or a copy of the article/chapter, cover of the book/journal and page listing the editor or publisher.

g. Counseling (10 hours maximum per renewal period). One may receive one clock hour of continuing education per counseling hour as a client. To qualify, one must be a client receiving services from a licensed mental health professional having qualifications equal to, or exceeding, those currently required of counselors. Consultation and supervision hours do not qualify. Verification will consist of a letter from the counseling mental health professional verifying client therapy hours.

h. Research (10 hours maximum per renewal period, effective July 1, 2014). One may receive one clock hour of continuing education per hour of planning or conduct of, or participation in, counseling or counseling-related research. To qualify, this activity must constitute an original and substantive educational experience for the learner. Verification will consist of a letter from the faculty member or researcher.

i. …

C. Approved Content Areas. Continuing education hours must be in one of the following 14 content areas.

1. - 5. …

6. Lifestyle and career development includes:

a. studies that provide a broad understanding of career development theories, occupational and educational information sources and systems, career and leisure counseling, guidance, and education;

b. lifestyle and career decision-making, career development program planning and resources, and effectiveness evaluation.

7. - 12. …

13. Abnormal includes studies of emotional and mental disorders experienced by persons of all ages, characteristics of disorders, common nosologies of emotional and mental

disorders utilized within the U.S. health care system, and the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, as published by the American Psychiatric Association. This includes:

a. studies of preferred treatment approaches for disorders based on research;

b. common medications used by psychiatrists to treat disorders, and

c. working with other health care and mental health care professionals in treating individuals with emotional and mental disorders.

14. Psychopharmacology includes the scientific study of the effects of drugs on mood, sensation, thinking, and behavior. This also includes a range of substances with various types of psychoactive properties, which involves drugs used in the treatment of psychopathological disorders and drugs of abuse, and focuses on the chemical interactions with the brain.

D. - D.8.…

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 18:271 (March 1992), amended LR 26:494 (March 2000), LR 29:135 (February 2003), LR 39:1790 (July 2013).

Chapter 9. Fees

§901. General

A. The board shall collect the following fees:

1. licensure application, license, and seal—$200;

2. privileging designation review/application (review for appraisal, board-approved supervisor, and other specialty areas)/registration of supervision—$100;

3. renewal of privileged designation (for appraisal, board-approved supervisor, board-approved supervisor candidate, or other specialty/expertise areas)—$50;

4. - 7. …

8. copy of file—$25;

9. …

B. Late fees will be incurred the day after a licensee's designated renewal deadline (no grace period). No part of any fee shall be refundable under any conditions. All application fees for registration of supervision and licensure must be paid to the board by certified check or money order. All other fees, including renewals, may be paid by personal check. The renewal shall be deemed timely when:

1. …

2. the renewal is postmarked and mailed on or before the due date. The timeliness of the mailing shall be shown only by an official United States postmark or by official receipt or certificate from the United States Postal Service made at the time of mailing which indicates the date thereof. For purpose of this Section, "by mail" applies only to the United States Postal Service.

C. - E. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:136 (February 2003), amended LR 29:2783 (December 2003), LR 39:1790 (July 2013).

§903. Deposit and Use of Fees and Funds

A. All fees collected and all gifts or grants shall be deposited and credited to the account of the board in a licensed financial institution of the board's choosing. The funds of the board may be used for printing, travel expenses of the board, and for other necessary expenses as are essential to carrying out of the provisions of R.S. 37:1101-1122. Expenses shall be paid under the written direction of the chair of the board in accordance with procedures established by the Division of Administration. Any surplus at the end of the fiscal year shall be retained by the board for future expenditures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:84 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:137 (February 2003), LR 39:1790 (July 2013).

Chapter 11. Endorsement and Expedited Processing

§1101. Endorsement

A. Upon recommendation of the board, the board shall issue a license to any person who has been licensed as a licensed professional counselor and has actively practiced mental health counseling for at least five years in another jurisdiction. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also provide proof of having passed the national counselor examination (NCE) or the national clinical mental health counseling examination (NCMHCE) or successfully complete an oral exam administered by the board. An applicant must submit documentation of at least 40 CEHs, in accordance with the requirements listed in Chapter 8, within two years of the date of application for licensure endorsement in Louisiana. An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice mental health counseling in the state of Louisiana at the time the act was committed.

B. Upon recommendation of the board, the board shall issue a license to any person licensed as a licensed as a licensed professional counselor for less than five years in another jurisdiction whose requirements for the license are substantially equivalent to or exceed the requirements of the state of Louisiana. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also provide proof of having passed the National Counselor Examination (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE). An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice mental health counseling in the state of Louisiana at the time the act was committed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1790 (July 2013).

§1103. Expedited Processing

A. The board does not issue temporary practice permits; however, expedited application processing is available. The applicant must submit the completed application (i.e. for licensure, registration, etc.), expedited processing application, and the required fee. Upon receipt of the aforementioned items, the applicant will receive a response from a board staff member within five business days informing the applicant of the status of their application. If the application materials submitted do not contain all of the necessary documents to complete the application, the application will be reviewed on the following application review date and the expedited processing application fee will not be refunded.

B. All applicants whom board staff determines should be denied or reviewed by the board must be presented to the board at the next regularly scheduled board meeting. Therefore, a verdict of denial may not be achieved within five business days of receipt of all application materials for expedited processing. Those applicants whom board staff determines should be approved will receive notification of approval within five business days.

C. Military personnel (active duty and veterans honorably discharged within 5 years of the application date) and their spouses who are appropriately licensed in another jurisdiction will receive a status update from the board within 30 days pertaining to approval or denial of the application. Such applicants must provide proof of military status via DD Form 214 as part of the completed application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1791 (July 2013).

Chapter 13. Disciplinary Proceedings for Licensed Professional Counselors

§1303. Disciplinary Process and Procedures

A. - B. …

C. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the person did certain acts or omissions and, if he/she did, whether those acts or omissions violated the Louisiana Mental Health Counselor Licensing Act, the rules and regulations of the board, the code of ethics of the American Counseling Association, or prior final decisions and/or consent orders involving the licensed professional counselor or applicant for licensure and to determine the appropriate disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:259 (February 1999), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:137 (February 2003), LR 39:1791 (July 2013).

§1305. Initiation of Complaints

A. …

B. All complaints shall be addressed confidential to the Ad Hoc Committee for Disciplinary Affairs of the board and shall be sent to the board office. The Ad Hoc Committee for Disciplinary Affairs shall recommend to the board to investigate the charges or dismiss the charges. By majority vote, the board shall accept or reject the recommendations of the Ad Hoc Committee for Disciplinary Affairs. If the board elects to dismiss allegations, the chair of the board shall request the Ad Hoc Committee for Disciplinary Affairs to prepare the letters of dismissal. If the board agrees to investigate, the board shall request the Ad Hoc Committee for Disciplinary Affairs to notify the person against whom allegations have been made of a possible breach of statute, rule and regulation, ethical code, and/or prior final decisions or consent orders may have been made and that a response in writing to the board within a specified time period is required. A response is to be made to the Ad Hoc Committee for Disciplinary Affairs of the board at the board office address. The complaint letter of alleged violations shall not be given initially to the person. However, sufficiently specific allegations shall be conveyed to the person for response. Once the person has answered the complaint, a determination will be made if a disciplinary proceeding is required.

C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:260 (February 1999), amended LR 26:496 (March 2000), LR 29:138 (February 2003), LR 39:1791 (July 2013).

§1309. Formal Hearing

A. - C.3. …

4. A time and place for a hearing is fixed by the chair or an agent of the board.

5.a. - 6. …

7.a. The chair, or an authorized agent of the board, issues subpoenas for the board for disciplinary proceedings, and when requested to do so, may issue subpoenas for the other party. Subpoenas include:

i. …

ii. a subpoena duces tecum, which requires that a person produce books, records, correspondence, or other materials over which he/she has custody.

7.b. - 8.d. …

9. The chair of the board presides and the customary order of proceedings at a hearing is as follows.

a. The board's representative makes an opening statement of what he/she intends to prove, and what action, he/she wants the board to take.

b. The person, or the person's attorney, makes an opening statement explaining why he/she believes that the charges are not legally founded.

9.c. - 14.c.iv. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:260 (February 1999), amended LR 26:496 (March 2000), LR 29:138 (February 2003), LR 39:1791 (July 2013).

§1311. Consent Order

A. An order involving some type of disciplinary action may be made by the board with the consent of the person. A consent order requires formal consent of 6 of 11 members of the board. It is not the result of the board's deliberation; it is the board's acceptance of an agreement reached between the board and the person. The consent order is issued by the board to carry out the parties' agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:262 (February 1999), amended LR 29:140 (February 2003), LR 39:1792 (July 2013).

§1321. Reinstatement of Suspended or Revoked License

A. The board is authorized to suspend the license of a licensed professional counselor for a period not exceeding two years. At the end of this period, the board shall re-evaluate the suspension and may recommend to the chair the reinstatement or revocation of the license. A person whose license has been revoked may apply for reinstatement after a period of not less than two years from the date such denial or revocation is legally effective. The board may, upon favorable action by a majority of the board members present and voting, recommend such reinstatement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 29:141 (February 2003), LR 39:1792 (July 2013).

§1323. Declaratory Statements

A. - A.1.b. …

c. a concise statement of the manner in which the petitioner is aggrieved by the statue, rules and regulations, or provision of the code of ethics by its potential application to him or her in which he or she is uncertain of its effect.

2. - 3. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 25:263 (February 1999), amended LR 29:141 (February 2003), LR 39:1792 (July 2013).

Chapter 15. Privileged Communication for Licensed Professional Counselors

§1505. Client Records

A. The state of Louisiana requires adult client records be maintained a minimum of six years according to R.S. 40:1299.41. Client records for minors must be maintained a minimum of seven years past the age of majority.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1792 (July 2013).

Chapter 17. Exclusions for Licensed Professional Counselors

§1703. Exemptions

A. …

B. Any nonresident temporarily employed in this state to render mental health counseling services for not more than 30 days a year, who meets the requirements for licensure in R.S. 37:1107 or who holds a valid license and certificate issued under the authority of the laws of another state. During a declared state of emergency a licensed, certified or registered mental health counselor in another jurisdiction may serve in the state for up to 60 days. The board must pre-approve any exception to this rule.

C. Any student in an accredited education institution, while carrying out activities that are part of the prescribed course of study, provided such activities are supervised by a professional mental health counselor. Such student shall hold oneself out to the public only by clearly indicating his/her student status and the profession in which he/she is being trained.

D. - E. …

F. Any person with a master's degree in counseling while practicing mental health counseling under the board-approved supervision of a licensed professional counselor. The supervisee must use the title "counselor intern" and shall not represent oneself to the public as a licensed professional counselor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Professional Counselors, LR 14:85 (February 1988), amended by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:545 (July 1989), LR 22:103 (February 1996), LR 29:142 (February 2003), LR 39:1792 (July 2013).

Chapter 21. Code of Conduct for Licensed Professional Counselors

§2101. Preamble

A. - B. …

C. *Mental Health Counseling*—assisting an individual or group through psychotherapy by rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders. This professional relationship empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:622 (August 1989), amended LR 24:438 (March 1998), LR 29:142 (February 2003), LR 39:1792 (July 2013).

§2103. Counseling Relationship

A. Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).

1. Welfare of Those Served by Counselors

a. Primary Responsibility. The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

b. Records. Counselors maintain records necessary for rendering professional services to their clients and as required by laws (see Chapter 15, §1505.A.), regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies.

c. Counseling Plans. Counselors and their clients work jointly in devising integrated, counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting the freedom of choice of clients.

d. Support Network Involvement. Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

e. Employment Needs. Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

2. Informed Consent in the Counseling Relationship

a. Informed Consent. Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process, and the counselor. Counselors have an obligation to review, in writing and verbally with clients, the rights and responsibilities of both the counselor and the client. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

b. Types of Information Needed

i. Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following:

(a). the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services;

(b). the counselor's qualifications, credentials, and relevant experience;

(c). continuation of services upon the incapacitation or death of a counselor; and

(d). other pertinent information.

ii. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements.

iii. Clients have the right:

(a). to confidentiality and to be provided with an explanation of its limitations (including how supervisors, and/or treatment team professionals are involved);

(b). to obtain clear information about their records;

(c). to participate in the ongoing counseling plans; and

(d). to refuse any services or modality change and to be advised of the consequences of such refusal.

c. Development and Cultural Sensitivity. Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselor consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

d. Inability to Give Consent. When counseling minors or persons unable to give voluntary consent, counselors seek the assent of clients to services, and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

3. Clients Served by Others. When counselors learn that their clients are in a professional relationship with another mental health professional, they request written release of information that the clients sign in order to communicate with other professionals and strive to establish positive and collaborative professional relationships.

4. Avoiding Harm and Imposing Values

a. Avoiding Harm. Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

b. Personal Values. Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainers, and research participants.

5. Roles and Relationships with Clients

a. Current Clients. Sexual or romantic counselor-client interaction or relationships with current clients, their romantic partners, or their family members are prohibited.

b. Former Clients. Sexual or romantic client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of five years following the last professional contact. Counselors, before engaging in sexual or romantic interactions or relationships with clients their romantic partners, or client family members after five years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationships can be viewed as exploitive in some way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship.

c. Nonprofessional Interactions or Relationships (other than sexual or romantic interactions or relationships). Counselor-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client.

d. Potentially Beneficial Interactions. When a counselor-client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the non professional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to:

i. attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation);

ii. purchasing a service or product provided by a client or former client (excepting unrestricted bartering);

iii. hospital visits to an ill family member, mutual membership in a professional association, organization, or community.

e. Role Changes in the Professional Relationship. When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include:

i. changing from individual to relationship or family counseling, or vice versa;

ii. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;

iii. changing from a counselor to a researcher role (i.e., enlisting clients as research participants), or vice versa; and

iv. changing from a counselor to a mediator role, or vice versa.

(a). Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) of counselor role changes.

6. Roles and Relationships at Individual, Group, Institutional and Societal Levels

a. Advocacy. When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

b. Confidentiality and Advocacy. Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

7. Multiple Clients

a. When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

8. Group Work

a. Screening. Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

b. Protecting Clients. In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

9. End-of-Life Care for Terminally Ill Clients

a. Quality of Care. Counselors strive to take measures that enable clients:

i. to obtain high-quality end-of-life care for their physical, emotional, social, and spiritual needs;

ii. to exercise the highest degree of self-determination possible;

iii. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and

iv. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

b. Counselor Competence, Choice, and Referral. Recognizing the personal, moral, and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

c. Confidentiality. Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

10. Fees and Bartering

a. Accepting Fees from Agency Clients. Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

b. Establishing Fees. In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

c. Nonpayment of Fees. If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon,

they first inform clients of intended actions and offer clients the opportunity to make payment.

d. Bartering. Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

e. Receiving Gifts. Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

11. Termination and Referral

a. Abandonment Prohibited. Counselors do not abandon or neglect clients in counseling and inform clients of professional limitations. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

b. Inability to Assist Clients. If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.

c. Appropriate Termination. Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

d. Appropriate Transfer of Services. When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

12. Technology Applications

a. Benefits and Limitations. Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures. Such technologies include, but are not limited to:

i. computer hardware and software;
ii. telephones;
iii. the world wide web;
iv. the internet;
v. online assessment instruments; and
vi. other communication devices.

b. Technology-Assisted Services. When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

c. Inappropriate Services. When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face-to-face.

d. Access. Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

e. Laws and Statutes. Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

f. Assistance. Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

g. Technology and Informed Consent. As part of the process of establishing informed consent, counselors do the following:

i. address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications;

ii. inform clients of all colleagues, supervisors, and employees, such as informational technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions;

iii. urge clients to be aware of all authorized or unauthorized user,s including family members and fellow employees who have access to any technology clients may use in the counseling process;

iv. inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries;

v. use encrypted websites and email communications to help ensure confidentiality when possible;

vi. when the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific;

vii. inform clients if and for how long archival storage of transaction records are maintained;

viii. discuss the possibility of technology failure and alternate methods of service delivery;

ix. inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available;

x. discuss time zone differences, local customs, and cultural or language differences that might impact service delivery;

xi. inform clients when technology-assisted distance counseling services are not covered by insurance.

h. Sites on the World Wide Web. Counselors maintaining sites on the world wide web (the internet) do the following:

i. regularly check that electronic links are working and professionally appropriate;

ii. establish ways clients can contact the counselor in case of technology failure;

iii. provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns;

iv. establish a method for verifying client identity;

v. obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is:

(a). a minor child;

(b). an adult who is legally incompetent; or

(c). an adult incapable of giving informed consent;

vi. strive to provide a site that is accessible to persons with disabilities;

vii. strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations;

viii. assist clients in determining the validity and reliability of information found on the world wide web and other technology applications.

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§2105. Confidentiality, Privileged Communication, and Privacy

A. Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

1. Respecting Client Rights

a. Multicultural/Diversity Considerations. Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

b. Respect for Privacy. Counselors shall respect their clients' right to privacy and avoid legal and unwarranted disclosures of confidential information.

c. Respect for Confidentiality. Counselors do not share confidential information without client consent. The right to privacy may be waived by the client or their legally recognized representative.

d. Explanation of Limitations. At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached.

2. Exceptions

a. Danger and Legal Requirements. The general requirement that counselors shall keep information confidential does not apply when disclosure is required because a patient has communicated a threat of physical violence, which is deemed to be significant in the clinical judgment of the counselor, against a clearly identified victim or victims, coupled with the apparent intent and ability to carry out such threat, or when legal requirements otherwise demand that confidential information be revealed. Counselor shall consult with other professionals when in doubt as to the validity of an exception.

b. Contagious, Life-Threatening Diseases. When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

c. Court-Ordered Disclosure. When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

d. Minimal Disclosure. To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

3. Information Shared with Others

a. Subordinates. Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

b. Treatment Teams. When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

c. Confidential Settings. Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

d. Third-Party Payers. Counselors disclose information to third-party payers only when clients have authorized such disclosure.

e. Transmitting Confidential Information. Counselors take precautions to ensure the confidentiality of information transmitted through the use of:

i. computers;

ii. electronic mail;

iii. facsimile machines;

iv. telephones;

v. voicemail;

vi. answering machines; and

vii. other electronic or computer technology.

f. Deceased Clients. Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

4. Groups and Families

a. Group Work. In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

b. Couples and Family Counseling. In couples and family counseling, counselors clearly define who is

considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

5. Clients Lacking Capacity to Give Informed Consent

a. Responsibility to Clients. When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

b. Responsibility to Parents and Legal Guardians. Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

c. Release of Confidential Information. When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

6. Records

a. Confidentiality of Records. Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

b. Permission to Record. Counselors obtain permission from clients prior to recording sessions through electronic or other means.

c. Permission to Observe. Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

d. Client Access. Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

e. Assistance with Records. When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

f. Disclosure or Transfer. Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. If a client who is under the active care of a practitioner licensed by the Louisiana State Board of Medical Examiners is diagnosed with a "serious mental illness" and refuses to sign a release of information in order for the counselor to consult with that practitioner, then the counselor must terminate the relationship in accordance with §2103.11 and refer the client to another mental health professional.

g. Storage and Disposal After Termination. Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or documents.

h. Reasonable Precautions. Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death.

7. Research and Training

a. Institutional Approval. When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

b. Adherence to Guidelines. Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

c. Confidentiality of Information Obtained in Research. Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected.

d. Disclosure of Research Information. Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved.

e. Agreement for Identification. Identification of clients, or students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication.

8. Consultation

a. Agreements. When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

b. Respect for Privacy. Information obtained in a consulting relationship is discussed for professional

purposes only with persons directly involved with the case. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

c. Disclosure of Confidential Information. When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

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§2107. Professional Responsibilities

A. Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the code of conduct and standards of practice. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improves the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

1. Knowledge of Standards

a. Counselors have a responsibility to read, understand, and follow the code of conduct and standards of practice and adhere to applicable laws and regulations.

2. Professional Competence

a. Boundaries of Competence. Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. All licensees must submit to the board a written statement of area(s) of intended practice along with supporting documentation of qualifications for the respective area(s) in which practice is intended.

b. New Specialty Areas of Practice. Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm. All licensees must submit to the board a written statement of new area(s) of intended practice along with supporting documentation of qualifications for the respective area(s) in which practice is intended before claiming said specialty area(s). At the discretion of the board an oral examination may be required before approval of specialty area(s).

c. Qualified for Employment. Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

d. Monitor Effectiveness. Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

e. Consultation on Ethical Obligations. Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

f. Continuing Education. Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

g. Impairment. Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

h. Counselor Incapacitation or Termination of Practice. When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or "records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice (see §2105.A.6.h).

3. Advertising and Soliciting Clients

a. Accurate Advertising. When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

b. Testimonials. Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

c. Statements by Others. Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

d. Recruiting Through Employment. Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices.

e. Products and Training Advertisements. Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. Promoting to Those Served. Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

4. Professional Qualifications

a. Accurate Representation. Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

b. Credentials. Counselors claim only licenses or certifications that are current and in good standing.

c. Educational Degrees. Counselors clearly differentiate between earned and honorary degrees.

d. Implying Doctoral-Level Competence. Counselors clearly state their highest earned degree in counseling or closely related field. Counselors do not imply doctoral-level competence when only possessing a master's degree in counseling or a related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or related field. A doctoral degree in counseling or a closely related field is defined as a doctoral degree from a regionally accredited university that shall conform to one of the criteria below:

i. a CACREP accredited doctoral counseling program;

ii. a doctoral counseling program incorporating the work "counseling" or "counselor" it its title;

iii. a doctoral program incorporating a counseling-related term it its title (e.g., "marriage and family therapy"); or

iv. a doctoral program in a behavioral science that would augment the counseling skills of a licensed professional counselor.

e. Program Accreditation Status. Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

f. Professional Membership. Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

5. Nondiscrimination

a. Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

6. Public Responsibility

a. Sexual Harassment. Counselors do not engage in or condone sexual harassment.

Sexual Harassment—sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

(a). is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or

(b). is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

b. Reports to Third Parties. Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

c. Media Presentations. When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that:

i. the statements are based on appropriate professional counseling literature and practice;

ii. the statements are otherwise consistent with the code of conduct; and

iii. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

d. Exploitation of Others. Counselors do not exploit others in their professional relationships.

e. Scientific Bases for Treatment Modalities. Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as "unproven" or "developing" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm.

7. Responsibility to Other Professionals

a. Personal Public Statements. When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

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§2109. Relationships with Other Professionals

A. Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

1. Relationships With Colleagues, Employers, and Employees

a. Different Approaches. Counselors are respectful of approaches to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

b. Forming Relationships. Counselors work to develop and strengthen interdisciplinary relations with colleagues from other disciplines to best serve clients.

c. Interdisciplinary Teamwork. Counselors who are members of interdisciplinary teams delivering multifaceted services to clients keep the focus on how to best serve the clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

d. Confidentiality. When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

e. Establishing Professional and Ethical Obligations. Counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

f. Personnel Selection and Assignment. Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

g. Employer Policies. The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

h. Negative Conditions. Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

i. Protection from Punitive Action. Counselors take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

2. Consultation

a. Consultant Competency. Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed.

b. Understanding Consultees. When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

c. Consultant Goals. The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

d. Informed Consent in Consultation. When providing consultation, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees.

e. Consultation with Medical Practitioners. In the event a client is diagnosed with a "serious mental illness", counselors must consult and collaborate on an ongoing basis with a practitioner who is licensed by the Louisiana State Board of Medical Examiners and is authorized to prescribe medications in the management of psychiatric illness.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:625 (August 1989), amended LR 24:443 (March 1998), LR 29:146 (February 2003), LR 39:1800 (July 2013).

§2113. Supervision, Training, and Teaching

A. Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

1. Counselor Supervision and Client Welfare

a. Client Welfare. A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the code of conduct and standards of practice.

b. Counselor Credentials. Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients.

c. Informed Consent and Client Rights. Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used.

2. Counselor Supervision Competence

a. Supervisor Preparation. Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills.

b. Multicultural Issues/Diversity in Supervision. Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

3. Supervisory Relationships

a. Relationship Boundaries With Supervisees. Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

b. Sexual Relationships. Sexual or romantic interactions or relationships with current supervisees are prohibited.

c. Sexual Harassment. Counseling supervisors do not condone or subject supervisees to sexual harassment.

d. Close Relatives and Friends. Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

e. Potentially Beneficial Relationships. Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

4. Supervisor Responsibilities

a. Informed Consent for Supervision. Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

b. Emergencies and Absences. Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

c. Standards for Supervisees. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of postdegree counselors encourage these counselors to adhere to professional standards of practice.

d. Termination of the Supervisory Relationship. Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

5. Counseling Supervision Evaluation, Remediation, and Endorsement

a. Evaluation. Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

b. Limitations. Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

c. Counseling for Supervisees. If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to their supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning (see F.3.a).

d. Endorsement. Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

6. Responsibilities of Counselor Educators

a. Counselor Educators. Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

b. Infusing Multicultural Issues/Diversity. Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

c. Integration of Study and Practice. Counselor educators establish education and training programs that integrate academic study and supervised practice.

d. Teaching Ethics. Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

e. Peer Relationships. Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

f. Innovative Theories and Techniques. When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as "unproven" or "developing" and explain to students the potential risks and ethical considerations of using such techniques/procedures.

g. Field Placements. Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

h. Professional Disclosure. Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

7. Student Welfare

a. Orientation. Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

i. the type and level of skill and knowledge acquisition required for successful completion of the training;

ii. program training goals, objectives, and mission, and subject matter to be covered;

iii. bases for evaluation;

iv. training components that encourage self-growth or self-disclosure as part of the training process;

v. the type of supervision settings and requirements of the sites for required clinical field experiences;

vi. student and supervisee evaluation and dismissal policies and procedures; and

vii. up-to-date employment prospects for graduates.

b. Self-Growth Experiences. Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

8. Student Responsibilities

a. Standards for Students. Counselors-in-training have a responsibility to understand and follow the ACA code of ethics and LPC code of conduct and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors.

b. Impairment. Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others.

9. Evaluation and Remediation of Students

a. Evaluation. Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing performance appraisal and evaluation feedback throughout the training program.

b. Limitations. Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators:

i. assist students in securing remedial assistance when needed;

ii. seek professional consultation and document their decision to dismiss or refer students for assistance; and

iii. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

c. Counseling for Students. If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

10. Roles and Relationships between Counselor Educators and Students

a. Sexual or Romantic Relationships. Sexual or romantic interactions or relationships with current students are prohibited.

b. Sexual Harassment. Counselor educators do not condone or subject students to sexual harassment.

c. Relationships with Former Students. Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

d. Nonprofessional Relationships. Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

e. Counseling Services. Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

f. Potentially Beneficial Relationships. Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

11. Multicultural/Diversity Competence in Counselor Education and Training Programs

a. Faculty Diversity. Counselor educators are committed to recruiting and retaining a diverse faculty.

b. Student Diversity. Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

c. Multicultural/Diversity Competence. Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:626 (August 1989), amended LR 24:445 (March 1998), LR 29:149 (February 2003), LR 39:1800 (July 2013).

§2115. Research and Publication

A. Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

1. Research Responsibilities

a. Use of Human Research Participants. Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human research participants.

b. Deviation from Standard Practice. Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

c. Independent Researchers. When independent researchers do not have access to an institutional review board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

d. Precautions to Avoid Injury. Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

e. Principal Researcher Responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

f. Minimal Interference. Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

g. Multicultural/Diversity Considerations in Research. When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

2. Rights of Research Participants

a. Informed Consent in Research. Individuals have the right to consent to become research participants. In seeking consent, counselors use language that:

i. accurately explains the purpose and procedures to be followed;

ii. identifies any procedures that are experimental or relatively untried;

iii. describes any attendant discomforts and risks;

iv. describes any benefits or changes in individuals or organizations that might be reasonably expected;

v. discloses appropriate alternative procedures that would be advantageous for participants;

vi. offers to answer any inquiries concerning the procedures;

vii. describes any limitations on confidentiality;

viii. describes the format and potential target audiences for the dissemination of research findings; and

ix. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

b. Deception. Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

c. Student/Supervisee Participation. Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one's academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

d. Client Participation. Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

e. Confidentiality of Information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

f. Persons Not Capable of Giving Informed Consent. When a person is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

g. Commitments to Participants. Counselors take reasonable measures to honor all commitments to research participants.

h. Explanations after Data Collection. After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

i. Informing Sponsors. Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgement.

j. Disposal of Research Documents and Records. Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents.

3. Relationships with Research Participants (when research involves intensive or extended interactions)

a. Nonprofessional Relationships. Nonprofessional relationships with research participants should be avoided.

b. Relationships with Research Participants. Sexual or romantic counselor-research participant interactions or relationships with current research participants are prohibited.

c. Sexual Harassment and Research Participants. Researchers do not condone or subject research participants to sexual harassment.

d. Potentially Beneficial Interactions. When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

4. Reporting Results

a. Accurate Results. Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

b. Obligation to Report Unfavorable Results. Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions,

programs, services, prevailing opinions, or vested interests are not withheld.

c. Reporting Errors. If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum, or through other appropriate publication means.

d. Identity of Participants. Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

e. Replication Studies. Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

5. Publication

a. Recognizing Contributions. When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

b. Plagiarism. Counselors do not plagiarize, that is, they do not present another person's work as their own work.

c. Review/Republication of Data or Ideas. Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

d. Contributors. Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

e. Agreement of Contributors. Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

f. Student Research. For articles that are substantially based on students' course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

g. Duplicate Submission. Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

h. Professional Review. Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:626 (August 1989), amended LR 24:446 (March 1998), LR 29:150 (February 2003), LR 39:1803 (July 2013).

§2117. Resolving Ethical Issues

A. Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that these standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

1. Standards and the Law

a. Knowledge. Counselors understand the ACA code of conduct and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

b. Conflicts between Ethics and Laws. If ethical responsibilities conflict with law, regulations, or other governing legal authority, counselors make known their commitment to the code of conduct and standards of practice and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

2. Suspected Violations

a. Ethical Behavior Expected. Counselors expect colleagues to adhere to the code of conduct and standards of practice. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action.

b. Informal Resolution. When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor, if feasible, provided such action does not violate confidentiality rights that may be involved.

c. Reporting Ethical Violations. If an apparent violation has substantially harmed, or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

d. Consultation. When uncertain as to whether a particular situation or course of action may be in violation of the code of conduct, counselors consult with other counselors who are knowledgeable about ethics and the code of conduct, with colleagues, or with appropriate authorities

e. Organizational Conflicts. If the demands of an organization with which counselors are affiliated pose a conflict with the code of conduct, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the code of conduct. When possible, counselors work toward change within the organization to allow full adherence to the Code of Conduct of Ethics. In doing so, they address any confidentiality issues.

f. Unwarranted Complaints. Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

g. Unfair Discrimination Against Complainants and Respondents. Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

3. Cooperation with Ethics Committees

a. Counselors assist in the process of enforcing the code of conduct. Counselors cooperate with investigations, proceedings, and requirements of the LPC board disciplinary committee. Counselors are familiar with the LPC Board code of conduct and professional and occupational standards and procedures for processing complaints of ethical violations as it pertains to the enforcement of the code of conduct and standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:626 (August 1989), amended LR 24:447 (March 1998), LR 29:151 (February 2003), LR 39:1805 (July 2013).

§2118. Appendix—Declaration of Practices and Procedures for Licensed Professional Counselors

A. …

1. Licensed professional counselor/counselor intern's name, mailing address, and telephone number.

2. - 3.b.…

4. Areas of Focus

a. List your areas of focus such as career counseling, marriage and family counseling, adolescents, etc.

4.b. - 12. …

13. It is also required that a place be provided for the date and signatures of the counselor/counselor intern, the client(s) and, if warranted, the date and signatures of the parent/guardian and the counselor intern's supervisor. A general statement is required indicating that the client has read, understands, and agrees to the conditions set forth by the declaration statement. Minor clients must have an accompanying parent/guardian signature which provides consent for their treatment.

B. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 15:627 (August 1989), amended LR 20:544 (May 1994), LR 29:152 (February 2003), LR 39:1806 (July 2013).

Subpart 2. Professional Standards for Licensed Marriage and Family Therapists

Chapter 33. Requirements for Licensure

§3313. Examination Requirements

A. - C. …

D. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:158 (February 2003), amended LR 35:1114 (June 2009), LR 39:1806 (July 2013).

§3315. Requirements for the Registration and Supervision of MFT Interns

A. - C. …

1. An MFT intern must complete an internship under the supervision of a board-approved supervisor or registered supervisor candidate that consists of qualified post-graduate work experience in marriage and family therapy and that includes at least 3,000 hours of clinical services to individuals, couples, families, or groups. An out-of-state applicant may transfer up to 2500 hours of supervised experience towards licensure (a maximum of 1600 direct client contact hours, a maximum of 815 indirect hours, and a maximum of 85 hours of face-to-face supervision). The aforementioned hours must have been accrued under the clinical supervision of an approved supervisor within their state who meets the qualifications of a supervisor of MFT interns set forth by the advisory committee. The decision to approve transfer of hours and supervisors from out of state shall be made at the discretion of the advisory committee.

a. - b. …

c. The intern shall complete his or her internship in not less than two and no more than seven years from the date the intern is registered with the board. All documents for licensure must be submitted before the end of the seven year period. Failure to submit all documents for licensure by the end of the 7-year period will result in forfeiture of all previously accrued direct, indirect, and face to face supervision hours, and the applicant must reapply under the current rules. A request for extension may be made to the advisory committee in writing no later than 60 days prior to the end of the 7-year period. The advisory committee will review such requests to determine if an exception is warranted.

C.1.d. - D.4.d. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:158 (February 2003), amended LR 29:2787 (December 2003), LR 35:1114 (June 2009), LR 38:1966 (August 2012), LR 39:1806 (July 2013).

Chapter 37. Reciprocity and Provisional Licenses Endorsement and Expedited Processing

§3701. Endorsement

A. Upon recommendation of the board and Marriage and Family Therapy Advisory Committee, the board shall issue a license to any person who has been licensed as a marriage and family therapist and has actively practiced marriage and

family therapy for at least five years in another jurisdiction. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also have passed the Association of Marital and Family Therapy Regulatory Board's examination in marital and family therapy. An applicant must submit documentation of at least 40 CEHs, in accordance with the requirements listed in Chapter 33, within two years of the date of application for licensure endorsement in Louisiana. An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice marriage and family therapy in the state of Louisiana at the time the act was committed.

B. Upon recommendation of the board and marriage and family therapy advisory committee, the board shall issue a license to any person licensed as a licensed as a marriage and family therapist for less than five years in another jurisdiction whose requirements for the license are substantially equivalent to or exceed the requirements of the state of Louisiana. The applicant must submit an application on forms prescribed by the board in the prescribed manner and pay the required licensure fee. Applicants must also provide proof of having passed the Association of Marital and Family Therapy Regulatory Board's examination in marital and family therapy. An applicant must also be in good standing in all jurisdictions in which they are licensed and must not have been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice marriage and family therapy in the state of Louisiana at the time the act was committed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1807 (July 2013).

§3703. Expedited Processing

A. The board does not issue temporary practice permits; however, expedited application processing is available. The applicant must submit the completed application (i.e. for licensure, registration, etc.), expedited processing application, and the required fee. Upon receipt of the aforementioned items, the applicant will receive a response from a board staff member within five business days informing the applicant of the status of their application. If the application materials submitted do not contain all of the necessary documents to complete the application, the application will be reviewed on the following application review date and the expedited processing application fee will not be refunded.

B. All applicants whom board staff determines should be denied or reviewed by the board must be presented to the board at the next regularly scheduled board meeting. Therefore, a verdict of denial may not be achieved within five business days of receipt of all application materials for expedited processing. Those applicants whom board staff determines should be approved will receive notification of approval within five business days.

C. Military personnel (active duty and veterans honorably discharged within 5 years of the application date) and their spouses who are appropriately licensed in another jurisdiction will receive a status update from the board within 30 days pertaining to approval or denial of the application. Such applicants must provide proof of military status via DD Form 214 as part of the completed application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:1807 (July 2013).

Mary Alice Olsan
Executive Director

1307#015

RULE

Department of Insurance
Office of the Commissioner

Credit for Reinsurance (LAC 37:XIII.Chapter 35)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 22:2(E), R.S. 22:11, and R.S. 22:651, that the commissioner of insurance has amended Chapter 35 to facilitate the reduction of required reinsurance collateral for Louisiana insurers doing business with non-U.S. reinsurers. Under the prior law and current regulation, non-U.S. reinsurers must provide collateral through a qualified U.S. financial institution for 100 percent of potential liabilities to U.S. insurers with which they enter into reinsurance contracts. The current law maintains the previous system of collateral and provides a method for a highly-rated, non-U.S. reinsurer from certain jurisdictions to seek a reduction of the amount of required collateral through the certification of reinsurers from qualified jurisdictions. This regulation provides for a system of evaluating reinsurers for certification and jurisdictions for qualification in accordance with the R.S. 22:651. The permitted collateral reductions vary from 25 to 100 percent depending on the rating assigned to the reinsurer by the commissioner. Certified reinsurers found to be vulnerable would have a 100 percent collateral requirement. The actions and information required by this regulation are hereby declared to be necessary and appropriate in the public interest and for the protection of the ceding insurers in this state.

Title 37
INSURANCE
Part XIII. Regulations

Chapter 35. Regulation 56—Credit for Reinsurance

§3501. Purpose

A. The purpose of this regulation is to set forth rules and procedural requirements that the commissioner deems necessary to carry out the provisions on credit for reinsurance, R.S. 22:651 et seq. The actions and information required by this regulation are hereby declared to be necessary and appropriate in the public interest and for the protection of the ceding insurers in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1807 (July 2013).

§3503. Severability

A. If any provision or item of this regulation, or the application thereof, is held invalid, such invalidity shall not affect other provisions, items, or applications of the regulation which can be given effect without the invalid provision, item, or application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended by Louisiana Legislature, House Concurrent Resolution Number 135 of the 2001 Regular Session, LR 27:1102 (July 2001), amended by the Department of Insurance, Office of the Commissioner, LR 39:1808 (July 2013).

§3505. Credit for Reinsurance—Reinsurer Authorized in this State

A. Pursuant to R.S. 22:651(B), the commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that was authorized in this state as of any date on which statutory financial statement credit for reinsurance is claimed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1808 (July 2013).

§3507. Credit for Reinsurance—Accredited Reinsurers

A. Pursuant to R.S. 22:651(C) the commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in this state as of the date on which statutory financial statement credit for reinsurance is claimed. An accredited reinsurer shall:

1. file a properly executed Form AR-1 (§3525.B) as evidence of its submission to this state's jurisdiction and to the authority of the commissioner to examine its books and records;

2. file with the commissioner a certified copy of a certificate of authority or other acceptable evidence that it is licensed to transact insurance or reinsurance in at least one state, or, in the case of a United States branch of an alien-assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state;

3. file annually with the commissioner a copy of its annual statement filed with the insurance department of its state of domicile or, in the case of an alien assuming insurer, with the state through which it is entered and in which it is licensed to transact insurance or reinsurance, and a copy of its most recent audited financial statement; and

4. maintain a surplus as regards policyholders in an amount not less than $20,000,000, or obtain the affirmative approval of the commissioner upon a finding that it has adequate financial capacity to meet its reinsurance obligations and is otherwise qualified to assume reinsurance from domestic insurers.

B. If the commissioner determines that the assuming insurer has failed to meet or maintain any of these qualifications, the commissioner may upon written notice and opportunity for hearing, suspend or revoke the accreditation. Credit shall not be allowed a domestic ceding insurer under this Section if the assuming insurer's accreditation has been revoked by the commissioner, or if the reinsurance was ceded while the assuming insurer's accreditation was under suspension by the commissioner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1808 (July 2013).

§3509. Credit for Reinsurance—Reinsurers Maintaining Trust Funds

A. Pursuant to R.S. 22:651(D), the commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which, as of any date on which statutory financial statement credit for reinsurance is claimed, and thereafter for so long as credit for reinsurance is claimed, maintains a trust fund in an amount prescribed below in a qualified United States financial institution as defined in R.S. 22:653(B), for the payment of the valid claims of its United States domiciled ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the commissioner substantially the same information as that required to be reported on the National Association of Insurance Commissioners (NAIC) annual statement form by authorized insurers, to enable the commissioner to determine the sufficiency of the trust fund.

B. The following requirements apply to the following categories of assuming insurer.

1. The trust fund for a single assuming insurer shall consist of funds in trust in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by United States domiciled insurers, and in addition, the assuming insurer shall maintain a trusteed surplus of not less than $20,000,000, except as provided in §3509.B.2.

2. At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three full years, the commissioner with principal regulatory oversight of the trust may authorize a reduction in the required trusteed surplus, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of United States ceding insurers, policyholders and claimants in light of reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash flows, and shall consider all material risk factors, including when applicable the lines of business involved, the stability of the incurred loss estimates and the effect of the surplus requirements on the assuming insurer's liquidity or solvency. The minimum required trusteed surplus may not be reduced to an amount less than 30 percent of the assuming insurer's liabilities attributable to reinsurance ceded by United States ceding insurers covered by the trust.

3. In the case of a group including incorporated and individual unincorporated underwriters:

a. the trust fund shall consist of:

i. for reinsurance ceded under reinsurance agreements with an inception, amendment or renewal date on or after January 1, 1993, funds in trust in an amount not less than the respective underwriters' several liabilities attributable to business ceded by United States domiciled ceding insurers to any underwriter of the group;

ii. for reinsurance ceded under reinsurance agreements with an inception date on or before December 31, 1992, and not amended or renewed after that date, notwithstanding the other provisions of this regulation, funds in trust in an amount not less than the respective underwriters' several insurance and reinsurance liabilities attributable to business written in the United States; and

iii. in addition to these trusts, the group shall maintain a trusteed surplus of which $100,000,000 shall be held jointly for the benefit of the United States domiciled ceding insurers of any member of the group for all the years of account;

b. the incorporated members of the group shall not be engaged in any business other than underwriting as a member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members. The group shall, within 90 days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the commissioner:

i. an annual certification by the group's domiciliary regulator of the solvency of each underwriter member of the group; or

ii. if a certification is unavailable, a financial statement, prepared by independent public accountants, of each underwriter member of the group.

4. In the case of a group of incorporated insurers under common administration, whose members possess aggregate policyholders surplus of $10,000,000,000 (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and *Accounting Practices and Procedures Manual* of the NAIC) and which has continuously transacted an insurance business outside the United States for at least three years immediately prior to making application for accreditation.

a. The trust fund shall:

i. consist of funds in trust in an amount not less than the assuming insurers' several liabilities attributable to business ceded by United States domiciled ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group;

ii. maintain a joint trusteed surplus of which $100,000,000 shall be held jointly for the benefit of United States domiciled ceding insurers of any member of the group; and

iii. file a properly executed Form AR-1 (§3525.B) as evidence of the submission to the authority of the commissioner to examine the books and records of any of its members and shall certify that any member examined will bear the expense of any such examination.

b. Within 90 days after the statements are due to be filed with the group's domiciliary regulator, the group shall file with the commissioner an annual certification of each underwriter member's solvency by the member's domiciliary regulators, and financial statements, prepared by independent public accountants, of each underwriter member of the group.

C. Credit for reinsurance shall not be granted unless the form of the trust and any amendments to the trust have been approved by either the commissioner of the state where the trust is domiciled or the commissioner of another state who, pursuant to the terms of the trust instrument, has accepted responsibility for regulatory oversight of the trust. The form of the trust and any trust amendments also shall be filed with the commissioner of every state in which the ceding insurer beneficiaries of the trust are domiciled.

1. The trust instrument shall provide that:

a. contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied 30 days after entry of the final order of any court of competent jurisdiction in the United States;

b. legal title to the assets of the trust shall be vested in the trustee for the benefit of the grantor's United States ceding insurers, their assigns and successors in interest;

c. the trust shall be subject to examination as determined by the commissioner;

d. the trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations under reinsurance agreements subject to the trust; and

e. no later than February 28 of each year the trustee of the trust shall report to the commissioner in writing setting forth the balance in the trust and listing the trust's investments at the preceding year-end, and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the following December 31.

2. Notwithstanding any other provisions in the trust instrument, if the trust fund is inadequate because it contains an amount less than the amount required by §3509.C or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the commissioner with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the commissioner with regulatory oversight over the trust or other designated receiver all of the assets of the trust fund.

a. The assets shall be distributed by and claims shall be filed with and valued by the commissioner with regulatory oversight over the trust in accordance with the laws of the state in which the trust is domiciled applicable to the liquidation of domestic insurance companies.

b. If the commissioner with regulatory oversight over the trust determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the United States beneficiaries of the trust, the commissioner with regulatory oversight over the trust shall return the assets, or any part thereof, to the trustee for distribution in accordance with the trust agreement.

c. The grantor shall waive any right otherwise available to it under United States law that is inconsistent with this provision.

D. For purposes of this section, the term *liabilities* shall mean the assuming insurer's gross liabilities attributable to reinsurance ceded by United States domiciled insurers excluding liabilities that are otherwise secured by acceptable means, and, shall include:

1. for business ceded by domestic insurers authorized to write accident and health, and property and casualty insurance:

a. losses and allocated loss expenses paid by the ceding insurer, recoverable from the assuming insurer;

b. reserves for losses reported and outstanding;

c. reserves for losses incurred but not reported;

d. reserves for allocated loss expenses; and

e. unearned premiums;

2. for business ceded by domestic insurers authorized to write life, health and annuity insurance:

a. aggregate reserves for life policies and contracts net of policy loans and net due and deferred premiums;

b. aggregate reserves for accident and health policies;

c. deposit funds and other liabilities without life or disability contingencies; and

d. liabilities for policy and contract claims.

E. Assets deposited in trusts established pursuant to R.S. 22:651 and §3509 of this regulation shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States financial institution as defined in R.S. 22:653(A), clean, irrevocable, unconditional and "evergreen" letters of credit issued or confirmed by a qualified United States financial institution, as defined in R.S. 22:653(A), and investments of the type specified in §3509.E of this regulation, but investments in or issued by an entity controlling, controlled by or under common control with either the grantor or beneficiary of the trust shall not exceed 5 percent of total investments. No more than 20 percent of the total of the investments in the trust may be foreign investments authorized under §3509.E.1.e, E.3, E.6.b or E.7, and no more than 10 percent of the total of the investments in the trust may be securities denominated in foreign currencies. For purposes of applying the preceding sentence, a depository receipt denominated in United States dollars and representing rights conferred by a foreign security shall be classified as a foreign investment denominated in a foreign currency. The assets of a trust established to satisfy the requirements of R.S. 22:651 shall be invested only as follows.

1. Government obligations that are not in default as to principal or interest, that are valid and legally authorized and that are issued, assumed or guaranteed by:

a. the United States or by any agency or instrumentality of the United States;

b. a state of the United States;

c. a territory, possession or other governmental unit of the United States;

d. an agency or instrumentality of a governmental unit referred to in §3509.E.1.b-c if the obligations shall be by law (statutory of otherwise) payable, as to both principal and interest, from taxes levied or by law required to be levied or from adequate special revenues pledged or otherwise appropriated or by law required to be provided for making these payments, but shall not be obligations eligible for investment under this paragraph if payable solely out of special assessments on properties benefited by local improvements; or

e. the government of any other country that is a member of the Organization for Economic Cooperation and Development and whose government obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC.

2. Obligations that are issued in the United States, or that are dollar denominated and issued in a non-United States market, by a solvent United States institution (other than an insurance company) or that are assumed or guaranteed by a solvent United States institution (other than an insurance company) and that are not in default as to principal or interest if the obligations:

a. are rated A or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC, or if not so rated, are similar in structure and other material respects to other obligations of the same institution that are so rated;

b. are insured by at least one authorized insurer (other than the investing insurer or a parent, subsidiary or affiliate of the investing insurer) licensed to insure obligations in this state and, after considering the insurance, are rated AAA (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC; or

c. have been designated as class one or class two by the Securities Valuation Office of the NAIC.

3. Obligations issued, assumed or guaranteed by a solvent non-United States institution chartered in a country that is a member of the Organization for Economic Cooperation and Development or obligations of United States corporations issued in a non-United States currency, provided that in either case the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC.

4. An investment made pursuant to the provisions of §3509.E.1-3 shall be subject to the following additional limitations:

a. an investment in or loan upon the obligations of an institution other than an institution that issues mortgage-related securities shall not exceed 5 percent of the assets of the trust;

b. an investment in any one mortgage-related security shall not exceed 5 percent of the assets of the trust;

c. the aggregate total investment in mortgage-related securities shall not exceed 25 percent of the assets of the trust; and

d. preferred or guaranteed shares issued or guaranteed by a solvent United States institution are permissible investments if all of the institution's obligations are eligible as investments under §3509.E.2.a and E.2.c, but shall not exceed 2 percent of the assets of the trust.

5. As used in this regulation:

Mortgage-Related Security—an obligation that is rated AA or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC and that either:

i. represents ownership of one or more promissory notes or certificates of interest or participation in the notes (including any rights designed to assure servicing of, or the receipt or timeliness of receipt by the holders of the notes, certificates, or participation of amounts payable under, the notes, certificates or participation), that:

(a). are directly secured by a first lien on a single parcel of real estate, including stock allocated to a dwelling unit in a residential cooperative housing corporation, upon which is located a dwelling or mixed residential and commercial structure, or on a residential manufactured home as defined in 42 U.S.C. §5402(6), whether the manufactured home is considered real or personal property under the laws of the state in which it is located; and

(b). were originated by a savings and loan association, savings bank, commercial bank, credit union, insurance company, or similar institution that is supervised and examined by a federal or state housing authority, or by a mortgagee approved by the secretary of Housing and Urban Development pursuant to 12 U.S.C.§§1709 and 1715-b, or, where the notes involve a lien on the manufactured home, by an institution or by a financial institution approved for insurance by the secretary of Housing and Urban Development pursuant to 12 U.S.C. §1703; or

ii. is secured by one or more promissory notes or certificates of deposit or participations in the notes (with or without recourse to the insurer of the notes) and, by its terms, provides for payments of principal in relation to payments, or reasonable projections of payments, or notes meeting the requirements of §3509.E.5.a.i.(a)-(b);

Promissory Note—when used in connection with a manufactured home, shall also include a loan, advance or credit sale as evidenced by a retail installment sales contract or other instrument.

6. Equity Interests

a. Investments in common shares or partnership interests of a solvent United States institution are permissible if:

i. its obligations and preferred shares, if any, are eligible as investments under §3509.E; and

ii. the equity interests of the institution (except an insurance company) are registered on a national securities exchange as provided in the Securities Exchange Act of 1934, 15 U.S.C. §§ 78a to 78kk, or otherwise registered pursuant to that Act, and if otherwise registered, price quotations for them are furnished through a nationwide automated quotations system approved by the Financial Industry Regulatory Authority, or successor organization. A trust shall not invest in equity interests under this Paragraph an amount exceeding 1 percent of the assets of the trust even though the equity interests are not so registered and are not issued by an insurance company;

b. investments in common shares of a solvent institution organized under the laws of a country that is a member of the Organization for Economic Cooperation and Development, if:

i. all its obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC; and

ii. the equity interests of the institution are registered on a securities exchange regulated by the government of a country that is a member of the Organization for Economic Cooperation and Development;

c. an investment in or loan upon any one institution's outstanding equity interests shall not exceed 1 percent of the assets of the trust. The cost of an investment in equity interests made pursuant to this paragraph, when added to the aggregate cost of other investments in equity interests then held pursuant to this Paragraph, shall not exceed 10 percent of the assets in the trust;

7. Obligations issued, assumed or guaranteed by a multinational development bank, provided the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC.

8. Investment Companies

a. Securities of an investment company registered pursuant to the Investment Company Act of 1940, 15 U.S.C. §80a, are permissible investments if the investment company:

i. Invests at least 90 percent of its assets in the types of securities that qualify as an investment under §3509.E.1-3 or invests in securities that are determined by the commissioner to be substantively similar to the types of securities set forth in §3509.E.1-3; or

ii. Invests at least 90 percent of its assets in the types of equity interests that qualify as an investment under §3509.E.6.a.

b. Investments made by a trust in investment companies under this Paragraph shall not exceed the following limitations:

i. an investment in an investment company qualifying under §3509.E.8.a.i shall not exceed 10 percent of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall not exceed 25 percent of the assets in the trust; and

ii. investments in an investment company qualifying under §3509.E.8.a.ii shall not exceed 5 percent of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall be included when calculating the permissible aggregate value of equity interests pursuant to §3509.E.6.a.

9. Letters of Credit

a. In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the commissioner), to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.

b. The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.

F. A specific security provided to a ceding insurer by an assuming insurer pursuant to §3511 shall be applied, until exhausted, to the payment of liabilities of the assuming insurer to the ceding insurer holding the specific security prior to, and as a condition precedent for, presentation of a claim by the ceding insurer for payment by a trustee of a trust established by the assuming insurer pursuant to this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1808 (July 2013).

§3510. Credit for Reinsurance—Certified Reinsurers

A. Pursuant to R.S. 22:651(E), the commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in this state at all times for which statutory financial statement

credit for reinsurance is claimed under this section. The credit allowed shall be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the commissioner. The security shall be in a form consistent with the provisions of R.S. 22:651(E) and 652 and §§3515, 3517 or 3519 of this regulation. The amount of security required in order for full credit to be allowed shall correspond with the following requirements.

1. Ratings/Security Required

Ratings	Security Required
Secure - 1	0 percent
Secure - 2	10 percent
Secure - 3	20 percent
Secure - 4	50 percent
Secure - 5	75 percent
Vulnerable - 6	100 percent

2. Affiliated reinsurance transactions shall receive the same opportunity for reduced security requirements as all other reinsurance transactions.

3. The commissioner shall require the certified reinsurer to post 100 percent, for the benefit of the ceding insurer or its estate, security upon the entry of an order of rehabilitation, liquidation or conservation against the ceding insurer.

4. In order to facilitate the prompt payment of claims, a certified reinsurer shall not be required to post security for catastrophe recoverables for a period of one year from the date of the first instance of a liability reserve entry by the ceding company as a result of a loss from a catastrophic occurrence as recognized by the commissioner. The one year deferral period is contingent upon the certified reinsurer continuing to pay claims in a timely manner. Reinsurance recoverables for only the following lines of business as reported on the NAIC annual financial statement related specifically to the catastrophic occurrence will be included in the deferral:

a. line 1: fire;
b. line 2: allied lines;
c. line 3: farmowners multiple peril;
d. line 4: homeowners multiple peril;
e. line 5: commercial multiple peril;
f. line 9: inland marine;
g. line 12: earthquake;
h. line 21: auto physical damage.

5. Credit for reinsurance under this Section shall apply only to reinsurance contracts entered into or renewed on or after the effective date of the certification of the assuming insurer. Any reinsurance contract entered into prior to the effective date of the certification of the assuming insurer that is subsequently amended after the effective date of the certification of the assuming insurer, or a new reinsurance contract, covering any risk for which collateral was provided previously, shall only be subject to this section with respect to losses incurred and reserves reported from and after the effective date of the amendment or new contract.

6. Nothing in this section shall prohibit the parties to a reinsurance agreement from agreeing to provisions establishing security requirements that exceed the minimum security requirements established for certified reinsurers under this Section.

B. Certification Procedure

1. The commissioner shall post notice on the Department of Insurance website promptly upon receipt of any application for certification, including instructions on how members of the public may respond to the application. The commissioner may not take final action on the application until at least 30 days after posting the notice required by this Paragraph.

2. The commissioner shall issue written notice to an assuming insurer that has made application and been approved as a certified reinsurer. Included in such notice shall be the rating assigned the certified reinsurer in accordance with §3510.A. The commissioner shall publish a list of all certified reinsurers and their ratings.

3. In order to be eligible for certification, the assuming insurer shall meet the following requirements.

a. The assuming insurer must be domiciled and licensed to transact insurance or reinsurance in a qualified jurisdiction, as determined by the commissioner pursuant to §3510.C.

b. The assuming insurer must maintain capital and surplus, or its equivalent, of no less than $250,000,000 calculated in accordance with §3510.B.4.h. This requirement may also be satisfied by an association including incorporated and individual unincorporated underwriters having minimum capital and surplus equivalents (net of liabilities) of at least $250,000,000 and a central fund containing a balance of at least $250,000,000.

c. The assuming insurer must maintain financial strength ratings from two or more rating agencies deemed acceptable by the commissioner. These ratings shall be based on interactive communication between the rating agency and the assuming insurer and shall not be based solely on publicly available information. These financial strength ratings will be one factor used by the commissioner in determining the rating that is assigned to the assuming insurer. Acceptable rating agencies include the following:

i. Standard and Poor's;
ii. Moody's Investors Service;
iii. Fitch Ratings;
iv. A.M. Best Company; or
v. any other nationally recognized statistical rating organization.

d. The certified reinsurer must comply with any other requirements reasonably imposed by the commissioner.

4. Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. The commissioner's evaluation may consider a variety of factors including the following:

a. the commissioner may consider a reinsurer's financial strength rating from an acceptable rating agency. The maximum rating that a certified reinsurer may be

assigned will correspond to its financial strength rating as outlined in the table below. The commissioner shall use the lowest financial strength rating received from an approved rating agency in establishing the maximum rating of a certified reinsurer. A failure to obtain or maintain at least two financial strength ratings from acceptable rating agencies will result in loss of eligibility for certification.

Ratings	Best	S&P	Moody's	Fitch
Secure-1	A++	AAA	Aaa	AAA
Secure-2	A+	AA+, AA, AA-	Aa1, Aa2, Aa3	AA+, AA, AA-
Secure-3	A	A+, A	A1, A2	A+, A
Secure-4	A-	A-	A3	A-
Secure-5	B++, B+	BBB+, BBB, BBB-	Baa1, Baa2, Baa3	BBB+, BBB, BBB-
Vulnerable-6	B, B-C++, C+, C, C-, D, E, F	BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, R	Ba1, Ba2, Ba3, B1, B2, B3, Caa, Ca, C	BB+, BB, BB-, B+, B, B-, CCC+, CC, CCC-, DD

b. the commissioner may consider the business practices of the reinsurer in dealing with its ceding insurers, including its record of compliance with reinsurance contractual terms and obligations;

c. for reinsurers domiciled in the United States, the commissioner may review the most recent applicable NAIC annual statement blank, either schedule F (for property/casualty reinsurers) or schedule S (for life and health reinsurers);

d. for reinsurers not domiciled in the United States, the commissioner may review annually Form CR-F (for property/casualty reinsurers) or Form CR-S (for life and health reinsurers);

e. the commissioner may consider the reputation of the reinsurer for prompt payment of claims under reinsurance agreements, based on an analysis of ceding insurers' schedule F reporting of overdue reinsurance recoverables, including the proportion of obligations that are more than 90 days past due or are in dispute, with specific attention given to obligations payable to companies that are in administrative supervision or receivership;

f. the commissioner may consider regulatory actions against the reinsurer;

g. the commissioner may consider the report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in §3510.B.4.h;

h. for certified reinsurers not domiciled in the United States, the commissioner may consider audited financial statements, (audited United States GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a United States GAAP basis, or, with the permission of the state insurance commissioner, audited IFRS statements with reconciliation to United States GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the non-United States jurisdiction supervisor). Upon the initial application for certification, the commissioner will consider audited financial statements for the last three years filed with its non-United States jurisdiction supervisor;

i. the liquidation priority of obligations to a ceding insurer in the certified reinsurer's domiciliary jurisdiction in the context of an insolvency proceeding;

j. a certified reinsurer's participation in any solvent scheme of arrangement, or similar procedure, which involves United States ceding insurers. The commissioner shall receive prior notice from a certified reinsurer that proposes participation by the certified reinsurer in a solvent scheme of arrangement; and

k. any other information deemed relevant by the commissioner.

5. Based on the analysis conducted under §3510.B.4.e of a certified reinsurer's reputation for prompt payment of claims, the commissioner may make appropriate adjustments in the security the certified reinsurer is required to post to protect its liabilities to United States ceding insurers, provided that the commissioner shall, at a minimum, increase the security the certified reinsurer is required to post by one rating level under §3510.B.4.a if the commissioner finds that:

a. more than 15 percent of the certified reinsurer's ceding insurance clients have overdue reinsurance recoverables on paid losses of 90 days or more which are not in dispute and which exceed $100,000 for each cedent; or

b. the aggregate amount of reinsurance recoverables on paid losses which are not in dispute that are overdue by 90 days or more exceeds $50,000,000.

6. The assuming insurer must submit a properly executed Form CR-1 (§3525.C) as evidence of its submission to the jurisdiction of this state, appointment of the commissioner as an agent for service of process in this state, and agreement to provide security for 100 percent of the assuming insurer's liabilities attributable to reinsurance ceded by United States ceding insurers if it resists enforcement of a final United States judgment. The commissioner shall not certify any assuming insurer that is domiciled in a jurisdiction that the commissioner has determined does not adequately and promptly enforce final United States judgments or arbitration awards.

7. The certified reinsurer must agree to meet applicable information filing requirements as determined by the commissioner, both with respect to an initial application for certification and on an ongoing basis. All information submitted by certified reinsurers which is not otherwise exempt from disclosure shall be public under the Public Records Law, R.S. 44:1.1 et seq. The applicable information filing requirements are, as follows:

a. notification within 10 days of any regulatory actions taken against the certified reinsurer, any change in the provisions of its domiciliary license or any change in

rating by an approved rating agency, including a statement describing such changes and the reasons therefore;

b. annually, Form CR-F or CR-S, as applicable;

c. annually, the report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in §3510.B.7.d;

d. annually, audited financial statements (audited United States GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a Untied States GAAP basis, or, with the permission of the commissioner, audited IFRS statements with reconciliation to United States GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the certified reinsurer's supervisor). Upon the initial certification, audited financial statements for the last three years filed with the certified reinsurer's supervisor;

e. at least annually, an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from United States domestic ceding insurers;

f. a certification from the certified reinsurer's domestic regulator that the certified reinsurer is in good standing and maintains capital in excess of the jurisdiction's highest regulatory action level; and

g. any other information that the commissioner may reasonably require.

8. Change in Rating or Revocation of Certification

a. In the case of a downgrade by a rating agency or other disqualifying circumstance, the commissioner shall upon written notice assign a new rating to the certified reinsurer in accordance with the requirements of §3510.B.4.a.

b. The commissioner shall have the authority to suspend, revoke, or otherwise modify a certified reinsurer's certification at any time if the certified reinsurer fails to meet its obligations or security requirements under this section, or if other financial or operating results of the certified reinsurer, or documented significant delays in payment by the certified reinsurer, lead the commissioner to reconsider the certified reinsurer's ability or willingness to meet its contractual obligations.

c. If the rating of a certified reinsurer is upgraded by the commissioner, the certified reinsurer may meet the security requirements applicable to its new rating on a prospective basis, but the commissioner shall require the certified reinsurer to post security under the previously applicable security requirements as to all contracts in force on or before the effective date of the upgraded rating. If the rating of a certified reinsurer is downgraded by the commissioner, the commissioner shall require the certified reinsurer to meet the security requirements applicable to its new rating for all business it has assumed as a certified reinsurer.

d. Upon revocation of the certification of a certified reinsurer by the commissioner, the assuming insurer shall be required to post security in accordance with §3513 in order for the ceding insurer to continue to take credit for reinsurance ceded to the assuming insurer. If funds continue to be held in trust in accordance with §3509, the commissioner may allow additional credit equal to the ceding insurer's pro rata share of such funds, discounted to reflect the risk of uncollectibility and anticipated expenses of trust administration. Notwithstanding the change of a certified reinsurer's rating or revocation of its certification, a domestic insurer that has ceded reinsurance to that certified reinsurer may not be denied credit for reinsurance for a period of three months for all reinsurance ceded to that certified reinsurer, unless the reinsurance is found by the commissioner to be at high risk of uncollectibility.

C. Qualified Jurisdictions

1. If, upon conducting an evaluation under this Section with respect to the reinsurance supervisory system of any non-United States assuming insurer, the commissioner determines that the jurisdiction qualifies to be recognized as a qualified jurisdiction, the commissioner shall publish notice and evidence of such recognition in an appropriate manner. The commissioner may establish a procedure to withdraw recognition of those jurisdictions that are no longer qualified.

2. In order to determine whether the domiciliary jurisdiction of a non-United States assuming insurer is eligible to be recognized as a qualified jurisdiction, the commissioner shall evaluate the reinsurance supervisory system of the non-United States jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-United States jurisdiction to reinsurers licensed and domiciled in the United States. The commissioner shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the commissioner as eligible for certification. A qualified jurisdiction must agree to share information and cooperate with the commissioner with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the commissioner include, but are not limited to, the following:

a. the framework under which the assuming insurer is regulated;

b. the structure and authority of the domiciliary regulator with regard to solvency regulation requirements and financial surveillance;

c. the substance of financial and operating standards for assuming insurers in the domiciliary jurisdiction;

d. the form and substance of financial reports required to be filed or made publicly available by reinsurers in the domiciliary jurisdiction and the accounting principles used;

e. the domiciliary regulator's willingness to cooperate with United States regulators in general and the commissioner in particular;

f. the history of performance by assuming insurers in the domiciliary jurisdiction;

g. any documented evidence of substantial problems with the enforcement of final United States judgments in the domiciliary jurisdiction. A jurisdiction will not be considered to be a qualified jurisdiction if the commissioner has determined that it does not adequately and promptly enforce final United States judgments or arbitration awards;

h. any relevant international standards or guidance with respect to mutual recognition of reinsurance

supervision adopted by the International Association of Insurance Supervisors or successor organization;

i. any other matters deemed relevant by the commissioner.

3. A list of qualified jurisdictions shall be published through the NAIC committee process. The commissioner shall consider this list in determining qualified jurisdictions. If the commissioner approves a jurisdiction as qualified that does not appear on the list of qualified jurisdictions, the commissioner shall provide thoroughly documented justification with respect to the criteria provided under §3510.C.2.a-i.

4. United States jurisdictions that meet the requirements for accreditation under the NAIC financial standards and accreditation program shall be recognized as qualified jurisdictions.

D. Recognition of Certification Issued by an NAIC Accredited Jurisdiction

1. If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the commissioner has the discretion to defer to that jurisdiction's certification, and to defer to the rating assigned by that jurisdiction, if the assuming insurer submits a properly executed Form CR-1 (§3525.C) and such additional information as the commissioner requires. The assuming insurer shall be considered to be a certified reinsurer in this state.

2. Any change in the certified reinsurer's status or rating in the other jurisdiction shall apply automatically in this state as of the date it takes effect in the other jurisdiction. The certified reinsurer shall notify the commissioner of any change in its status or rating within 10 days after receiving notice of the change.

3. The commissioner may withdraw recognition of the other jurisdiction's rating at any time and assign a new rating in accordance with §3510.B.7.a.

4. The commissioner may withdraw recognition of the other jurisdiction's certification at any time, with written notice to the certified reinsurer. Unless the commissioner suspends or revokes the certified reinsurer's certification in accordance with §3510.B.7.b, the certified reinsurer's certification shall remain in good standing in this state for a period of three months, which shall be extended if additional time is necessary to consider the assuming insurer's application for certification in this state.

E. Mandatory Funding Clause. In addition to the clauses required under §3521, reinsurance contracts entered into or renewed under this section shall include a proper funding clause, which requires the certified reinsurer to provide and maintain security in an amount sufficient to avoid the imposition of any financial statement penalty on the ceding insurer under this section for reinsurance ceded to the certified reinsurer.

F. The commissioner shall comply with all reporting and notification requirements that may be established by the NAIC with respect to certified reinsurers and qualified jurisdictions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1811 (July 2013).

§3511. Credit for Reinsurance Required by Law

A. Pursuant to R.S. 22:651(F), the commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of R.S. 22:651(B), (C), (D), or (E) but only as to the insurance of risks located in jurisdictions where the reinsurance is required by the applicable law or regulation of that jurisdiction. As used in §3511:

Jurisdiction—state, district or territory of the United States and any lawful national government.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1815 (July 2013).

§3513. Reduction from Liability for Reinsurance Ceded to an Unauthorized Assuming Insurer

A. Pursuant to R.S. 22:652, the commissioner shall allow a reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of R.S. 22:651 in an amount not exceeding the liabilities carried by the ceding insurer. The reduction shall be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the exclusive benefit of the ceding insurer, under a reinsurance contract with such assuming insurer as security for the payment of obligations under the reinsurance contract. The security shall be held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer or, in the case of a trust, held in a qualified United States financial institution as defined in R.S. 22:653(B). This security may be in the form of any of the following:

1. cash;

2. securities listed by the Securities Valuation Office of the NAIC, including those deemed exempt from filing as defined by the purposes and procedures manual of the Securities Valuation Office, and qualifying as admitted assets;

3. clean, irrevocable, unconditional and evergreen letters of credit issued or confirmed by a qualified United States financial institution, as defined in R.S. 22:653(A), effective no later than December 31 of the year for which filing is being made, and in the possession of, or in trust for, the ceding insurer on or before the filing date of its annual statement. Letters of credit meeting applicable standards of issuer acceptability as of the dates of their issuance (or confirmation) shall, notwithstanding the issuing (or confirming) institution's subsequent failure to meet applicable standards of issuer acceptability, continue to be acceptable as security until their expiration, extension, renewal, modification or amendment, whichever first occurs; or

4. any other form of security acceptable to the commissioner.

B. An admitted asset or a reduction from liability for reinsurance ceded to an unauthorized assuming insurer pursuant to §3513.A shall be allowed only when the requirements of §3521 and the applicable portions of §§3515, 3517 or 3519 have been satisfied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1815 (July 2013).

§3515. Trust Agreements Qualified under §3513

A. As used in §3515:

Beneficiary—the entity for whose sole benefit the trust has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named *beneficiary*, then the named *beneficiary* includes, and is limited to, the court appointed domiciliary receiver (including conservator, rehabilitator, or liquidator).

Grantor—the entity that has established a trust for the sole benefit of the beneficiary. When established in conjunction with a reinsurance agreement, the *grantor* is the unlicensed, unaccredited assuming insurer.

Obligations—as used in §3515.B.11, means:

a. reinsured losses and allocated loss expenses paid by the ceding company, but not recovered from the assuming insurer;

b. reserves for reinsured losses reported and outstanding;

c. reserves for reinsured losses incurred but not reported; and

d. reserves for allocated reinsured loss expenses and unearned premiums.

B. Required Conditions

1. The trust agreement shall be entered into between the beneficiary, the grantor and a trustee, which shall be a qualified United States financial institution as defined in R.S. 22:653(B).

2. The trust agreement shall create a trust account into which assets shall be deposited.

3. All assets in the trust account shall be held by the trustee at the trustee's office in the United States.

4. The trust agreement shall provide that:

a. the beneficiary shall have the right to withdraw assets from the trust account at any time, without notice to the grantor, subject only to written notice from the beneficiary to the trustee;

b. no other statement or document is required to be presented to withdraw assets, except that the beneficiary may be required to acknowledge receipt of withdrawn assets;

c. it is not subject to any conditions or qualifications outside of the trust agreement; and

d. it shall not contain references to any other agreements or documents except as provided for in §3515.B.11-12.

5. The trust agreement shall be established for the sole benefit of the beneficiary.

6. The trust agreement shall require the trustee to:

a. receive assets and hold all assets in a safe place;

b. determine that all assets are in such form that the beneficiary, or the trustee upon direction by the beneficiary, may whenever necessary negotiate any such assets, without consent or signature from the grantor or any other person or entity;

c. furnish to the grantor and the beneficiary a statement of all assets in the trust account upon its inception and at intervals no less frequent than the end of each calendar quarter;

d. notify the grantor and the beneficiary within 10 days, of any deposits to or withdrawals from the trust account;

e. upon written demand of the beneficiary, immediately take any and all steps necessary to transfer absolutely and unequivocally all right, title and interest in the assets held in the trust account to the beneficiary and deliver physical custody of the assets to the beneficiary; and

f. allow no substitutions or withdrawals of assets from the trust account, except on written instructions from the beneficiary, except that the trustee may, without the consent of but with notice to the beneficiary, upon call or maturity of any trust asset, withdraw such asset upon condition that the proceeds are paid into the trust account.

7. The trust agreement shall provide that at least 30 days, but not more than 45 days, prior to termination of the trust account, written notification of termination shall be delivered by the trustee to the beneficiary.

8. The trust agreement shall be made subject to and governed by the laws of the state in which the trust is domiciled.

9. The trust agreement shall prohibit invasion of the trust corpus for the purpose of paying commission to, or reimbursing the expenses of, the trustee. In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the commissioner), to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.

10. The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.

11. Notwithstanding other provisions of this regulation, when a trust agreement is established in conjunction with a reinsurance agreement covering risks other than life, annuities and accident and health, where it is customary practice to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:

a. to pay or reimburse the ceding insurer for the assuming insurer's share under the specific reinsurance agreement regarding any losses and allocated loss expenses paid by the ceding insurer, but not recovered from the assuming insurer, or for unearned premiums due to the ceding insurer if not otherwise paid by the assuming insurer;

b. to make payment to the assuming insurer of any amounts held in the trust account that exceed 102 percent of the actual amount required to fund the assuming insurer's obligations under the specific reinsurance agreement; or

c. where the ceding insurer has received notification of termination of the trust account and where the assuming insurer's entire obligations under the specific reinsurance

agreement remain unliquidated and undischarged 10 days prior to the termination date, to withdraw amounts equal to the obligations and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified United States financial institution as defined in R.S. 22:653(B) apart from its general assets, in trust for such uses and purposes specified in §3515.B.11.a-b as may remain executory after such withdrawal and for any period after the termination date.

12. Notwithstanding other provisions of this regulation, when a trust agreement is established to meet the requirements of §3513 in conjunction with a reinsurance agreement covering life, annuities or accident and health risks, where it is customary to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:

a. to pay or reimburse the ceding insurer for:

i. the assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of the policies; and

ii. the assuming insurer's share under the specific reinsurance agreement of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurer, under the terms and provisions of the policies reinsured under the reinsurance agreement;

b. to pay to the assuming insurer amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer; or

c. where the ceding insurer has received notification of termination of the trust and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged 10 days prior to the termination date, to withdraw amounts equal to the assuming insurer's share of liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer, and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified United States financial institution apart from its general assets, in trust for the uses and purposes specified in §3515.B.12.a-b as may remain executory after withdrawal and for any period after the termination date.

13. Either the reinsurance agreement or the trust agreement must stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States bank and payable in United States dollars, and investments permitted by the Louisiana *Insurance Code* or any combination of the above, provided investments in or issued by an entity controlling, controlled by or under common control with either the grantor or the beneficiary of the trust shall not exceed 5 percent of total investments. The agreement may further specify the types of investments to be deposited. If the reinsurance agreement covers life, annuities or accident and health risks, then the provisions required by this paragraph must be included in the reinsurance agreement.

C. Permitted Conditions

1. The trust agreement may provide that the trustee may resign upon delivery of a written notice of resignation, effective not less than 90 days after the beneficiary and grantor receive the notice and that the trustee may be removed by the grantor by delivery to the trustee and the beneficiary of a written notice of removal, effective not less than 90 days after the trustee and the beneficiary receive the notice, provided that no such resignation or removal shall be effective until a successor trustee has been duly appointed and approved by the beneficiary and the grantor and all assets in the trust have been duly transferred to the new trustee.

2. The grantor may have the full and unqualified right to vote any shares of stock in the trust account and to receive from time to time payments of any dividends or interest upon any shares of stock or obligations included in the trust account. Any interest or dividends shall be either forwarded promptly upon receipt to the grantor or deposited in a separate account established in the grantor's name.

3. The trustee may be given authority to invest, and accept substitutions of, any funds in the account, provided that no investment or substitution shall be made without prior approval of the beneficiary, unless the trust agreement specifies categories of investments acceptable to the beneficiary and authorizes the trustee to invest funds and to accept substitutions that the trustee determines are at least equal in current fair market value to the assets withdrawn and that are consistent with the restrictions in §3515.D.1.b.

4. The trust agreement may provide that the beneficiary may at any time designate a party to which all or part of the trust assets are to be transferred. Transfer may be conditioned upon the trustee receiving, prior to or simultaneously, other specified assets.

5. The trust agreement may provide that, upon termination of the trust account, all assets not previously withdrawn by the beneficiary shall, with written approval by the beneficiary, be delivered over to the grantor.

D. Additional Conditions Applicable to Reinsurance Agreements

1. A reinsurance agreement may contain provisions that:

a. require the assuming insurer to enter into a trust agreement and to establish a trust account for the benefit of the ceding insurer, and specifying what the agreement is to cover;

b. require the assuming insurer, prior to depositing assets with the trustee, to execute assignments or endorsements in blank, or to transfer legal title to the trustee of all shares, obligations or any other assets requiring assignments, in order that the ceding insurer, or the trustee upon the direction of the ceding insurer, may whenever necessary negotiate these assets without consent or signature from the assuming insurer or any other entity;

c. require that all settlements of account between the ceding insurer and the assuming insurer be made in cash or its equivalent; and

d. stipulate that the assuming insurer and the ceding insurer agree that the assets in the trust account, established pursuant to the provisions of the reinsurance agreement, may be withdrawn by the ceding insurer at any time, notwithstanding any other provisions in the reinsurance

agreement, and shall be utilized and applied by the ceding insurer or its successors in interest by operation of law, including without limitation any liquidator, rehabilitator, receiver or conservator of such company, without diminution because of insolvency on the part of the ceding insurer or the assuming insurer, only for the following purposes:

i. to pay or reimburse the ceding insurer for:

(a). the assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement because of cancellations of such policies;

(b). the assuming insurer's share of surrenders and benefits or losses paid by the ceding insurer pursuant to the provisions of the policies reinsured under the reinsurance agreement; and

(c). any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer;

ii. to make payment to the assuming insurer of amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer.

2. The reinsurance agreement also may contain provisions that:

a. give the assuming insurer the right to seek approval from the ceding insurer, which shall not be unreasonably or arbitrarily withheld, to withdraw from the trust account all or any part of the trust assets and transfer those assets to the assuming insurer, provided:

i. the assuming insurer shall, at the time of withdrawal, replace the withdrawn assets with other qualified assets having a current fair market value equal to the market value of the assets withdrawn so as to maintain at all times the deposit in the required amount; or

ii. after withdrawal and transfer, the current fair market value of the trust account is no less than 102 percent of the required amount;

b. provide for the return of any amount withdrawn in excess of the actual amounts required for §3515.D.1.e and for interest payments at a rate not in excess of the prime rate of interest on such amounts;

c. permit the award by any arbitration panel or court of competent jurisdiction of:

i. interest at a rate different from that provided in §3515.D.2.b;

ii. court or arbitration costs;

iii. attorney's fees; and

iv. any other reasonable expenses.

E. A trust agreement may be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with this department in compliance with the provisions of this regulation when established on or before the date of filing of the financial statement of the ceding insurer. Further, the reduction for the existence of an acceptable trust account may be up to the current fair market value of acceptable assets available to be withdrawn from the trust account at that time, but such reduction shall be no greater than the specific obligations under the reinsurance agreement that the trust account was established to secure.

F. Notwithstanding the effective date of this regulation, any trust agreement or underlying reinsurance agreement in existence prior to September 1, 2013 will continue to be acceptable until August 30, 2014, after which date the agreements will have to fully comply with this regulation for the trust agreement to be acceptable.

G. The failure of any trust agreement to specifically identify the *beneficiary* as defined in §3515.A shall not be construed to affect any actions or rights that the commissioner may take or possess pursuant to the provisions of the laws of this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1816 (July 2013).

§3517. Letters of Credit Qualified under §3513

A. The letter of credit must be clean, irrevocable, unconditional and issued or confirmed by a qualified United States financial institution as defined in R.S. 22:653(A). The letter of credit shall contain an issue date and expiration date and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit also shall indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in §3517.H.1. As used in §3517:

Beneficiary—the domestic insurer for whose benefit the letter of credit has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes, and is limited to, the court appointed domiciliary receiver (including conservator, rehabilitator, or liquidator).

B. The heading of the letter of credit may include a boxed section containing the name of the applicant and other appropriate notations to provide a reference for the letter of credit. The boxed section shall be clearly marked to indicate that such information is for internal identification purposes only.

C. The letter of credit shall contain a statement to the effect that the obligation of the qualified United States financial institution under the letter of credit is in no way contingent upon reimbursement with respect thereto.

D. The term of the letter of credit shall be for at least one year and shall contain an "evergreen clause" that prevents the expiration of the letter of credit without due notice from the issuer. The "evergreen clause" shall provide for a period of no less than 30 days notice prior to expiration date or nonrenewal.

E. The letter of credit shall state whether it is subject to and governed by the laws of this state or the *Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600* (*UCP 600*) or *International Standby Practices of the International Chamber of Commerce Publication 590* (*ISP98*), or any successor publication, and all drafts drawn thereunder shall be presentable at an office in the United States of a qualified United States financial institution.

F. If the letter of credit is made subject to the *Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce* (*Publication 500*), or any successor publication, then the letter of credit shall specifically address and provide for an extension of time to draw against the letter of credit in the event that one or more of the occurrences specified in article 17 of *Publication 500* or any other successor publication, occur.

G. If the letter of credit is issued by a financial institution authorized to issue letters of credit, other than a qualified United States financial institution as described in §3517.A, then the following additional requirements shall be met:

1. the issuing financial institution shall formally designate the confirming qualified United States financial institution as its agent for the receipt and payment of the drafts; and

2. the "evergreen clause" shall provide for 30 days notice prior to expiration date for nonrenewal.

H. Reinsurance Agreement Provisions

1. The reinsurance agreement in conjunction with which the letter of credit is obtained may contain provisions that:

a. require the assuming insurer to provide letters of credit to the ceding insurer and specify what they are to cover;

b. stipulate that the assuming insurer and ceding insurer agree that the letter of credit provided by the assuming insurer pursuant to the provisions of the reinsurance agreement may be drawn upon at any time, notwithstanding any other provisions in the agreement, and shall be utilized by the ceding insurer or its successors in interest only for one or more of the following reasons:

i. to pay or reimburse the ceding insurer for:

(a). the assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurers, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of such policies;

(b). the assuming insurer's share, under the specific reinsurance agreement, of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurers, under the terms and provisions of the policies reinsured under the reinsurance agreement; and

(c). any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer;

ii. where the letter of credit will expire without renewal or be reduced or replaced by a letter of credit for a reduced amount and where the assuming insurer's entire obligations under the reinsurance agreement remain unliquidated and undischarged 10 days prior to the termination date, to withdraw amounts equal to the assuming insurer's share of the liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer and exceed the amount of any reduced or replacement letter of credit, and deposit those amounts in a separate account in the name of the ceding insurer in a qualified United States financial institution apart from its general assets, in trust for such uses and purposes specified in §3517.H.1.b.i as may remain after withdrawal and for any period after the termination date;

c. all of the provisions of §3517.H.1 shall be applied without diminution because of insolvency on the part of the ceding insurer or assuming insurer.

2. Nothing contained §3517.H.1 shall preclude the ceding insurer and assuming insurer from providing for:

a. an interest payment, at a rate not in excess of the prime rate of interest, on the amounts held pursuant to §3517.H.1.b; or

b. the return of any amounts drawn down on the letters of credit in excess of the actual amounts required for the above or any amounts that are subsequently determined not to be due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1818 (July 2013).

§3519. Other Security

A. A ceding insurer may take credit for unencumbered funds withheld by the ceding insurer in the United States subject to withdrawal solely by the ceding insurer and under its exclusive control.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1819 (July 2013).

§3521. Reinsurance Contract

A. Credit will not be granted, nor an asset or reduction from liability allowed, to a ceding insurer for reinsurance effected with assuming insurers meeting the requirements of §§3505, 3507, 3509, 3510, or 3511 or otherwise in compliance with R.S. 22:651 after the adoption of this regulation unless the reinsurance agreement includes:

1. a proper insolvency clause, which stipulates that reinsurance is payable directly to the liquidator or successor without diminution regardless of the status of the ceding company, pursuant to R.S. 22:651(H)(2);

2. a includes a provision pursuant to R.S. 22:651(G)(1)(a)(i) whereby the assuming insurer, if an unauthorized assuming insurer, has submitted to the jurisdiction of an alternative dispute resolution panel or court of competent jurisdiction within the United States, has agreed to comply with all requirements necessary to give the court or panel jurisdiction, has designated an agent upon whom service of process may be effected, and has agreed to abide by the final decision of the court or panel; and

3. a includes a proper reinsurance intermediary clause, if applicable, which stipulates that the credit risk for the intermediary is carried by the assuming insurer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1819 (July 2013).

§3523. Agreements Requiring Approval

A. The following kinds of reinsurance agreements shall not be entered into by any domestic insurer unless they are first submitted to the commissioner of insurance for his written approval, who shall approve the same if the terms thereof do not injuriously affect the rights of policyholders of any of the insurers parties thereto:

1. agreements of reinsurance of any life insurer other than agreements made in the ordinary course of business covering reinsurance of individual lives or joint lives under reinsurance agreements relating to current business; or

2. agreements whereby any insurer, other than a life insurer, cedes any existing outstanding reserves to an insurer not authorized to transact business in this state, or cedes to any insurer or insurers at one time, or during a period of six consecutive months more than 20 percent of the total amount of its outstanding reserves, not including in either case premiums ceded by agreements made in the ordinary course of business covering the reinsurance of individual risks under reinsurance relating to current business.

B. If the commissioner of insurance refuses to approve any such agreement submitted for his approval, he shall grant the insurer a hearing upon request.

C. In addition to the requirements of §3523.A, the commissioner may require that any reinsurance agreement must be approved, in writing, by the commissioner when the agreement is between a Louisiana domestic insurer and a nonadmitted or unauthorized assuming insurer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1819 (July 2013).

§3525. Contracts Affected

A. All new and renewal reinsurance transactions entered into after December 31, 2013 shall conform to the requirements of the Act and this regulation if credit is to be given to the ceding insurer for such reinsurance.

B. Form AR-1

FORM AR-1

CERTIFICATE OF ASSUMING INSURER

I, _____,

_____

(name of officer) (title of officer)

of

_____

("Assuming Insurer"), the (name of assuming insurer) assuming insurer under a reinsurance agreement with one or more insurers domiciled in Louisiana, hereby certify that Assuming Insurer:

1. Submits to the jurisdiction of any court of competent jurisdiction in Louisiana for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.

2. Designates the Commissioner of Insurance of Louisiana as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

3. Submits to the authority of the Commissioner of Insurance of Louisiana to examine its books and records and agrees to bear the expense of any such examination.

4. Submits with this form a current list of insurers domiciled in Louisiana reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Commissioner at least once per calendar quarter.

Dated:_____

(name of assuming insurer)

BY: _____

(name of officer)

_____

(title of officer)

C. Form CR-1

FORM CR-1

CERTIFICATE OF CERTIFIED REINSURER

I, _____,

_____

(name of officer) (title of officer)

of

_____

("Assuming Insurer"), the (name of assuming insurer) assuming insurer under a reinsurance agreement with one or more insurers domiciled in Louisiana, in order to be considered for approval in Louisiana, hereby certify that Assuming Insurer:

1. Submits to the jurisdiction of any court of competent jurisdiction in Louisiana for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.

2. Designates the Commissioner of Insurance of Louisiana as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

3. Agrees to provide security in an amount equal to 100 percent of liabilities attributable to United States ceding insurers if it resists enforcement of a final United States judgment or properly enforceable arbitration award.

4. Agrees to provide notification within 10 days of any regulatory actions taken against it, any change in the provisions of its domiciliary license or any change in its rating by an approved rating agency, including a statement describing such changes and the reasons therefore.

5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with LAC 37:XIII.3510.B.7.d.

6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise.

7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with LAC 37:XIII.3510.B.7.d.

8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from United States domestic ceding insurers.

9. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated:_____ _____

(name of assuming insurer)

BY: _____

(name of officer)

_____

(title of officer)

D. Form CR-F

Form CR-F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
Company Code or ID Number		Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
9999999 Totals														

Form CR-F – PART 2

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
Company Code or ID Number		Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	Funds Held by Company Under Reinsurance Treaties
9999999 Totals																		

E. Form CR-S

Form CR-S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Totals											

Form CR-S – PART 1 – SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Totals											

Form CR-S – PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Totals—Life, Annuity and Accident and Health						

Form CR-S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
Totals													

Form CR-S – PART 3 – SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
Company Code or ID Number		Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Totals												

AUTHORITY NOTE: Promulgated in accordance with R.S. 22, Sections 2(E), 11 and 651.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 21:1246 (November 1995), amended LR 39:1820 (July 2013).

James J. Donelon
Commissioner

1307#025

RULE

Department of Natural Resources
Office of Conservation

Statewide Order No. 29-B—Hydraulic Fracture Stimulation Operations (LAC 43:XIX.118)

The Department of Natural Resources, Office of Conservation amended LAC 43:XIX.118 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the power delegated under the laws of the state of Louisiana. The proposed amendment does not substantially change the requirements currently found in LAC 43:XIX.118 but provides for implementation of Act 812 of the 2012 Regular Session requiring operators to report the type and volume of hydraulic fracturing fluid within 20 days after the completion of such operations. This report shall include a list of additives used, including the specific trade name and the supplier of the additive; and list of ingredients contained in the hydraulic fracturing fluid, the associated CAS registry number, and the maximum concentration of each chemical ingredient in percent by mass that is subject to certain federal regulations of the Occupational Safety and Health Administration. In the case that an ingredient is subject to trade secret protection under the criteria cited in 42 USC 11042(a)(2), and specifically enumerated at 42 USC 11042(b), the operator shall provide the contact information of the entity claiming the protection and shall report, at a minimum, the chemical family associated with such ingredient. These requirements do not apply to operations conducted solely for the purpose of sand control or reduction of near wellbore damage.

Title 43
NATURAL RESOURCES
Part XIX. Office of Conservation—General Operations
Subpart 1. Statewide Order No. 29-B
Chapter 1. General Provisions
§118. Hydraulic Fracture Stimulation Operations

A. The provisions of this Section shall apply to all new wells for which an initial drilling permit is issued on or after the effective date of this Section that are stimulated by the application of fluids, which contain proppant such as sand or man-made inert material, with force and/or pressure in order to create artificial fractures in the formation for the purpose of improving the capacity to produce hydrocarbons. The provisions of this Section shall not apply to operations conducted solely for the purposes of sand control or reduction of near wellbore damage.

B. ...

C.1. No later than 20 days following completion of the hydraulic fracture stimulation operation, the operator shall, for purposes of disclosure, report the following information on or with the well history and work resume report (Form WH) in accordance with the requirements of LAC 43:XIX.105:

a. - f. ...

2.a. Notwithstanding Subparagraph d, if the specific identity of a chemical ingredient and the chemical ingredient's associated CAS number are claimed to be trade secret, or have been finally determined to be entitled to protection as a trade secret under the criteria cited in 42 USC 11042(a)(2), and specifically enumerated at 42 USC 11042(b), the entity entitled to make such a claim may withhold the specific identity of the chemical ingredient and the chemical ingredients associated CAS number from the list required by Subparagraph d. If the entity entitled to make such a claim elects to withhold that information, the report must:

i. - ii. …

iii. the contact information of the entity claiming trade secret protection.

2.b. - 4.…

5. Any information provided to the department pursuant to the provisions of this Section shall be subject to examination and reproduction as provided by the Public Records Law, R.S. 44:1 et seq., or any other applicable law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 37:3064 (October 2011), amended LR 37:3064, LR 39:1824 (July 2013).

James H. Welsh
Commissioner

1307#081

RULE

Department of Public Safety and Corrections
Office of the State Fire Marshal
Uniform Construction Code Council

Uniform Construction Code
(LAC 55:VI.301)

In accordance with the provisions of R.S. 40:1730.26 and R.S. 40:1730.28, relative to the authority of the Louisiana State Uniform Construction Code Council (LSUCCC) to promulgate and enforce rules and in accordance with R.S. 49:953(B), the Administrative Procedure Act, the Department of Public Safety and Corrections, Office of the State Fire Marshal, Louisiana State Uniform Construction Code Council (LSUCCC) amends and adopts the following Rule regarding the establishment of minimum standards for occupant loads in A-2 occupancies and for wind speeds in residential construction.

Title 55
PUBLIC SAFETY
Part VI. Uniform Construction Code
Chapter 3. Adoption of the Louisiana State Uniform Construction Code
§301. Louisiana State Uniform Construction Code

A. - A.1.a.ii. …

iii. Amend chapter 9 to adopt and amend 2012 *International Building Code*, section 903.2.1.2 Group A-2 (2.). The fire area has an occupant load of 300 or more.

iv. Amend chapter 10, section 1018.5 Air Movement in corridors. Corridors that require protection under Table 1018.1—Corridor Fire-Resistance Rating, shall not serve as supply, return, exhaust, relief or ventilation air ducts.

v. Amend chapter 16, section 1609.1.2, exceptions 1. Wood structural panels with a minimum thickness of 7/16 inch (11.1 mm) and maximum panel span of 8 feet (2438 mm) shall be permitted for opening protection in one- and two-story buildings. Panels shall be precut so that they shall be attached to the framing surrounding the opening containing the product with the glazed opening. Panels shall be predrilled as required for the anchorage method and shall be secured with the attachment hardware provided. Attachments shall be designed to resist the components and cladding loads determined in accordance with the provisions of ASCE 7, with corrosion-resistant attachment hardware provided and anchors permanently installed on the building. Attachment in accordance with Table 1609.1.2 with corrosion-resistant attachment hardware provided and anchors permanently installed on the building is permitted for buildings with a mean roof height of 45 feet (13,716 mm) or less where wind speeds do not exceed 140 mph (63 m/s).

vi. Amend chapter 16, section 1613.1 Scope. Every structure, and portion thereof, including nonstructural components that are permanently attached to structures and their supports and attachments, shall be designed and constructed to resist the effects of earthquake motions in accordance with ASCE7, excluding Chapter 14 and Appendix 11A. The seismic design category for a structure is permitted to be determined in accordance with Section 1613 or ASCE 7-10. Figure 1613.5(1) shall be replaced with ASCE 7-10 Figure 22-1. Figure 1613.5(2) shall be replaced with ASCE 7-10 Figure 22-2.

vii. Amend chapter 23, section 2308.2, exceptions 4. Wind speeds shall not exceed 110 miles per hour (mph) (48.4m/s) (3-second gust) for buildings in exposure category B.

2. - 3. …

3.a. *International Residential Code*, 2009 Edition, not including Parts I-Administrative, V-Mechanical, VII-Plumbing and VIII-Electrical. The applicable standards referenced in that code are included for regulation of construction within this state. The enforcement of such standards shall be mandatory only with respect to new construction, reconstruction, additions to homes previously built to the International Residential Code, and extensive

alterations. Appendix J, Existing Buildings and Structures, may be adopted and enforced only at the option of a parish, municipality, or regional planning commission. Adopt and amend 2012 IRC section R301.2.1. Part IV-Energy Conservation of the latest edition of the *International Residential Code* is hereby amended to require that supply and return ducts be insulated to a minimum of R-6. Furthermore, 2012 IRC R301.2.1.1 (Design Criteria) shall be amended as follows and shall only apply to the *International Residential Code*:

i. adopt and amend 2012 IRC section R301.2.1.1 (Design Criteria); R301.2.1.1 Wind limitations and wind design required. The wind provisions of this code shall not apply to the design of buildings where the basic wind speed from Figure R301.2(4)A equals or exceeds 110 miles per hour (49 m/s). Subject to the following exceptions:

(a). for concrete construction, the wind provisions of this code shall apply in accordance with the limitations of Sections R404 and R611;

(b). for structural insulated panels, the wind provisions of this code shall apply in accordance with the limitations of SectionR613. In regions where the basic wind speed shown on Figure R301.2(4)A equals or exceeds 110 miles per hour (49 m/s), the design of buildings for wind loads shall be in accordance with one or more of the following methods;

(c). AF and PA Wood Frame Construction Manual (WFCM); or

(d). ICC Standard for Residential Construction in High-Wind Regions (ICC 600); or

(e). ASCE Minimum Design Loads for Buildings and Other Structures (ASCE 7); or

(f). AISI Standard for Cold-Formed Steel Framing—Prescriptive Method For One- and Two-Family Dwellings (AISI S230); or

(g). *International Building Code*. The elements of design not addressed by the methods in Items 1 through 5 shall be in accordance with the provisions of this code. When ASCE 7 or the *International Building Code* is used for the design of the building, the wind speed map and exposure category requirements as specified in ASCE 7 and the *International Building Code* shall be used;

ii. adopt and amend 2012 IRC section R301.2.1.2 Protection of Openings. Exterior glazing in buildings located in windborne debris regions shall be protected from windborne debris. Glazed opening protection for windborne debris shall meet the requirements of the Large Missile Test of ASTM E 1996 and ASTM E 1886 referenced therein. The applicable wind zones for establishing missile types in ASTM E 1996 are shown on Figure R301.2(4)C. Garage door glazed opening protection for windborne debris shall meet the requirements of an *approved* impact-resisting standard or ANSI/DASMA115. Subject to the following exception:

(a). wood structural panels with a minimum thickness of 7/16 inch (11 mm) and a maximum span of 8 feet (2438 mm) shall be permitted for opening protection in one- and two-story buildings. Panels shall be precut and attached to the framing surrounding the opening containing the product with the glazed opening. Panels shall be predrilled as required for the anchorage method and shall be secured with the attachment hardware provided. Attachments shall be designed to resist the component and cladding loads determined in accordance with either table R301.2(2) or ASCE 7, with the permanent corrosion-resistant attachment hardware provided and anchors permanently installed on the building. Attachment in accordance with table R301.2.1.2 is permitted for buildings with a mean roof height of 33 feet (10 058 mm) or less where wind speeds do not exceed 130 miles per hour (58 m/s);

iii. adopt 2012 IRC Figure R301.2(4)A and delete Figure R301.2(4)B and Figure R301.2(4)C;

iv. adopt 2012 IRC section R301.2.1.4 Exposure Category.

b. - c.ii. …

iii. Adopt 2012 IRC Table 602.3 (1) Fastening Requirements

iv. Adopt 2012 IRC section R802.11 Roof tie-down

v. Adopt 2012 IRC Table R802.11 Rafters

vi. Substitute Chapter 11, Energy Efficiency of the 2006 IRC, in lieu of Chapter 11 Energy Efficiency of the 2009 IRC.

4.a. - 7. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1730.26 and R.S. 40:1730.28.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, State Uniform Construction Code Council, LR 33:291 (February 2007), amended LR 34:93 (January 2008), LR 34: 883 (May 2008), LR 34:2205 (October 2008), LR 35:1904 (September 2009), LR 36:2574 (November 2010), effective January 1, 2011, LR 37:601 (February 2011), LR 37:913 (March 2011), repromulgated LR 37:2187 (July 2011), repromulgated LR 37:2726 (September 2011), LR 37:3065 (October 2011), LR 38:1994 (August 2012), amended by the Department of Public Safety and Corrections, Office of the State Fire Marshal, Uniform Construction Code Council, LR 39:1825 (July 2013).

H. "Butch" Browning
State Fire Marshal

1307#075

RULE

Department of Revenue
Office of Alcohol and Tobacco Control

Responsible Vendor Program
(LAC 55:VII.503, 505, 507, 509 and 511)

Under the authority of R.S. 26:931 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S 49:950, et seq., the Department of Revenue, Office of Alcohol and Tobacco Control, amends LAC 55.VII 503, 505, 507, 509 and 511 relative to the development, establishment, and maintenance of the Responsible Vendor program.

The amendments to the above-referenced rules are adopted to comply and correlate with the provisions of R.S. 931 et seq. as amended and re-enacted through Act 463 of the 2012 Regular Legislative Session which creates server permits for security personnel for purposes of the Louisiana Responsible Vendor Program.

Title 55
PUBLIC SAFETY
Part VII. Alcohol and Tobacco Control
Subpart 1. Beer and Liquor
Chapter 5. Responsible Vendor Program
§503. Definitions

A. For purposes of this Chapter, the following terms are defined.

Approved Provider—an individual, unincorporated association, partnership, or corporation approved by the program administrator to provide server or security personnel training courses.

* * *

Server—any employee of a vendor, other than security personnel, who is authorized to sell or serve beverage alcohol, tobacco, and tobacco products in the normal course of his or her employment or deals with customers who purchase or consume beverage alcohol, tobacco or tobacco products.

Server Permit—the permit issued to a server or security personnel upon completion of all required server or security personnel training and all refresher courses.

Security Personnel – any person other than a server who monitors the entrance and other areas of an establishment for purposes of identifying underage and intoxicated persons, enforcing establishment rules and regulations and otherwise providing security for the establishment and its customers where alcoholic beverages are the principle commodity sold for consumption on the premises. "Security Personnel" shall not include persons employed by hotels or motels which consist of sleeping rooms, cottages, or cabins unless the person works primarily in an area on the licensed premises of a hotel or motel where the principle commodity sold is alcoholic beverages for consumption on the licensed premises.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 26:931 et seq.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Office of Alcohol and Tobacco Control, LR 24:1949 (October 1998), amended LR 31:939 (April 2005), LR 39:1827

§505. Vendors

A. - A.2. …

3. The vendor shall require all "servers" and "security personnel" to attend an approved server or security personnel training course within 45 days of the first day of employment.

A.4 - B.2. …

3. The vendor shall maintain server and security personnel training records, which include the name, date of birth, Social Security Number, and date of hire for all servers and security personnel. The records shall be kept on the licensed premises at all times for inspection by agents of the Office of Alcohol and Tobacco Control or other peace officers.

4. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 26:931 et seq.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Office of Alcohol and Tobacco Control, LR 24:1949 (October 1998), amended LR 25:879 (May 1999), LR 31:939 (April 2005), LR 39:1827 (July 2013).

§507. Servers and Security Personnel

A. Server and security personnel applicants with special needs, such as an inability to read or write in English, hearing impairment, etc., shall contact the approved training provider at least one week before the alcohol server or security personnel training course to request specific assistance in completing the course. Notwithstanding any other provisions of Chapter 5, the approved provider and the program administrator shall attempt to provide reasonable accommodation when requested in compliance with the state and federal law.

B. Server and Security Personnel Permit

1. Server and security personnel permits shall be valid for four years from the completion of an approved responsible vendor training course.

2. Whenever a server or security personnel is employed in the service of alcohol, their permit and one legal form of picture identification shall be available on the premises for inspection by agents of the Office of Alcohol and Tobacco Control or other peace officers.

3. A server's or security personnel's refusal or failure to make their permit available on the premises for immediate inspection by authorized agents or peace officers shall be evidence of a violation of this Section.

C. Server or Security Personnel Permit Verification. The Office of Alcohol and Tobacco Control shall maintain a list of currently certified servers and security personnel by name, permit number, and date of birth, so that vendors can verify the validity of the servers' and security personnel's permits.

D. Permit Expiration, Renewal and Lost Permits

1. Every server and security personnel permit shall expire on the last day of the month, four years after the month that the server or security personnel successfully completed the applicable responsible vendor server or security personnel course.

2. To be eligible for renewal of a server or security personnel permit, the server or security personnel shall attend and successfully pass an approved abbreviated renewal responsible vendor course and examination given by an approved provider.

3. Lost permits shall be canceled and a replacement issued by the Office of Alcohol and Tobacco Control after the server or security personnel submits an affidavit of lost permit and a $5 fee.

E. …

F. Server and Security Personnel Liability: Penalties, Fines, Suspension, or Revocation of Server or Security Personnel Permit. Notwithstanding any criminal actions taken, the commissioner may issue administrative violations notices to any holder of a server permit for noncompliance with this Chapter or for any violations, attributable to the server or security personnel, of Title 26 of the Louisiana Revised Statutes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 26:931 et seq.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Office of Alcohol and Tobacco Control, LR 24:1950 (October 1998), amended LR 31:939 (April 2005), LR 39:1827

§509. Training: Provider and Trainers

A. Trainer Certification. Approved providers shall only contract with trainers that have any combination of a minimum of two years of:

1. verified full-time employment in the fields of training, education, law, law enforcement, certified security services, substance abuse rehabilitation, the hospitality, retail industry that involved the sale or service of alcohol or tobacco products; or

2. post-secondary education in the fields of training, education, law, law enforcement, certified security services, substance abuse rehabilitation, the hospitality or retail industry that involved the sale or service of alcohol or tobacco products.

B. Provider Certification

1. Classroom Training Provider: A person or business entity that applies to become an approved provider for alcohol and tobacco server or security personnel classroom training shall submit the following to the program administrator:

a. - e. ...

2. Computer-Based Training Provider. A person or business entity that applies to become an approved provider for alcohol and tobacco server computer based education shall submit the following to the program administrator:

a. a completed application forms provided by the program administrator;

b. the names, dates of birth, Social Security numbers addresses and phone numbers, and educational and employment backgrounds of all persons engaged in the development/creation of the online (computer-based) training course;

c. a copy of the complete online (computer-based) alcohol and/or tobacco server training course;

i. the presentation and course progress platform used by a computer-based provider must be reviewed and approved by the program administrator to ensure that the course of instruction contains all topics required by the mandatory curriculum;

d. a copy of the examination and item bank;

e. verification that the security measures implemented and maintained by the provider meet state and federal standards for the transmission and protection of personal identification information and financial information of individuals accessing the website;

f. a detailed description of the provider's system to verify a student's identity;

g. approved providers for computer-based training shall make a representative available to provide information and/or technical support during standard business hours via the internet, telephone, or other method as approved by the program administrator;

h. approved providers for computer-based training must submit to audits by the Office of Alcohol and Tobacco Control for the purpose of ensuring compliance and to review and examine the following:

i. number of server courses that have been issued by the provider;

ii. security measures taken in relation to the course examination;

iii. procedures used to score the course examination;

iv. size of the examination bank to generate examination questions;

v. methodology used to translate the course and examination in multiple languages and the name and qualifications of the translator service provider;

vi. integrity of the program data generated and stored by the approved provider;

vii. program's data handling, reporting and archiving capacities, policies and procedures;

viii. approved provider's anti-discrimination policy and procedures;

i. access to the provider's web address and secured portal must be made available to the Office of Alcohol and Tobacco Control and the entire course of instruction offered to servers must be provided free of charge to the Office of Alcohol and Tobacco Control;

j. notification within 30 days of any changes in the provider's ownership or system operations;

k. approved classroom training providers shall obtain approval to become a computer-based provider by submitting a separate application and all additional information required in this section;

l. computer-based training providers are exempt from the provisions of LAC55:VII.511.K requiring seven days notice of scheduling courses;

m. computer-based training providers shall adhere to the provisions of LAC55.VII.509.E.1 requiring submission of class rosters within 10 days of nay training course.

3. After the program content or method of presentation has been approved by the program administrator, the provider shall notify and obtain approval of any changes from the program administrator.

C. the alcohol and tobacco server and security personnel permits issued to students who successfully complete the server and security personnel training programs shall be obtained from the Office of Alcohol and Tobacco Control or its designee.

D. - D.4. ...

E. Provider and Trainer Records—Rights of Inspection

1. Within 10 days of any training course, the approved provider shall submit to the Office of Alcohol and Tobacco Control a report of the server or security personnel training that includes the following:

a. the name, social security number, permit number, address, telephone number, and date of birth of each student that completed the training course and passed the required examination;

b. the name of the trainer or training provider that provided the course and the trainer's signature and verification that each student listed has successfully completed the approved course on the date indicated and any other facts as the program administrator or agents or employees of the Office of Alcohol and Tobacco Control may require.

2. Copies of the examinations and permits shall be kept for four years from the date of issue at the approved provider's place of business available for inspection and copying by agents or employees of the Office of Alcohol and Tobacco Control.

3. The approved provider shall maintain for four years from the date the class was conducted, the course information, which includes the class location, date, and

time; trainer's name; and the student's names, Social Security number and permit number. These records shall be maintained at the approved provider's place of business available for inspection and copying by agents or employees of the Office of Alcohol and Tobacco Control.

F. Approved Provider Minimum Course Standards. To be certified to issue a server or security personnel permit, the provider's course of instruction must include the subject areas specified in R.S. 26:933(C) in accordance with LAC 55:VII.511.

G. Approved Server and Security Personnel Training Course Fees. Approved providers may charge fees for the cost of conducting the approved server or security personnel training courses. The fees for classroom or computer-based instruction and examination shall be approved by the program administrator and the commissioner and may not exceed $25.

H. - H.2. …

3. the program administrator or their designee may increase sanctions based on successive violations within a two-year period. Numerous violations within a two-year period may indicate disregard for the law or failure to provide an acceptable responsible vendor server or security personnel program so as to warrant cancellation of the certification of either the provider or their trainer.

I. - J.1. …

2. falsify, alter or otherwise tamper with responsible vendor server or security personnel permits or records;

3 - 6. …

K. Approved Provider and Trainer Advertising and Promotion Standards

1. Approved provider and trainer advertising related to the responsible vendor server and security personnel training courses shall include:

1.a - 4. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 26:931 et seq.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Office of Alcohol and Tobacco Control, LR 24:1950 (October 1998), amended LR 31:939 (April 2005), LR 39:1828

§511. Responsible Vendor Program Minimum Course Standards

A. Classroom Instruction

1. Alcoholic Beverage and Tobacco Products Classroom Training—must include at least two hours of classroom instruction, exclusive of breaks and examination time, presented in a continuous block of instruction. Classes shall be limited to no more than one 10-minute break per hour.

2. Tobacco Products—must include at least one hour of classroom instruction, exclusive of breaks and examination time, presented in a continuous block of instruction.

B. Computer Based Instruction

1. Alcoholic Beverage and Tobacco Products Online Training—must include:

a. A secure log in and data transfer process to ensure security:

i. a unique log in is required for each server or security personnel that only allows that server or security personnel to access course and exam;

ii. server or security personnel shall not be able to modify first name and last name on user profile;

iii. server or security personnel provides data required by the ATC to issue permits;

iv. encryption, secure socket layer (SSL) or like, for personal information data transfer between website forms and database;

b. course and exam access information is provided to server or security personnel via email and/or directly after point of purchase;

c. online course shall automatically log users out after a minimum of 30 minutes of inactivity. Server or security personnel must be able to start where they left off;

d. online course shall provide a minimum of two hours of course instruction;

e. linear navigation requires participant to view all modules in course. Each the screen or module must be completed before proceeding to the next;

f. servers or security personnel cannot take the exam until the course has been fully completed;

g. a provider shall take extra measures to ensure to deter fraud and verify the identity of each student. Ways to prevent fraudulent course and test taking shall include, but are not limited to:

i. obtaining the log-in and log-off times;

ii. discontinuing an examination if it stays idle after a minimum period of 10 minutes of inactivity;

iii. asking each student personal identifying questions:

a). the server or security personnel must be asked a minimum of ten personal identifying questions before starting the exam;

b). server or security personnel must answer correctly a minimum of 5 randomly selected personal validation questions throughout the exam;

h. exam must be completed in one sitting. If Server or security personnel logs out, server must start over at the beginning of the exam;

i. the time allotted to take the examination shall not exceed 90 minutes;

j. if the time limit is exceeded or personal validation questions are answered incorrectly, the exam shall be reset and server must start over at the beginning of the exam;

k. server or security personnel must enter same exam access information to restart exam after exit;

l. server or security personnel will be allowed two exits from the exam before being locked out. The provider shall take sufficient measures to allow a student to re-access a previously started exam in the case of inadvertent logout;

m. approved providers must rotate the exam questions on a regularly scheduled basis to ensure exam security and validity;

n. the exam must include the 10 required Louisiana responsible vendor questions and then a minimum of 15 questions developed by the provider. The exam provider shall provide a bank from which the provider questions are taken which shall have a minimum of three times the number of items as the number of questions on the exam;

o. a server or security personnel must have adequate access to help desk/customer service during standard business hours to resolve technical issues without delaying the flow of instruction or examination;

p. no provider-based advertisements shall appear during the course of instruction and examination.

C. The approved server or security personnel training course shall be presented in its entirety to each student in a language approved by the program administrator.

D. Each server or security personnel training course must include an examination approved by the program administrator, which is administered by the trainer immediately following the course presentation. Students shall take the examination in writing, unless special circumstances require an oral examination. With the approval of the program administrator, the test may be offered in a language best understood by the student, or bilingual trainers may, in response to direct inquiries, clarify test questions using another language. Each student shall correctly answer at least 70 percent of the examination questions. Students who receive failing scores may be retested once at a time and place to be determined by the trainer. Otherwise, students must repeat the full course for an additional fee.

E. All training facilities shall meet the requirements of the Americans with Disabilities Act (ADA) and shall have adequate lighting, seating, easily accessible restrooms, and comfortable room temperature.

F. At the beginning of each server or security personnel training course, the trainer shall give each student:

1. an enrollment agreement that clearly states the obligations of the trainer and student, refund policies, and procedures to terminate enrollment;

2. a notice that a student must complete the course in order to take the examination;

3. a server training and/or a security personnel training workbook, approved by the program administrator, that is current, complete, and accurate. The workbook shall include an outline of the minimum course curriculum, table of contents, titles, subheadings, and page numbers. Physical specifications must meet the following minimum standards:

a. minimum dimensions of paper size must be 8 1/2 by 11 inches;

b. paper stock, excluding front and back cover, shall be white or near white, and of a quality and weight suitable for reproduction and note-taking with no ink bleed through;

c. type must be a minimum of 11-point in a type style commonly used for textbooks and periodicals;

d. binding must firmly hold the pages together in correct order and be sufficient for use during the course and as a reference;

e. professional printing and typesetting are not required, but reproductions must be clear, readable, and letter quality;

f. for ease of reading and adequate room for note-taking, white space must be a minimum of 30 percent per page with the print or copy to be no more than 70 percent of the page.

g. each student must be provided a copy of the applicable training workbook(s), in either paper or electronic format, that the student retains upon completion of sever and/or security personnel training course.

G. No server or security personnel training class shall include more than 100 students and students that arrive more than 15 minutes after the class begins shall not be admitted.

H. The classroom presentation must be consistent with the approved program.

I. Discussions must be pertinent to responsible beverage alcohol or tobacco sales, service, and consumption.

J. The program administrator or their designee may attend any class or computer-based course to evaluate conformance with the program certified by the program administrator.

K. At least seven days in advance, the approved provider or their authorized trainers shall give written notice to the Office of Alcohol and Tobacco Control of the date, time, and location of all courses scheduled. The Office of Alcohol and Tobacco Control shall be notified by phone or fax of course cancellations prior to the course date except when cancellation cannot be anticipated, in which case notification shall be within three business days of the scheduled course date.

L. Minimum Course Standards for Alcoholic Beverage and Tobacco Product Server Training Courses. To be certified to issue a server permit, the provider's course of instruction shall include the subject areas specified in R.S. 26:933(C), as well as the following.

1. Introduction:

a. brief review of the law creating the Louisiana Responsible Vendor Program, which shall include when the program was enacted, who is required to participate and how, when it becomes mandatory, nature of permits issued to server, when server permits expire, obligation of server to attend a course every two years, and server renewal procedures;

b. objectives of the Responsible Vendor Program, which shall include education of vendors, servers, and their customers about responsible sales, service, and consumption of alcohol and tobacco; and prevention of the misuse, illegal use, and abuse of alcohol.

2. Alcoholic beverage and tobacco products course:

a. classification of alcohol as a depressant and its effect on the human body, particularly on the ability to drive a motor vehicle:

i. alcohol is a depressant not a stimulant;

ii. how alcohol travels through the body, including how quickly it enters the bloodstream and reaches the brain;

iii. alcohol's effect on a person's ability to drive a motor vehicle, specifically reviewing alcohol's effect on a person’s behavior, self-control, and judgment;

iv. outline of Louisiana's driving while intoxicated laws and penalties for violations;

b. effects of alcohol when taken with commonly used prescription and nonprescription drugs:

i. mixing alcohol with other drugs can produce dangerous side effects. It is especially dangerous to drive under the influence of alcohol and other drugs because of the increased impairment due to both;

ii. alcohol and other depressant drugs. Mixing alcohol with other depressants dangerously increases the depressant effect on the body;

iii. alcohol and stimulants. Stimulants do not cancel the intoxication and impairment due to alcohol;

iv. alone, many prescription and nonprescription drugs impair the ability to drive a motor vehicle;

v. the effects of commonly used prescription and nonprescription drugs;

vi. review of the effects of contemporary designer drugs such as GHB and Rohypnol;

c. absorption rate, as well as the rate at which the human body can dispose of alcohol and how food affects the absorption rate:

i. rate at which the human body absorbs alcohol;

ii. blood alcohol concentration (BAC) and how to estimate a person's BAC. Include drink equivalency guidelines;

iii. how the human body disposes of alcohol;

iv. the effect of food on the absorption rate;

v. time is the only real factor that reduces intoxication;

d. methods of identifying and dealing with underage and intoxicated persons, including strategies for delaying and denying sales and service to intoxicated and underage persons:

i. procedures and methods for detecting false identification;

ii. procedures and methods for denying service or entry to underage persons;

iii. procedures and methods for identifying intoxicated persons including behavioral warning signs and other signs of impairment;

iv. procedures and methods for preventing over intoxication;

v. procedures and methods for terminating service to intoxicated persons;

e. state laws and regulations regarding the sales and service of alcoholic beverages for consumption on or off premises:

i. legal forms of identification in Louisiana;

ii. legal age to purchase, possess, and consume alcohol and penalties for violation;

iii. legal age to enter licensed premises and penalties for violation;

iv. legal age to be employed by a vendor and penalties for violation;

v. acts prohibited on licensed premises and penalties for violation;

f. parish and municipal ordinances and regulations that affect the sale and service of alcoholic beverages for consumption on or off the licensed premises. These provisions will depend on the jurisdiction of the servers attending the class and may vary according to the parish and municipality:

i. legal hours of operation and Sunday sales;

ii. noise, litter, and zoning;

iii. leaving premises with alcohol;

iv. preemption of parish and municipal server training courses;

v. parish or municipal server licensing requirements;

vi. other relevant regulations;

g. state and federal laws and regulations related to the lawful age to purchase tobacco products and age verification requirements:

i. state and federal legal purchasing age;

ii. federal age verification requirements;

iii. state and federal laws and regulations related to vending machines;

iv. state laws related to sign posting requirements;

v. state laws related to minimum packaging requirements.

3. Tobacco Products Course

a. Outline and review of all relevant changes to local, state, and federal laws, rules and regulations affecting the retail operation of tobacco businesses. With regard to local laws, rules and regulations, each approved provider shall determine the changes for each jurisdiction in which it offers Tobacco courses and submit their local tobacco curriculum to the program administrator for approval;

b. state and federal laws and regulations related to the lawful age to purchase tobacco products and age verification requirements:

i. state and federal legal purchasing age;

ii. federal age verification requirements;

iii. state and federal laws and regulations related to vending machines;

iv. state laws related to sign posting requirements;

v. state laws related to minimum packaging requirements;

c. state laws and regulation regarding the sales and service of tobacco products:

i. legal form of identification in Louisiana;

ii. procedures and methods for detecting false identification;

d. guidelines for prevention of tobacco use and addiction:

i. health risks;

ii. addiction problems with adolescents;

iii. health effects of smoking among young people;

e. what you should know about tobacco:

i. tobacco and athletic performance;

ii. tobacco and personal appearance;

f. state laws and regulations regarding the sales and service of the Louisiana Lottery Corporation Law:

i. a review of the Louisiana Lottery Corporation Law, which shall include when it was established;

ii. legal age to purchase a lottery ticket and penalties for violation;

iii. legal age to claim a lottery ticket;

iv. legal age to sell lottery ticket;

v. advertisement;

g. parish and municipal ordinances and regulations that affect the sale and service of tobacco products. These provisions will depend on the jurisdiction of the servers attending the class and may vary according to the parish and municipality.

M. Minimum Course Standards for Security Personnel Training Courses. To be certified to issue a server permit for security personnel, the provider's course of instruction shall include the subject areas specified in R.S. 26:933(C) and (D) and the minimum course standards specified on subsection L of these regulations as well as the following:

1. A description of the role and duties of security personnel that includes the responsibility to monitor the entrance and other areas of an establishment for purposes of identifying underage and intoxicated persons; to enforce the

establishment's rules; and to otherwise provide security for the establishment and its customers.

2. A review of the skills that make security personnel more effective including communication skills, self-control, posture, confidence, physical fitness and knowledge of certain laws.

3. Techniques to identify and handle disruptive customers and customer altercations including but not limited to:

a. description of common types of disturbances;

b. techniques to identify and manage potentially disruptive customers;

c. proper procedures to employ when removing a disruptive customer from the premises including common mistakes to avoid; and

d. identification and description of the types of resistance security personnel may encounter when dealing with disruptive customers.

4. Description and review of proper restraint techniques and when to use such techniques including the following:

a. description and review of "positional asphyxia" including techniques to manage "positional asphyxia"; and

b. description and review of "excited delirium" including techniques to manage "excited delirium."

5. Identification and review of state laws related to the duties and responsibilities of security personnel including:

a. simple, second degree and aggravated battery;

b. simple and aggravated assault;

c. false imprisonment;

d. simple and aggravated criminal damage to property;

e. entry on or remaining in places or on land after being forbidden;

f. simple, second degree and armed robbery; and

g. disturbing the peace.

N. Minimum Standards and Certification for an Abbreviated Renewal Course

1. To be certified to conduct abbreviated renewal server training courses, the approved provider's course of instruction shall include the following.

a. An Outline and Review of All Relevant Changes to Local, State, and Federal Laws, Rules and Regulations Affecting the Retail Operation of Alcohol Beverage and or Tobacco Businesses. With regard to local laws, rules and regulations, each approved provider shall determine the changes for each jurisdiction in which it offers abbreviated renewal courses and submit their local renewal course curriculum to the program administrator for approval.

b. Statistics Related to Drunk Driving Arrests, Accidents and Fatalities in Louisiana. The approved provider shall incorporate the statistics into their abbreviated renewal course curriculum in the same form and content that it is provided by the program administrator and compiled from the most current annual report of the Louisiana Highway Safety Commission or National Highway Traffic Safety Administration.

c. Techniques to Prevent Persons Suspected of Being Intoxicated from Operating Motor Vehicles.

d. Any Other Information Relevant to the Prevention of Drunk Driving.

e. Information Concerning Societal and Health Concerns Related to the Use of Tobacco Products.

2. All abbreviated renewal course program content and method of presentation shall be approved by the Program Administrator prior to conducting any abbreviated renewal server training courses.

3. All abbreviated renewal server training courses shall include at least one hour of classroom instruction exclusive of breaks and examination time, and shall be presented in a continuous block of time.

4. Each abbreviated renewal server training course shall include an examination approved by the program administrator.

5. Prior to teaching an abbreviated renewal server training course, the trainer must receive proof of prior training from the server. This proof may consist of a server permit not having expired for longer than one year, or any other proof deemed valid by the discretion of the trainer.

6. Unless otherwise provided for in this Subsection, all other regulations applicable to regular server training courses shall apply to renewal server training courses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 26:931 et seq.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Office of Alcohol and Tobacco Control, LR 31:940 (April 2005), LR 39:1829 (July 2013).

Troy Hebert
Commissioner

1307#026

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Black Bass Regulations—Atchafalaya River Basin; Lake Verret, Lake Palourde Complex; Lake Fausse Point/Lake Dauterive Complex (LAC 76:VII.149, 165, and 189)

The Wildlife and Fisheries Commission hereby amends Rules to change recreational harvest regulations for black bass (*Micropterus spp*.) in the Atchafalaya River Basin and adjacent waters.

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and the final Rule, including but not limited to, the filing of the Fiscal and Economic Impact Statements, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 1. Freshwater Sports and Commercial Fishing
§149. Black Bass Regulations-Daily Take and Size Limits

A. The Wildlife and Fisheries Commission establishes a statewide daily take (creel limit) of 10 fish for black bass

(*Micropterus spp.*). The possession limit shall be the same as the daily take on water and twice the daily take off water.

B. In addition, the commission establishes special size and daily take regulations for black bass on the following water bodies:

1. - 5.a ...

6. Atchafalaya River Basin and adjacent waters:

a. The size and daily take for black bass in the Atchafalaya River Basin and adjacent waters are established in Sections 165 and 189 of this Chapter.

*Maximum Total Length. The distance in a straight line from the tip of the snout to the most posterior point of the depressed caudal fin as measured with mouth closed on a flat surface.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(25)(a), R.S. 56:325(C), R.S. 56:326.3, and R.S. 56:673.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 14:364 (June 1988), amended LR 17:278 (March 1991), repromulgated LR 17:488 (May 1991), amended LR 17:1122 (November 1991), LR 20:796 (July 1994), LR 23:1168 (September 1997), LR 24:505 (March 1998), LR 26:97 (January 2000), LR 28:104 (January 2002), LR 29:373 (March 2003), LR 30:2339 (October 2004), repromulgated LR 30:2495 (November 2004), amended LR 37:2440 (August 2011), LR 39:1833 (July 2013).

§165. Black Bass Regulations—Atchafalaya River Basin, Lake Verret, Lake Palourde Complex

A. The daily creel limit (daily take) for black bass (*Micropterus spp.*) is seven fish with no minimum length limit in the area south of U.S. 190 from the West Atchafalaya Basin Protection Levee to the intersection of LA 1 and U.S. 190 due north of Port Allen, east of the West Atchafalaya Basin Protection Levee from U.S. 190 to U.S. 90, north of U.S. 90 from the West Atchafalaya Basin Protection Levee to LA 20, north and west of LA 20 from U.S. 90 to LA 1 in Thibodaux, south and west of LA 1 from LA 20 to U.S. 190. This Rule will expire two years from its effective date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(25)(a), 325(C), and 326.3.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 19:361 (March 1993), amended LR 21:960 (September 1995), LR 23:998 (August 1997), amended LR 39:1833 (July 2013).

§189. Black Bass Regulations, Lake Fausse Point/Lake Dauterive Complex

A. The harvest regulations for black bass (*Micropterus spp.*) on the Lake Fausse Point/Lake Dauterive complex located west of the West Atchafalaya Basin Protection Levee in Iberia and St. Martin Parishes, Louisiana are as follows:

1. size limit—no minimum length limit;
2. daily take—no more than seven fish.

B. These regulations apply to all areas west of the West Atchafalaya Basin Protection Levee from Highway 3083 to the U.S. Army Corps of Engineers locks at the Charenton Drainage and Navigation Canal, north of and including the Charenton Drainage and Navigation Canal from the Corps of Engineers locks to Highway 87, north and east of Highway 87 from the Charenton Drainage and Navigation Canal to Highway 320, east of Highway 320 from Highway 87 to Highway 86, south and east of Highway 86 from Highway 320 to Highway 345, east of Highway 345 from Highway 86 to Highway 679, east of Highway 679 from Highway 345 to Highway 3083 and south of Highway 3083 from Highway 679 to the West Atchafalaya Basin Protection Levee. This rule will expire two years from its effective date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6 (25)(a), R.S. 56:325(C), and R.S. 56:326.3.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:1990 (October 1999), amended LR 39:1833 (July 2013).

Ronald Graham
Chairman

1307#034

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Crappie Regulations—Daily Take (LAC 76:VII.187)

The Wildlife and Fisheries Commission hereby establishes the following Rule on Crappie (Pomoxis spp.) on Bayou D'Arbonne Lake, located in Union and Lincoln Parishes, Louisiana.

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and the final Rule, including but not limited to, the filing of the Fiscal and Economic Impact Statements, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 1. Freshwater Sports and Commercial Fishing

§197. Crappie Regulations—Daily Take

A. - A.1.a. …

B. Bayou D'Arbonne Lake (Union and Lincoln Parishes) including all areas between the Bayou D'Arbonne spillway structure and Gill's Ferry Landing on D'Arbonne Creek and Hogpen Landing on Corney Creek.

1. Daily Limit—25 fish per person:

a. on water possession—same as daily limit per person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:325.1(c).

HISTORICAL NOTE: Promulgated in accordance with Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 30:2339 (October 2004), amended LR 38:2941(November 2012), amended LR 39:1833 (July 2013).

Mr. Ronald Graham
Chairman

1307#035

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Restricted Amphibians and Reptiles (LAC 76:XV.101)

The Wildlife and Fisheries Commission does hereby amend and clarify the wording related to restricted amphibians and reptiles, and to add three species to the list of species that are prohibited from take.

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and the final Rule, including, but not limited to, the filing of the fiscal and economic impact statement, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Title 76
WILDLIFE AND FISHERIES
Part XV. Reptiles and Amphibians
Chapter 1. Guidelines
§101. Recreational and Commercial Harvests; Prohibitions

A. - I. …

* * *

J. Restricted Amphibians and Reptiles

1. The species listed below are considered species of conservation concern by the department.

a. No live individual of the species listed in Paragraph J.3 of this Subsection may be killed or removed from the wild without permit issued by the department.

b. Up to five individuals of these species found dead may be salvaged.

c. Any number of individuals of these species may be captured, processed on site (i.e. measured, marked, tissue samples taken by means deemed acceptable by Department of Wildlife and Fisheries, etc.) and immediately released alive without removal from the site as part of a legitimate scientific study.

2. As more information concerning the status of these and other amphibians and reptiles becomes available, species may be removed from or added to this list.

3. List of amphibians and reptiles that may not be killed or removed from the wild without permit:

a. ambystoma tigrinum—tiger salamander;

b. plethodon serratussouthern red-backed salamander;

c. plethodon websteri—Webster's salamander;

d. pseudotriton montanus—mud salamander;

e. pseudotriton ruber—red salamander;

f. pituophis ruthveni—Louisiana pine snake;

g. pituophis melanoleucus lodingi—black pine snake;

h. crotalus adamanteus—eastern diamondback rattlesnake.

4. List of Threatened or Endangered Amphibians and Reptiles. The following species are listed as threatened or endangered in Louisiana (LAC 76:I.317) and may not be collected:

a. rana sevosa—Mississippi gopher frog;

b. chelonia mydas—green sea turtle;

c. eretmochelys imbricata—hawksbill sea turtle;

d. lepidochelys kempii—Kemp's ridley sea turtle;

e. dermochelys coriacea—leatherback sea turtle;

f. caretta caretta—loggerhead sea turtle;

g. gopherus polyphemus—gopher tortoise;

h. graptemys oculifera—ringed sawback turtle.

K. - L. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(10), (13), (15) and (25), R.S. 56:23, and R.S. 56:632.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 20:1135 (October 1994), amended LR 30:2495 (November 2004), LR 31:2569 (October 2005), LR 39:1834 (July 2013).

Ronald "Ronny" Graham
Chairman

1307#036

RULE

Workforce Commission
Office of Unemployment Insurance

Unemployment Insurance (LAC 40:IV.Chapter 3)

Pursuant to the authority granted in R.S. 23:1653, R.S. 23:1654, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Louisiana Workforce Commission has repealed §§309 and 333 and amended §§307, 325, 329, 331, 337, 343, and 359. The revision of §325 is to change the name of the agency to Louisiana Workforce Commission as well as change the guidelines on how a claimant files. Amendments to §329 change the name of the agency and remove the requirement of a claimant having to file at the local office as well. The revisions of §331 change the agency's name and the place of filing for the claimant. Changes to §337 delete method of payment by check from claimant and add the use of electronic fund transfer. Revisions to §343 include no employer credits for contributions to another state. This text has been added to clarify the requirement to file contribution reports and pay contributions for employees who perform services in more than one state and to change the name of the agency. Finally, the revisions to §359 change the name of the agency.

Title 40
LABOR AND EMPLOYMENT
Part IV. Employment Security
Subpart 3. Employment Security Law
Chapter 3. General Provisions
§307. Contributions, Interest, Mailing Date of Contributions and Contribution Reports

A. Accrual and Due Date of Contributions. Contributions due on wages paid shall become due and shall be paid on or before the last day of the month following the calendar quarter in which such contributions accrue.

B. Interest. Interest prescribed by law on all overdue contributions shall accrue on or after the day following the due date on any contribution payments up to and including the date of payment.

C. Accrual and Due Date of Contributions by Employers Who Become Subject within the Calendar Year

1. With respect to contributions due on wages paid, the first contribution payment of an employing unit which becomes an employer under the Louisiana Employment Security Law at any time during the calendar year, shall become due on, and shall be paid on or before the last day of the month following the calendar quarter in which such employing unit becomes an employer.

2. The first contribution payment of an employer becoming liable during a calendar year shall include all contributions with respect to wages paid for employment occurring on and after January 1 of the calendar year up to and including the end of the calendar quarter in which the employing unit becomes an employer. The first contribution payment of an employing unit which (voluntarily) elects with the written approval of the administrator to become an employer shall accrue at the end of the calendar quarter with respect to wages for employment occurring on and after the date on which such election was approved, and shall be due and paid on or before the last day of the calendar month following the calendar quarter during which the conditions of becoming an employer are satisfied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:488 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:39 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1834 (July 2013).

§309. Reports on Magnetic Media

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Employment Security, LR 18:372 (April 1992), repealed by the Workforce Commission, Office of Unemployment Insurance, LR 39:1835 (July 2013).

§325. Definitions of Week

A. The term:

1. *week*—a *calendar week*;

2. *calendar week*—the seven consecutive days commencing at 12:01 a.m. on Sunday and ending at midnight on Saturday.

B Week of Total or Part-Total Unemployment

1. A *week of total* or *part-total unemployment*—the seven-consecutive-day period commencing with the first day of the calendar week in which occurs the day, subsequent to his separating from work, on which an individual registers and files a claim to the Louisiana Workforce Commission, except as otherwise provided in §325.B.2 and 3.

2. A week of total or part-total unemployment for an individual who fails for good cause to register and file a claim for benefits as specified in §325.B.1-3 shall consist of the calendar week in which the individual becomes unemployed, provided that such individual registers with the Louisiana Workforce Commission within a period of seven days after such first day of total or part-total unemployment, or on the next day thereafter on which the itinerant service is available, or by mail within 14 days after the commencement of such unemployment; and thereafter each calendar week immediately following such week, provided the individual claims benefits for each such week in accordance with regulations.

3. A *week of total or part-total unemployment* of any individual affected by a mass separation or labor dispute shall consist of the calendar week in which the individual becomes unemployed, provided that notice thereof is filed by the individual with the administrator within 14 days next following such first day of unemployment; and thereafter each calendar week immediately following such week, provided the individual claims benefits for any such week in accordance with regulations.

C. Week of Partial Unemployment

1. With respect to a partially unemployed individual as defined by §327.B.1 whose wages are paid on a weekly basis, a week of partial unemployment shall consist of a calendar week, provided that the administrator may, upon his own initiative or upon application, prescribe as to any individual or group of individuals such other seven-consecutive-day period as he may find appropriate under the circumstances.

2. For the purpose of this regulation, an individual shall be deemed to be partially unemployed during not more than four consecutive weeks of total unemployment if such weeks immediately follow a week of partial unemployment and if in such weeks there is a reasonable expectation of his return to employment with such employer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:489 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:41 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1835 (July 2013).

§329. Registration for Work and Claims for Benefits for Total and Part-Total Unemployment

A. Claims for benefits for total or part-total unemployment shall be made on forms prescribed by the administrator for that purpose. In order to claim benefits or waiting period credits for unemployment, an individual shall:

1. file a claim for benefits.

B. The continued claim for benefits for total or part-total unemployment shall be made on forms prescribed by the administrator. Except as otherwise provided in this Section and §333, to establish eligibility for benefits or waiting credits for weeks of total or part-total unemployment during any continuous period of unemployment, the claimant shall continue to report weekly or biweekly, or at more frequent intervals, if directed by the administrator or his representative, to the Louisiana Workforce Commission, provided the reporting at more frequent intervals places no unreasonable burden on him or does not unreasonably limit his opportunity to establish his rights to benefits. For reasons found to be cause for any individual's failure to report, a continued claim may be accepted from such individual, effective as of the first day of his week of total or part-total unemployment, if such continued claim is filed within seven days following the date specified for his reporting. If the failure of an individual to file such a claim at the time specified is found to be without good cause or if the continued claim is not filed within the above mentioned seven days, the continued claim will be disallowed.

C. An individual who returns to employment under conditions which no longer render him eligible for benefits or waiting period credits may claim benefits in person or by mail for the week or portion of a week immediately preceding his employment, provided the week or portion of a week follows without interruption an initial claim or a week for which benefits or waiting period credits were claimed.

D. The administrator may waive or alter either or both of the requirements of this Section to an individual who:

1. is a paid up union member of a recognized craft union;

2. is partially employed and files a claim for part-total benefits;

3. files a claim for shared-work benefits under a shared-work plan; or

4. is on temporary layoff from his regular work with a definite date of return and holds himself available for reemployment at his last place of work.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:490 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:41 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1835 (July 2013).

§331. Registration for Work and Claims for Benefits for Partial Unemployment

A. Employer Responsibility in the Initiation of a First Claim for Partial Benefits in a Benefit Year

1. Immediately after the termination of any calendar week in which a worker earned less than 60 percent of his customary full-time weekly wage due to lack of work, his employer shall give such worker a low earnings report form, application for partial benefits, setting forth therein the information required of the employer. If such worker completes and returns the low earnings report form to his employer, such employer shall promptly mail or otherwise transmit such form to the Louisiana Workforce Commission.

2. Upon receipt of the low earning report form, the Louisiana Workforce Commission shall promptly notify such worker named therein of his potential rights to partial benefits and shall notify his employer of such worker's weekly benefit amount and benefit year ending date. Upon receipt thereof, such employer shall record such weekly benefit amount and benefit year ending date upon his payroll records.

B. Employer to Furnish Evidence of Subsequent Weeks of Partial Unemployment. After an employer has been notified of the weekly benefit amount and current benefit year ending date of any worker in his employ, such employer, until otherwise notified, shall immediately after the termination of each calendar week which begins within such benefit year and for which such worker's earnings fall below such weekly benefit amount because of lack of work in such week, furnish each such worker with a copy of the low earnings report form, application for partial benefits, setting forth the information required therein, including the worker's name and Social Security account number, the ending date of such week, the wages earned therein, and a proper certification as to his having worked less than his normal customary full-time hours because of lack of work in such week. If such worker completes and returns such form to his employer, such employer shall promptly mail or otherwise transmit such form to the Louisiana Workforce Commission.

C. Registration and Filing of Claims for Partial Unemployment. A claim for benefits for any individual on the low earnings report form, application for partial benefits, or other form designated by the Louisiana Workforce Commission, mailed by him or his employer in his behalf, or delivered to the Louisiana Workforce Commission shall constitute such individual's notice of unemployment, registration for work, and claim for benefits or waiting period credit, with respect to each such week of partial unemployment covered by the claim provided that such form is executed by such individual and received by the Louisiana Workforce Commission through which the employer has a partial claims agreement within seven days following the week to which the form pertains.

D. Extended Period for Registration and Filing of Claims for Good Cause. Notwithstanding the provisions of §331.C, if the administrator finds that the failure of any individual to register and file a claim for partial unemployment benefits within the time set forth in §331.C was due to failure on the part of the employer to comply with any of the provisions of §331.A, B, and C, or to coercion or intimidation exercised by the employer to prevent the prompt filing of such claim, or to failure by the Louisiana Workforce Commission to discharge its responsibilities promptly in connection with such partial unemployment, the administrator shall extend the period during which such claim may be filed to a date which shall be not less than one week after the individual has received appropriate notice of his potential rights to benefits and his earnings during the period of such partial unemployment, provided that the period during which such claim may be filed shall not be extended beyond the 13-week period subsequent to the end of the actual or potential benefit year during which such week of partial unemployment occurred.

E. Employer Records in Connection with Partial Unemployment. In addition to the requirements set forth in §313, each employer shall keep his payroll records in such form that it would be possible for an inspection to determine with respect to each worker in his employ who may be eligible for partial benefits:

1.a. wages earned, by weeks, described in §327.B;

b whether any week was in fact a week of less than full-time work; and

c. time lost, if any, for each such worker, due to his unavailability for work;

2. this regulation applies only to employers with a partial employer agreement with one or more of the Louisiana Workforce Commission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:491 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:42 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1836 (July 2013).

§333. Registration for Work and Claims for Benefits for Individuals Located in Isolated Area, Areas Served on Itinerant Basis, and Other Areas

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:491 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:43 (January 1991), LR 18:372 (April 1992), repealed by the Workforce Commission, Office of Unemployment Insurance, LR 39:1837 (July 2013).

§337. Payment of Benefits and Change of Address

A. Benefit payments shall be made to the claimant by electronic funds transfer to his bank account, by debit card, check, or other electronic means. Supplemental payments may, in the discretion of the administrator, be made by check, automatic clearing house (ACH), or electronic funds transfer after determination of the individual's eligibility for payment.

B. Each claimant, upon changing his address, shall immediately notify the Louisiana Workforce Commission of such change.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:492 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:43 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1837 (July 2013).

§343. Employer Elections to Cover Multi-State Workers

A. The following regulations, adopted under R.S. 23:1665 of the Louisiana Employment Security Law, shall govern Louisiana Workforce Commission in its administrative cooperation with other states subscribing to the interstate reciprocal coverage arrangement, herein referred to as *the arrangement*.

B. Definitions, as used in this regulation, unless the context clearly indicates otherwise.

Agency—any officer, board, commission or other authority charged with the administration of the unemployment compensation law of the participating jurisdiction.

Interested Jurisdiction—any participating jurisdiction to which an election submitted under this regulation is sent for its approval; and

a. *interested agency*—the agency of such jurisdiction.

Jurisdiction—any state of the United States, the District of Columbia, Canada, or with respect to the federal government, the coverage of any federal unemployment compensation law.

Participating Jurisdiction—a jurisdiction whose administrative agency has subscribed to the arrangement and whose adherence thereto has not terminated.

Service Customarily Performed by an Individual in More than One Jurisdiction—services performed in more than one jurisdiction during a reasonable period, if the nature of the services gives reasonable assurance that they will continue to be performed in more than one jurisdiction or if such services are required or expected to be performed in more than one jurisdiction under the election.

C. Submission and Approval of Coverage Elections under the Interstate Reciprocal Coverage Arrangement

1. Any employing unit may file an election, on Form RC-1, to cover under the law of a single participating jurisdiction all of the services performed for him by any individual who customarily works for him in more than one participating jurisdiction.

2. Such an election may be filed, with respect to an individual, with any participating jurisdiction in which:

a. any part of the individual's services are performed;

b. the individual has his residence; or

c. the employing unit maintains a place of business to which individual's services bear a reasonable election.

3. The agency of the elected jurisdiction (thus selected and determined) shall initially approve or disapprove the election.

4. If such agency approves the election, it shall forward a copy thereof to the agency of each participating jurisdiction specified thereon, under whose unemployment compensation law the individual or individuals in question might, in the absence of such election, be covered. Each such interested agency shall approve or disapprove the election as promptly as practicable and shall notify the agency of the elected jurisdiction accordingly.

5. In case its law so requires, any such interested agency may, before taking such action, require from the electing employing unit satisfactory evidence that the affected employees have been notified of, and have acquiesced in, the election.

6. If the agency of the elected jurisdiction, or the agency of any interested jurisdiction, disapproves the election, the disapproving agency shall notify the elected jurisdiction and the elected employing unit of its action and of its reasons therefor.

7. Such an election shall take effect as to the elected jurisdiction only if approved by its agency and by one or more interested agencies.

8. An election thus approved shall take effect, as to the interested agency, only if it is approved by such agency.

9. In case any such election is approved only in part, or is disapproved by some of such agencies, the electing employing unit may withdraw its election within 10 days after being notified of such action.

D. Effective Period of Elections

1. Commencement

a. An election duly approved under this regulation shall become effective at the beginning of the calendar quarter in which the election was submitted, unless the election, as approved, specifies the beginning of a different calendar quarter.

b. If the electing unit requests an earlier effective date than the beginning of the calendar quarter in which the election is submitted, such earlier date may be approved solely as to those interested jurisdictions in which the employer has no liability to pay contributions for the earlier period in question.

2. Termination

a. The application of an election to any individual under this regulation shall terminate, if the agency of the elected jurisdiction finds that the nature of the services customarily performed by the individual for the electing unit

has changed, so that they are no longer customarily performed in more than one participating jurisdiction. Such termination shall be effective as of the close of the calendar quarter in which notice of such finding is mailed to all parties affected.

b. Except as provided in §343.D.2.a, each election approved hereunder shall remain in effect through the close of the calendar year in which it is submitted, and thereafter until the close of the calendar quarter in which the electing unit gives written notice of its termination to all affected agencies.

c. Whenever an election under this regulation ceases to apply to any individual under §343.D.2.a or b, the electing unit shall notify the affected individual accordingly.

E. Reports and Notices by the Electing Unit

1. The electing unit shall promptly notify each individual affected by its approved election, on the Form RC-2 supplied by the elected jurisdiction, and shall furnish the elected agency a copy of such notice.

2. Whenever an individual covered by an election under this regulation is separated from his employment, the electing unit shall again notify him, forthwith, as to the jurisdiction under whose unemployment compensation law his services have been covered. If at the time of termination the individual is not located in the election jurisdiction, the electing unit shall notify him as to the procedure for filing interstate benefit claims.

3. The electing unit shall immediately report to the elected jurisdiction any change which occurs in the conditions of employment pertinent to its election, such as cases where an individual's services for the employer cease to be customarily performed in more than one participating jurisdiction or where a change in the work assigned to an individual requires him to perform services in a new participating jurisdiction.

F. Approval of Reciprocal Coverage Elections. The Louisiana Workforce Commission hereby delegates to its administrator authority to approve or disapprove reciprocal coverage election in accordance with this regulation.

G. Contributions paid in another state shall not be credited to those contributions which are otherwise due and payable in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:492 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:43 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1837 (July 2013).

§359. Approved Training Definition

Approved Training—training to which an individual has been referred by the administrator of the Louisiana Workforce Commission or his duly authorized representative.

1. Referral to training will be made to vocational training, basic education or other short term vocationally directed academic courses designed to develop a particular skill.

2. Approval of training in such types of courses may also be given, upon application, if the individual has been accepted as a student at a school or course approved by the Louisiana Department of Education, which is designed to make the individual employable or more employable in an occupation that is in demand and there is reasonable expectation that the individual will be employed upon completion, except no approval will be given to any training course taken primarily for credit toward the degree requirements of baccalaureate or advanced degree, and no approval will be given to a training course which will take longer than 104 weeks to complete

3. No training will be approved for an individual unless it is found that the demands for his present skills are minimal and not likely to improve under present circumstances.

a. The individual in training will be required to furnish reports from the training facility concerning his attendance. Unsatisfactory attendance attested to by the training facility shall constitute grounds for terminating application of the provisions of R.S. 23:1602(1) to the individual unless good cause is shown for the unsatisfactory attendance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1471-1713.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:495 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:47 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance, LR 39:1838 (July 2013).

Curt Eysink
Executive Director

1307#016

RULE

Workforce Commission
Office of Workers' Compensation

Workers' Compensation Medical Reimbursement Schedule
(LAC 40:I:3119, 3329, 3911, 4119, 4339, 4537, and 5157)

In accordance with R.S. 49:950, et seq., that the Louisiana Workforce Commission, Office of Workers' Compensation, pursuant to the authority vested in the Director of the Office of Workers' Compensation by R.S. 23:1310.1 and in accordance with applicable provisions of the Administrative provisions Act, has amended LAC 40:I:3119, 3329, 3911, 4119, 4339, 4537, 5157 and 5399.

This Rule updates the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes in order to be consistent with the American Medical Association (AMA). The revision adds codes that are currently not reflected in the Louisiana Workers' Compensation Fee Schedule, and removes all obsolete CPT/HCPCS codes. The revisions include site of service differentials for new and updated CPT Codes where applicable. Implementation of this fee schedule update allows for more accurate coding by providers and carriers/self-insured employers but should not impact those receiving medical procedures under workers' compensation. The Louisiana Workers' Compensation Physical Therapy and Occupational Therapy proprietary codes will no longer be utilized, as the new fee schedule updates allow for utilization of the appropriate national CPT/HCPCS Physical Therapy and Occupational Therapy Codes.

Title 40
LABOR AND EMPLOYMENT
Part I. Workers' Compensation Administration
Subpart 2. Medical Guidelines
Chapter 31. Vision Care Services, Reimbursement Schedule, Billing Instruction and Maintenance
§3119. Maximum Allowable Reimbursement

A. - A.3. …

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Vision Services and Supplies		
HCPCS	Description	Purchase New
V2020	Frames; Purchases	$74
V2025	Deluxe Frame	B.R.
V2100	Sphere; Single Vision	$50
V2101	Sphere; Single Vision	$58
V2102	Sphere; Single Vision	$60
V2103	Spherocylinder; Single Vision	$38
V2104	Spherocylinder; Single Vision	$54
V2105	Spherocylinder; Single Vision	$57
V2106	Spherocylinder; Single Vision	$59
V2107	Spherocylinder; Single Vision	$65
V2108	Spherocylinder; Single Vision	$59
V2109	Spherocylinder; Single Vision	$59
V2110	Spherocylinder; Single Vision	$61
V2111	Spherocylinder; Single Vision	$63
V2112	Spherocylinder; Single Vision	$86
V2113	Spherocylinder; Single Vision	$78
V2114	Spherocylinder; Single Vision	$100
V2115	Lenticular; (Myodisc); per Lens	$101
V2118	Aniseikonic Lens; Single Vision	$85
V2121	Lenticular lens, per lens, single	$93
V2199	Not Otherwise Classified	B.R.
V2200	Sphere; Bifocal	$66
V2201	Sphere; Bifocal	$66
V2202	Sphere; Bifocal	$92
V2203	Spherocylinder; Bifocal	$65
V2204	Spherocylinder; Bifocal	$69
V2205	Spherocylinder; Bifocal	$74
V2206	Spherocylinder; Bifocal	$83
V2207	Spherocylinder; Bifocal	$66
V2208	Spherocylinder; Bifocal	$91
V2209	Spherocylinder; Bifocal	$77
V2210	Spherocylinder; Bifocal	$87
V2211	Spherocylinder; Bifocal	$80
V2212	Spherocylinder; Bifocal	$89
V2213	Spherocylinder; Bifocal	$120
V2214	Spherocylinder; Bifocal	$125
2215	Lenticular (Myodisc); per Lens	$93
V2216	Lenticular; Nonaspheric; per Lens	$91
V2217	Lenticular; Aspheric Lens; Bifocal	$108
V2218	Aniseikonic; per Lens; Bifocal	$105
V2219	Bifocal Seg Width over 28mm	$59
V2220	Bifocal Add over 3.25d	$60
V2221	Lenticular lens, per lens, bifocal	$109
V2299	Specialty Bifocal (by report)	B.R.
V2300	Sphere; Trifocal	$81
V2301	Sphere; Trifocal	$104
V2302	Sphere; Trifocal	$101
V2303	Spherocylinder; Trifocal	$76
V2304	Spherocylinder; Trifocal	$82
V2305	Spherocylinder; Trifocal	$116
V2306	Spherocylinder; Trifocal	$124
V2307	Spherocylinder; Trifocal	$91
V2308	Spherocylinder; Trifocal	$92
V2309	Spherocylinder; Trifocal	$94
V2310	Spherocylinder; Trifocal	$98

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Vision Services and Supplies		
HCPCS	Description	Purchase New
V2311	Spherocylinder, Trifocal	$109
V2312	Spherocylinder; Trifocal	$101
V2313	Spherocylinder; Trifocal	$105
V2314	Spherocylinder; Trifocal	$111
V2315	Lenticular; (Myodisc); per Lens	$118
V2316	Lenticular Nonaspheric; per Lens	$111
V2317	Lenticular; Aspheric Lens	$138
V2318	Aniseikonic Lens; Trifocal	$156
V2319	Trifocal Seg Width over 28mm	$75
V2320	Trifocal Add over 3.25d	$84
V2321	Lenticular lens, per lens, trifocal	$145
V2399	Specialty Trifocal (by report)	B.R.
V2410	Variable Asphericity Lens	$147
V2430	Variable Asphericity Lens; Bifocal	$141
V2499	Variable Sphericity Lens	B.R.
V2500	Contact Lens; PMMA; Spherical	$125
V2501	Contact Lens; PMMA; Toric or Prism	$134
V2502	Contact Lens PMMA; Bifocal	$154
V2503	Contact Lens PMMA; Color Vision	$145
V2510	Contact Lens; Gas Permeable	$171
V2511	Contact Lens; Gas Permeable; Toric	$186
V2512	Contact Lens; Gas Permeable	$277
V2513	Contact Lens; Gas Permeable	$252
V2520	Contact Lens Hydrophilic	$128
V2521	Contact Lens Hydrophilic; Toric	$193
V2522	Contact Lens Hydrophillic; Bifocal	$262
V2523	Contact Lens Hydrophilic; Extended	$181
V2530	Contact Lens; Scleral; per Lens	$277
V2531	Contact lens, scleral, gas permeable, per lens	$783
V2599	Contact Lens; Other Type	B.R.
V2600	Hand Held Low Vision Aids	B.R.
V2610	Single Lens Spectacle Mounted	B.R.
V2615	Telescopic and Other Compound Lens	B.R.
V2623	Prosthetic Eye; Plastic; Custom	$1,384
V2624	Polishing Artificial Eye	$78
V2625	Enlargement of Ocular Prosthesis	$374
V2626	Reduction of Ocular Prosthesis	$259
V2627	Scleral Cover Shell	$1,412
V2628	Fabrication and Fitting	$367
V2629	Prosthetic Eye; Other Type	B.R.
V2630	Anterior Chamber Intraocular Lens	$534
V2631	Iris Supported Intraocular Lens	$534
V2632	Posterior Chamber Intraocular Lens	$453
V2700	Balance Lens; per Lens	$52
V2702	Deluxe lens feature	B.R.
V2710	Slab off Prism; Glass or Plastic	$78
V2715	Prism; per Lens	$19
V2718	Press-on Lens; Fresnell Prism	$41
V2730	Special Base Curve	$33
V2744	Tint; Photochromatic; per Lens	$20
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	$13
V2750	Anti-Reflective Coating; per Lens	$26
V2755	UV Lens; per Lens	$27
V2756	Eye glass case	$6
V2760	Scratch Resistant Coating	$17
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	B.R.
V2762	Polarization, any lens material, per lens	B.R.
V2770	Occluder Lens; per Lens	$29
V2780	Oversize Lens; per Lens	$15
V2781	Progressive lens, per lens	B.R.
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	$71

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Vision Services and Supplies		
HCPCS	Description	Purchase New
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	$80
V2784	Lens, polycarbonate or equal, any index, per lens	$52
V2785	Processing; Transp Corneal Tissue	B.R.
V2786	Specialty occupational multifocal lens, per lens	B.R.
V2787	Astigmatism correcting function of intraocular lens	B.R.
V2790	Amniotic membrane for surgical reconstruction, per procedure	B.R.
V2797	Vision supply, accessory and/or service component of another hcpcs vision code	B.R.
V2799	Vision Service; Miscellaneous	B.R.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 39:1840 (July 2013).

Chapter 33. Hearing Aid Equipment and Services Reimbursement Schedule, Billing Instructions and Maintenance Procedures

§3329. Reimbursement Schedule

A. - A.3. …

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Hearing Services and Supplies		
HCPCS	Description	Maximum Allowable
V5008	Hearing screening	$35
V5010	Assessment for hearing aid	$82
V5011	Fitting or checking of hearing aid	B.R.
V5014	Repair/modification of a hearing aid	$117
V5020	Conformity evaluation	$70
V5030	Hearing aid, monaural, body worn, air conduction	$738
V5040	Hearing aid, monaural, body worn, bone conduction	$767
V5050	Hearing aid, monaural, in the ear (full shell only)	$708
V5060	Hearing aid, monaural, behind the ear	$720
V5070	Glasses, air conduction	$802
V5080	Glasses, bone conduction	$838
V5090	Dispensing fee, unspecified hearing aid	$270
V5095	Semi-implantable middle ear hearing prosthesis	B.R.
V5100	Hearing aid, bilateral, body worn	$1,061
V5110	Dispensing fee, bilateral	$287
V5120	Binaural, body	$1,160
V5130	Binaural, in the ear (full shell only)	$1,378
V5140	Binaural, behind the ear	$1,406
V5150	Binaural, glasses	$1,388
V5160	Dispensing fee, binaural	$334
V5170	Hearing aid, cros, in the ear (full shell only)	$958
V5180	Hearing aid, cros, behind the ear	$896
V5190	Hearing aid, cros, glasses	$955
V5200	Dispensing fee, cros	$282
V5210	Hearing aid, bicros, in the ear (full shell only)	$1,049
V5220	Hearing aid, bicros, behind the ear	$1,008
V5230	Hearing aid, bicros, glasses	$1,042
V5240	Dispensing fee, bicros	$311
V5241	Dispensing fee, monaural hearing aid, any type	B.R.
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	B.R.
V5243	Hearing aid, analog, monaural, itc (in the canal)	B.R.
V5244	Hearing aid, digitally programmable analog, monaural, cic	B.R.
V5245	Hearing aid, digitally programmable, analog, monaural, itc	B.R.
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	B.R.
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	B.R.
V5248	Hearing aid, analog, binaural, cic	B.R.
V5249	Hearing aid, analog, binaural, itc	B.R.
V5250	Hearing aid, digitally programmable analog, binaural, cic	B.R.
V5251	Hearing aid, digitally programmable analog, binaural, itc	B.R.
V5252	Hearing aid, digitally programmable, binaural, ite	B.R.
V5253	Hearing aid, digitally programmable, binaural, bte	B.R.
V5254	Hearing aid, digital, monaural, cic	B.R.
V5255	Hearing aid, digital, monaural, itc	B.R.
V5256	Hearing aid, digital, monaural, ite	B.R.
V5257	Hearing aid, digital, monaural, bte	B.R.
V5258	Hearing aid, digital, binaural, cic	B.R.
V5259	Hearing aid, digital, binaural, itc	B.R.
V5260	Hearing aid, digital, binaural, ite	B.R.
V5261	Hearing aid, digital, binaural, bte	B.R.
V5262	Hearing aid, disposable, any type, monaural	B.R.
V5263	Hearing aid, disposable, any type, binaural	B.R.
V5264	Ear mold/insert, not disposable, any type	B.R.
V5265	Ear mold/insert, disposable, any type	B.R.
V5266	Battery for use in hearing device	B.R.
V5267	Hearing aid supplies / accessories	B.R.
V5268	Assistive listening device, telephone amplifier, any type	B.R.
V5269	Assistive listening device, alerting, any type	B.R.
V5270	Assistive listening device, television amplifier, any type	B.R.
V5271	Assistive listening device, television caption decoder	B.R.
V5272	Assistive listening device, tdd	B.R.
V5273	Assistive listening device, for use with cochlear implant	B.R.
V5274	Assistive listening device, not otherwise specified	B.R.
V5275	Ear impression, each	B.R.
V5298	Hearing aid, not otherwise classified	B.R.
V5299	Hearing aid, not otherwise classified	B.R.
V5336	Repair/modification augmen devise	B.R.
V5362	Speech screening	B.R.
V5363	Language screening	B.R.
V5364	Dysphagia screening	B.R.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana

Workforce Commission, Office of Workers' Compensation, LR 39:1840 (July 2013).

Chapter 39. Medical Transportation Reimbursement Schedule, Billing Instructions and Maintenance Procedures

§3911. Schedule of Maximum Allowances

A. - B.3. ...

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Medical Transportation		
HCPCS	Description	Maximum Allowable
A0140	Nonemergency Transportation and Air Travel (Private or Commercial), Intra or Interstate	B.R.
A0999	Unlisted Ambulance Service	B.R.
A0380	Emergency Ambulance Service, BLS per Mile, One Way	$6
A0390	Emergency Ambulance Service, (ALS) Per Mile, One Way	$7
A0420	Ambulance Service, Waiting Time, One Half (1/2) Hour Increments, Rate per Unit (See Table Below)	$42
A0422	Ambulance Service, Oxygen, Administration and Supplies, Life Sustaining Situation	B.R.
A0427	Emergency Ambulance Service, Advanced Life Support (ALS) Base Rate, All Inclusive Services, One Way	$375
A0428	Nonemergency Transportation, Ambulance, Base Rate, One Way	$169
A0429	Emergency Ambulance Service, BLS Rate One Way	$258
A0430	Ambulance Service, Conventional Air Service One Way	B.R.
A0431	Ambulance Service, Air, Helicopter, v	B.R.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 39:000 (July 2013).

Chapter 41. Durable Medical Equipment and Supplies Reimbursement Schedule, Billing Instruction and Maintenance Procedure

§4119. Maximum Allowance Schedules

A. Durable Medical Equipment

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase New	Purchase Used	Rental
E0100	Cane, adj/fixed, w/tip	$26	$21	$7
E0105	Cane, quad/three prong	$61	$47	$9
E0110	Crutches, forearm	$96	$72	$17
E0111	Crutch forearm	$56	$43	$11
E0112	Crutches underarm, wood, pair	$46	$35	$10
E0113	Crutch underarm, wood, each	$29	$22	$7
E0114	Crutches underarm, aluminum, pair	$64	$48	$11
E0116	Crutch underarm, aluminum, each	$38	$29	$8
E0117	Underarm springassist crutch	$269	$202	$27
E0118	Crutch substitute	B.R.	B.R.	B.R.
E0130	Walker, rigid, adj/fixed hgt	$87	$68	$18
E0135	Walker, folding, adj/fixed hgt	$102	$79	$18
E0140	Walker w trunk support	$434	$326	$43
E0141	Walker, wheeled, w/out seat	$142	$107	$24
E0143	Folding walker, wheeled, w/out seat	$148	$111	$23
E0144	Enclosed walker w rear seat	$383	$287	$38
E0147	Walker, heavy duty, break sys	$501	$381	$51
E0148	Heavyduty walker no wheels	$153	$115	$15
E0149	Heavy duty wheeled walker	$269	$201	$27
E0153	Platform attac, forearm crutch, ea	$86	$64	$9
E0154	Platform attachment, walker, ea	$87	$66	$1
E0155	Wheel attach, rigid pick-up walker	$33	$25	$4
E0156	Seat attach, walker	$46	$35	$5
E0157	Crutch attach, walker, ea	$101	$76	$11
E0158	Leg extensions a walker	$36	$27	$4
E0159	Brake for wheeled walker	$22	$16	$2
E0160	Sitz bath, port, fits over seat	$44	$33	$5
E0161	Sitz bath, port, fits over seat	$48	$36	$5
E0162	Sitz bath chair	$180	$139	$18
E0163	Commode chair, stat, w/fixed arms	$125	$98	$26
E0165	Commode chair, stat, w/detach arms	$195	$146	$19
E0166	Commode chair, mob, w/detach arms	$327	$245	$33
E0167	Pail/pan use w/commode chair	$13	$9	$2
E0168	Heavyduty/wide commode chair	$211	$158	$21
E0170	Commode chair electric			$224
E0171	Commode chair non-electric			$40
E0172	Seat lift mechanism toilet	B.R.	B.R.	B.R.
E0175	Foot rest, use w/commode chair	$69	$51	$7
E0181	Pres pad, alt w/pump, heavy duty	$382	$287	$38
E0182	Pump alternating pressure pad	$275	$206	$27
E0184	Dry pressure mattress	$344	$258	$38
E0185	Gel pressure pad mattress	$336	$258	$47
E0188	Synthetic sheepskin pad	$37	$28	$4
E0189	Lambswool sheepskin, pad any size	$73	$54	$8

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0190	Positioning cushion	B.R.	B.R.	B.R.
E0191	Heel/elbow protector, ea	$12	$9	$2
E0193	Powered air flot bed	B.R.		$1,371
E0194	Air fluidized bed	B.R.		$4,016
E0196	Gel pressure mattress	$341	$256	$34
E0197	Air pressure pad mattress	$232	$204	$32
E0198	Water pressure pad mattress	$232	$176	$24
E0199	Dry pressure pad mattress	$34	$25	$3
E0200	Heat lamp, w/o stand	$98	$73	$13
E0202	Phototherapy light w/photometer	$1,043	$782	$105
E0203	Therapeutic lightbox tabletp	B.R.	B.R.	B.R.
E0205	Heat lamp, w/stand	$240	$180	$26
E0210	Electric heat pad, std	$39	$29	$4
E0215	Electric heat pad, moist	$95	$71	$10
E0217	Water circ heat pad w pump	$693	$520	$77
E0218	Water ciculating cold pad with pump	B.R.	B.R.	B.R.
E0221	Infared heating pad system	B.R.	B.R.	B.R.
E0225	Hydrocollator unit, includes pads	$473	$355	$47
E0231	Non-contact wound warming device	B.R.	B.R.	B.R.
E0232	Warming cord for use with any wound warming device	B.R.	B.R.	B.R.
E0235	Paraffin bath unit, portable	$213	$160	$21
E0236	Pump water circulating pad	$546	$410	$55
E0239	Hydrocollator unit, portable	$472	$354	$47
E0240	Bath/shower chair	B.R.		
E0241	Bath tub wall rail, ea	B.R.		
E0242	Bath tub rail, floor base	B.R.		
E0243	Toilet rail, ea	B.R.		
E0244	Raised toilet seat	B.R.		
E0245	Tub stool/bench	B.R.		
E0246	Transfer tub rail attachment	B.R.		
E0247	Trans bench w/wo comm open	B.R.		
E0248	HDtrans bench w/wo comm open	B.R.		
E0249	Pad water circulating heat unit	$112	$84	$11
E0250	Hosp bed, fix hgt, rail/mattress	$1,036	$777	$104
E0251	Hosp bed, fix hgt, rail/no mattress	$853	$640	$85
E0255	Hosp bed, hi-lo, rail/mattress	$1,356	$1,017	$136
E0256	Hosp bed, hi-lo, rail/no mattress	$1,029	$771	$103
E0260	Hosp bed, semi-elect, rail/mattress	$1,985	$1,489	$198
E0261	Hosp bed, semi-elect, rail/no mattress	$1,690	$1,268	$169

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0265	Hosp bed, tot elect, rail/mattress	$2,467	$1,850	$247
E0266	Hosp bed, tot elect, rail/no mattress	$1,985	$1,489	$198
E0270	Hosp bed, inst type	B.R.		
E0271	Mattress, innerspring	$237	$182	$24
E0272	Mattress, foam rubber	$250	$186	$26
E0273	Bed board	B.R.		
E0274	Over-bed table	B.R.		
E0275	Bed pan, std, metal/plastic	$16	$12	$2
E0276	Bed pan, fx, metal/plastic	$19	$14	$2
E0277	Alternating pressure mattress	$9,594	$7,195	$959
E0280	Bed cradle, any type	$47	$35	$7
E0290	Hosp bed, fix hgt, w/o rails	$922	$692	$92
E0291	Hosp bed, fix hgt, w/o rails	$670	$502	$67
E0292	Hosp bed, hi-lo, w/o rails, w/mat	$1,037	$778	$104
E0293	Hosp bed, hi-lo, w/o rails, w/o m	$883	$662	$88
E0294	Hosp bed, semi-elect w/o rails	$1,613	$1,210	$161
E0295	Hosp bed, semi-elect, w/o rails	$1,572	$1,179	$157
E0296	Hosp bed, tot elect, w/out	$2,026	$1,520	$203
E0297	Hosp bed, tot elect, w/out	$1,736	$1,302	$174
E0300	Enclosed ped crib hosp grade	$3,416	$2,562	$342
E0301	HD hosp bed, 350-600 lbs			$326
E0302	Ex hd hosp bed > 600 lbs			$861
E0303	Hosp bed hvy dty xtra wide			$366
E0304	Hosp bed xtra hvy dty x wide			$928
E0305	Bed side rails, half length	$186	$140	$19
E0310	Bed side rails, full length	$240	$181	$27
E0315	Bed access: boards/tables, any	B.R.		
E0316	Bed safety enclosure			$254
E0325	Urinal; male, jug-type	$14	$11	$3
E0326	Urinal; female, jug-type	$13	$10	$3
E0328	Ped hospital bed, manual	B.R.	B.R.	B.R.
E0329	Ped hospital bed semi/elect	B.R.	B.R.	B.R.
E0350	Control unit bowel system	B.R.	B.R.	B.R.
E0352	Disposable pack w/bowel syst	B.R.	B.R.	B.R.
E0370	Air elevator for heel	B.R.	B.R.	B.R.
E0371	Nonpower mattress overlay			$535
E0372	Powered air mattress overlay			$649
E0373	Nonpowered pressure mattress			$740

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0424	Stat comp gas O2 system, rental	$455		
E0425	Stat comp gas O2 system, purchase	$4,550	$3,413	
E0430	Port gas O2 system, purchase	$2,150	$1,613	
E0431	Port gas O2 system, rental			$215
E0433	Portable liquid oxygen sys			$67
E0434	Port liquid O2 system, rental			$223
E0435	Port liquid O2 system, purchase	$2,230	$1,673	
E0439	Stat liquid O2 system, rental			$455
E0440	Stat liquid O2 system, purchase	$4,550	$3,413	
E0441	O2 contents, gaseous, per unit	$20		
E0442	O2 contents, liquid, per unit	B.R.		
E0443	Port O2 contents, gaseous, unit	$10		
E0444	Port O2 contents, liquid, unit	B.R.		
E0445	Oximeter non-invasive	B.R.		
E0446	Topical Ox Deliver sys, nos	B.R.		
E0450	Volume ventilator;			
	stat/portable	B.R.	B.R.	$1,750
E0455	O2 tent, excl croup/ped tents	B.R.		
E0457	Chest shell (cuirass)	$721	$540	$72
E0459	Chest wrap	$534	$400	$53
E0460	Neg pressure vent;			
	port/statonary	$9,053	$6,790	$905
E0461	Vol control vent noninv int			$1,333
E0462	Rocking bed w//w/o			
	side rails	$3,057	$2,293	$306
E0463	Press supp vent invasive int			$1,964
E0464	Press supp vent noninv int			$1,964
E0470	RAD w/o backup non-inv intfc			$309
E0471	RAD w/backup non inv intrfc			$773
E0472	RAD w backup invasive intrfc			$773
E0480	Percussor, elect/pneum, home mod	$670	$503	$67
E0481	Intrpulmnry percuss vent sys	B.R.	B.R.	B.R.
E0482	Cough stimulating device			$600
E0483	Chest compression gen system			$1,486
E0484	Non-elec oscillatory pep dvc	$52	$39	$5
E0485	Oral device/appliance prefab	B.R.	B.R.	B.R.
E0486	Oral device/appliance cusfab	B.R.	B.R.	B.R.
E0487	Electronic spirometer	B.R.	B.R.	B.R.
E0500	IPPB machine, w/built-in nebuliz	$1,152	$864	$115

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0550	Humidifier, extensive sup humid	$526	$394	$53
E0555	Humidifier, glass/autoclav plast	B.R.		
E0560	Humidifier, supplemental humidi	$212	$159	$22
E0561	Humidifier nonheated w PAP	$129	$97	$13
E0562	Humidifier heated used w PAP	$363	$272	$36
E0565	Compressor, air power source	$640	$480	$64
E0570	Nebulizer, w/compressor	$207	$155	$21
E0572	Aerosol compressor adjust pr			$53
E0574	Ultrasonic generator w svneb			$56
E0575	Nebulizer; ultrasonic	$1,078	$809	$108
E0580	Nebulizer, glass/autoclav plast	$161	$121	$16
E0585	Nebulizer, w/compressor and heater	$433	$325	$43
E0600	Suction pump, home model, port	$491	$368	$50
E0601	Cont airway pressure (cpap) dev	$1,172	$879	$117
E0602	Manual breast pump	$41	$31	$4
E0603	Electric breast pump	B.R.	B.R.	B.R.
E0604	Hosp grade elec breast pump	B.R.	B.R.	B.R.
E0605	Vaporizer, room type	$29	$23	$3
E0606	Postural drainage board	$241	$180	$24
E0607	Home blood glucose monitor	$261	$205	$30
E0610	Pacemaker monitor, self-contained	$289	$217	$29
E0615	Pacemaker monitor, self-contained	$502	$377	$61
E0616	Cardiac event recorder	B.R.		
E0617	Automatic ext defibrillator			$471
E0618	Apnea monitor			$391
E0619	Apnea monitor w recorder	B.R.	B.R.	B.R.
E0620	Cap bld skin piercing laser	$1,221	$916	$28
E0621	Sling/seat, pat lift, canvas/nylon	$118	$89	$11
E0625	Patient lift, kartop, bathroom	B.R.	B.R.	B.R.
E0627	Seat lift mech in			
	comb lift-chair	$408	$306	$41
E0628	Sep seat lift mech	$408	$306	$41
E0629	Sep seat lift mech	$408	$306	$41
E0630	Patient lift, hydraulic	$1,257	$943	$126
E0635	Patient lift, electric	$1,608	$1,206	$161
E0636	PT support & positioning sys			$1,473
E0637	Combination sit to stand sys	B.R.	B.R.	B.R.
E0638	Standing frame sys	B.R.	B.R.	B.R.
E0639	Moveable patient lift system	B.R.	B.R.	B.R.
E0640	Fixed patient lift system	B.R.	B.R.	B.R.

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0641	Multi-position stnd fram sys	B.R.	B.R.	B.R.
E0642	Dynamic standing frame	B.R.	B.R.	B.R.
E0650	Pneumatic compress, non-seg home	$889	$667	$113
E0651	Pneumatic compress, seg home mod	$1,133	$850	$116
E0652	Pneumatic compress, seg home mod	$6,543	$4,903	$647
E0655	Pneum appl use w/comp, half arm	$152	$114	$16
E0656	Segmental pneumatic trunk	$807	$605	$81
E0657	Segmental pneumatic chest	$758	$568	$76
E0660	Pneum appl use w/comp, full leg	$199	$149	$28
E0665	Pneum appl use w/comp, full arm	$172	$129	$17
E0666	Pneum appl use w/comp, half leg	$176	$132	$25
E0667	Pneum appl use w/seg comp, leg	$464	$348	$45
E0668	Pneum appl use w/seg comp, arm	$545	$409	$54
E0669	Segmental pneumatic appliance	$256	$192	$26
E0671	Pressure pneum appl full leg	$580	$435	$58
E0672	Pressure pneum appl full arm	$451	$338	$45
E0673	Pressure pneum appl half leg	$374	$281	$37
E0675	Pneumatic compression device			$537
E0676	Inter limb compress dev NOS	B.R.	B.R.	B.R.
E0691	Uvl pnl 2 sq ft or less	$1,255	$941	$125
E0692	Uvl sys panel 4 ft	$1,576	$1,182	$158
E0693	Uvl sys panel 6 ft	$1,576	$1,182	$158
E0694	Uvl md cabinet sys 6 ft	$6,182	$4,637	$618
E0700	Safety equipment	B.R.		
E0705	Transfer device	$77	$56	$8
E0710	Restraints, any type	B.R.		
E0720	Tens, two lead, loc stimulation	$593	$445	$59
E0730	Tens, 4 lead, lrg area/mult nerve	$593	$445	$59
E0731	Form fit garment del tens/nmes	$440		
E0740	Incontinence treatment systm	$730	$548	$73
E0744	Neuromusc stimulator scoliosis	$1,052	$789	$105
E0745	Neuromusc stimulator, elect shock	$939	$704	$94
E0746	Electromyography, biofeedback dev	B.R.		
E0747	Osteogenesis stimulator (non-inv)	$4,353	$3,234	$433
E0748	Elec osteogen stim spinal	$5,433	$4,072	$543
E0749	Osteogenesis stimulator (surg)	$3,161	$2,371	$316

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0755	Elect salivary reflex stimulator	B.R.	B.R.	B.R.
E0760	Osteogen ultrasound stimltor	$4,515	$3,386	$451
E0761	Nontherm electromgntc device	B.R.	B.R.	B.R.
E0762	Trans elec jt stim dev sys	$1,535	$1,152	$154
E0764	Functional neuromuscularstim	$15,453	$11,590	$1,545
E0765	Nerve stimulator for tx n&v	$117	$88	$12
E0769	Electric wound treatment dev	B.R.	B.R.	B.R.
E0770	Functional electric stim NOS	B.R.	B.R.	B.R.
E0776	IV pole	$150	$110	$23
E0779	Amb infusion pump mechanical			$23
E0780	Mech amb infusion pump <8hrs	$14		
E0781	Ambulatory infusion pump, sgl/mul	$3,304	$2,478	$330
E0782	Infusion pump, implantable	$4,258	$3,193	$426
E0783	Programmable infusion pump	$11,432	$8,574	$1,143
E0784	Ext amb infusn pump insulin			$583
E0785	Replacement impl pump cathet	$660		
E0786	Implantable pump replacement	$11,151	$8,363	$1,115
E0791	Parent infus pump, stationary	$3,317	$2,488	$332
E0830	Ambulatory traction device	B.R.	B.R.	B.R.
E0840	Traction frame, att, simp cerv tr	$80	$60	$17
E0849	Cervical pneum trac equip	$720	$540	$72
E0850	Traction stand, free, simp cervic	$110	$83	$16
E0855	Cervical traction equipment	$702	$526	$70
E0856	Cervic collar w air bladder	$215	$161	$22
E0860	Traction equip, ovrdoor, cervical	$58	$44	$12
E0870	Traction frame, att, simple extrm	$122	$92	$16
E0880	Traction stand, free, simple extr	$132	$100	$22
E0890	Traction frame, footboard, pelvic	$149	$120	$41
E0900	Traction stand, free, pelvic trac	$158	$119	$34
E0910	Trapeze bars, att to bed, w/grab	$232	$174	$23
E0911	HD trapeze bar attach to bed			$60
E0912	HD trapeze bar free standing			$138
E0920	Fx frame, att to bed, inc. weights	$487	$365	$49
E0930	Fx frame, free, includes weights	$479	$360	$48
E0935	Passive motion exercise device	$6,134	$4,601	$613

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E0936	CPM device, other than knee	B.R.	B.R.	B.R.
E0940	Trapeze bar, free, w/grab bar	$365	$274	$36
E0941	Gravity asst traction device, any	$487	$365	$49
E0942	Cervical head harness/halter	$21	$16	$2
E0944	Pelvic belt/harness/boot	$48	$36	$5
E0945	Extrm belt/harness	$47	$36	$5
E0946	Fx frame, dual w/cross bars, att	$621	$465	$62
E0947	Fx frame, attachments pelv tract	$636	$477	$66
E0948	Fx frame, attachments cerv tract	$615	$434	$62
E0950	Tray	$109	$82	$12
E0951	Loop heel, ea	$20	$15	$2
E0952	Loop toe, ea	$23	$17	$2
E0955	Cushioned headrest	$282	$212	$28
E0956	W/c lateral trunk/hip suppor	$138	$103	$14
E0957	W/c medial thigh support	$193	$144	$19
E0958	Wheelchair			
	attachment	$539	$404	$54
E0959	Amputee adapter	$109	$83	$11
E0960	W/c shoulder harness/straps	$127	$95	$13
E0961	Brake extension, wheelchair	$37	$28	$4
E0966	Hook on head rest extension	$86	$64	$9
E0967	Wheelchair hand rims	$163	$122	$17
E0968	Commode seat, wheelchair	$188	$141	$19
E0969	Narrowing device, wheelchair	$164	$123	$16
E0970	No.2 footplates, exc elev leg rst	$51	$38	$5
E0971	Anti-tipping device wheelchairs	$81	$61	$9
E0973	Adj hgt detach arms, full length	$121	$90	$11
E0974	"Grade-aid"	$83	$62	$9
E0978	Belt, safety w/airplane buckle	$49	$37	$5
E0980	Safety vest, wheelchair	$34.67	$25.87	$3.45
E0981	Seat upholstery, replacement	$66	$50	$7
E0982	Back upholstery, replacement	$72	$54	$7
E0983	Add pwr joystick			$349
E0984	Add pwr tiller	$2,668	$2,059	$248
E0985	W/c seat lift mechanism	$283	$212	$28
E0986	Man w/c push-rim pow assist	$6,792	$5,094	$679
E0988	Lever-activated wheel drive			$418
E0990	Elevating leg rest, ea	$145	$113	$16
E0992	Solid seat insert	121	88.08	11.42
E0994	Arm rest, ea	$20	$15	$2
E0995	Calf rest, ea	$39	$28	$4

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E1002	Pwr seat tilt	$5,660	$4,245	$566
E1003	Pwr seat recline	$6,132	$4,599	$613
E1004	Pwr seat recline mech	$5,799	$5,099	$680
E1005	Pwr seat recline pwr	$7,359	$5,520	$736
E1006	Pwr seat combo w/o shear	$9,015	$6,761	$901
E1007	Pwr seat combo w/shear	$12,206	$9,154	$1,221
E1008	Pwr seat combo pwr shear	$12,207	$9,155	$1,221
E1009	Add mech leg elevation	B.R.	B.R.	B.R.
E1010	Add pwr leg elevation	$1,597	$1,198	$160
E1011	Ped wc modify width adjustm	B.R.	B.R.	B.R.
E1014	Reclining back add ped w/c	$510	$382	$51
E1015	Shock absorber for man w/c	$160	$120	$16
E1016	Shock absorber for power w/c	$183	$138	$18
E1017	HD shck absrbr for hd man wc	B.R.	B.R.	B.R.
E1018	HD shck absrber for hd powwc	B.R.	B.R.	B.R.
E1020	Residual limb support system	$340	$255	$34
E1028	W/c manual swingaway	$288	$216	$7
E1029	W/c vent tray fixed	$516	$387	$52
E1030	W/c vent tray gimbaled	$1,627	$1,220	$163
E1031	Rollabout chair, w/castors 5">	$530	$397	$53
E1035	Patient transfer system <301			$856
E1036	Patient transfer system >300			$1,200
E1037	Transport chair, ped size			$151
E1038	Transport chair pt wt<=300lb			$25
E1039	Transport chair pt wt >300lb			$48
E1050	Fully-recl wheelchair, fixed arms	$1,257	$943	$126
E1060	Fully-recl wheelchair, detac arms	$1,352	$1,014	$135
E1070	Fully-recl wheelchair, detach arm	$1,352	$1,014	$135
E1083	Hemi-wheelchair, fixed arms	$972	$729	$97
E1084	Hemi-wheelchair, detach arms	$1,132	$849	$113
E1085	Hemi-wheelchair, fixed arms	$854	$641	$85
E1086	Hemi-wheelchair detach arms	$1,037	$778	$104
E1087	Hi strength lightwgt wheelchair	$1,344	$1,008	$134
E1088	Hi strength lightwgt wheelchair	$1,582	$1,186	$158
E1089	Hi strength lightwgt wheelchair	$1,261	$946	$126

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E1090	Hi strength lightwgt wheelchair	$1,428	$1,071	$143
E1092	Wide heavy duty wheel chair	$1,428	$1,071	$143
E1093	Wide heavy duty wheelchair	$1,159	$870	$116
E1100	Semi-reclining wheelchair	$1,157	$867	$116
E1110	Semi-reclining wheelchair	$1,066	$800	$107
E1130	Standard wheelchair, fixed arms	$576	$432	$58
E1140	Wheelchair, detachable arms	$834	$626	$83
E1150	Wheelchair, detachable arms	$914	$686	$91
E1160	Wheelchair, fix full length arms	$763	$572	$76
E1161	Manual adult wc w tiltinspac	$3,304	$2,478	$330
E1170	Amputee wheelchair, fix arms	$937	$703	$94
E1171	Amputee wheelchair, fix arms	$989	$742	$99
E1172	Amputee wheelchair, detach arms	$1,209	$907	$121
E1180	Amputee wheelchair, detach arms	$1,063	$797	$106
E1190	Amputee wheelchair, detach arms	$1,254	$940	$125
E1195	Heavy duty wheelchair	$1,428	$1,071	$143
E1200	Amputee wheelchair	$1,031	$774	$103
E1220	Wheelchair; specially sized	B.R.		
E1221	Wheelchair w/fixed arm, footrests	$499	$374	$50
E1222	Wheelchair w/fixed arm, legrests	$763	$572	$76
E1223	Wheelchair w/det arms, footrests	$834	$626	$83
E1224	Wheelchair w/det arms, legrests	$1,002	$751	$100
E1225	Wheelchair; semi-rec back custom	$502	$377	$50
E1226	Wheelchair; full rec back custom	$693	$520	$69
E1227	Special height arms wheelchair	$291	$218	$29
E1228	Special back height wheelchair	$318	$239	$32
E1229	Pediatric wheelchair NOS	B.R.	B.R.	B.R.
E1230	Power operated vehicle	$2,479	$2,208	$248
E1231	Rigid ped w/c tilt-in-space	B.R.		
E1232	Folding ped wc tilt-in-space	$2,986	$2,240	$299
E1233	Rig ped wc tltnspc w/o seat	$3,094	$2,320	$309
E1234	Fld ped wc tltnspc w/o seat	$2,694	$2,020	$269
E1235	Rigid ped wc adjustable	$2,594	$1,945	$259
E1236	Folding ped wc adjustable	$2,288	$1,716	$229
E1237	Rgd ped wc adjstabl w/o seat	$2,308	$1,731	$231

State of Louisiana				
Office of Workers' Compensation				
Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E1238	Fld ped wc adjstabl w/o seat	$2,288	$1,716	$229
E1239	Ped power wheelchair NOS	B.R.	B.R.	B.R.
E1240	Lightweight wheelchair	$1,081	$811	$108
E1250	Lightweight wheelchair	$938	$704	$94
E1260	Lightweight wheelchair	$1,150	$863	$115
E1270	Lightweight wheelchair	$953	$715	$95
E1280	Heavy duty wheelchair	$1,377	$1,033	$138
E1285	Heavy duty wheelchair	$1,265	$949	$127
E1290	Heavy duty wheelchair	$1,313	$985	$131
E1295	Heavy duty wheelchair	$1,274	$956	$127
E1296	Special wheelchair seat	$607	$455	$62
E1297	Special wheelchair seat	$129	$97	$14
E1298	Special wheelchair seat	$523	$392	$54
E1300	Whirlpool, portable (overtub)	B.R.		
E1310	Whirlpool, non-port (built-in)	$2,650	$1,988	$227
E1353	Regulator	B.R.		
E1354	Wheeled cart, port cyl/conc	B.R.	B.R.	B.R.
E1355	Stand/rack	B.R.	B.R.	B.R.
E1356	Batt pack/cart, port conc	B.R.	B.R.	B.R.
E1357	Battery charger, port conc	B.R.	B.R.	B.R.
E1358	DC power adapter, port conc	B.R.	B.R.	B.R.
E1372	Immersion ext heater nebulizer	$201	$149	$29
E1390	Oxygen concentrator			$229
E1391	Oxygen concentrator, dual			$229
E1392	Portable oxygen concentrator			$67
E1399	Durable medical equipment, misc	B.R.		
E1405	O2 and water vapor enriching system	B.R.		
E1406	O2 and water vapor enriching system	B.R.		
E1500	Centrifuge	B.R.	B.R.	B.R.
E1510	Kidney, dialysate delivery system	B.R.		
E1520	Heparin infusion pump dialysis	B.R.		
E1530	Air bubble detector dialysis	B.R.		
E1540	Pressure alarm dialysis	B.R.		
E1550	Bath conductivity meter dialysis	B.R.		
E1560	Blood leak detector dialysis	B.R.		
E1570	Adj chair, esrd patients	B.R.		

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Durable Medical Equipment				
HCPCS	Description	Purchase	Purchase	Rental
E1575	Transduc protectrs/fluid barriers	B.R.		
E1580	Unipunct control system dialysis	B.R.		
E1590	Hemodialysis machine	B.R.		
E1592	Auto interm perit dialysis system	B.R.		
E1594	Cycler dialysis mach perit dial	B.R.		
E1600	Delv/install charges dialysis equ	B.R.		
E1610	Rev osmosis water purif system	B.R.		
E1615	Deionizer water purif system	B.R.		
E1620	Blood pump dialysis	B.R.		
E1625	Water softening system	B.R.		
E1630	Recipro peritoneal dialysis sys	B.R.		
E1632	Wearable artificial kidney	B.R.		
E1634	Peritoneal dialysis clamp	B.R.	B.R.	B.R.
E1635	Compact travel hemodialyzer sys	B.R.		
E1636	Sorbent cartridges, per case	B.R.		
E1637	Hemostats for dialysis, each	B.R.	B.R.	B.R.
E1639	Dialysis scale	B.R.	B.R.	B.R.
E1699	Dialysis equip, uns, by report	B.R.		
E1700	Jaw motion rehabilitation system	$362	$271	$35
E1701	Repl cushions jaw motion rehab	$13	$10	$1
E1702	Repl Measuring Scales Jaw Motion	$24	$18	$2

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

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Chapter 43. Prosthetic and Orthopedic Equipment

§4339. Schedule of Maximum Allowances and Procedural Codes

A. - A.3. …

B. Prosthetic and Orthopedic Equipment

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L0112	Cranial cervical orthosis	$2,007
L0113	Cranial cervical torticollis	$410
L0120	Cerv, flex, non-adj (foam collar)	$24
L0130	Cerv, flex, thermoplastic collar	$149
L0140	Cerv, semi-rigid, adj	$60

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L0150	Cerv, semi-rigid, adj chin cup	$99
L0160	Cerv, semi-rigid, occ/mand supp	$191
L0170	Cerv, collar, molded to pat model	$626
L0172	Cerv, collar, semi-rigid thermopl	$129
L0174	Cerv, collar, semi-rigid, thermop	$251
L0180	Cerv, mult post collar, occ/mandi	$377
L0190	Cerv, mult post collar, occ/mandi	$488
L0200	Cerv, mult post collar, occ/mandi	$545
L0220	Thoracic, rib belt, custom made	$149
L0430	TLSO, a-p-l rotary control	$1,493.73
L0450	TLSO flex prefab thoracic	$261
L0452	TLSO flex custom fab thoraci	B.R.
L0456	TLSO flex prefab	$1,426
L0458	TLSO 2Mod symphis-xipho pre	$1,279
L0460	TLSO2Mod symphysis-stern pre	$1,440
L0462	TLSO 3Mod sacro-scap pre	$1,791
L0464	TLSO 4Mod sacro-scap pre	$2,132
L0466	TLSO rigid frame pre soft ap	$561
L0468	TLSO rigid frame prefab pelv	$688
L0470	TLSO rigid frame pre subclav	$957
L0472	TLSO rigid frame hyperex pre	$607
L0480	TLSO rigid plastic custom fa	$2,138
L0482	TLSO rigid lined custom fab	$2,328
L0484	TLSO rigid plastic cust fab	$2,668
L0486	TLSO rigidlined cust fab two	$2,830
L0488	TLSO rigid lined pre one pie	$1,440
L0490	TLSO rigid plastic pre one	$406
L0491	TLSO 2 piece rigid shell	$1,102
L0492	TLSO 3 piece rigid shell	$715
L0621	SIO flex pelvisacral prefab	$138
L0622	SIO flex pelvisacral custom	$388
L0623	SIO panel prefab	B.R.
L0624	SIO panel custom	B.R.
L0625	LO flexibl L1-below L5 pre	$79
L0626	LO sag stays/panels pre-fab	$112
L0627	LO sagitt rigid panel prefab	$590
L0628	LO flex w/o rigid stays pre	$120
L0629	LSO flex w/rigid stays cust	B.R.
L0630	LSO post rigid panel pre	$232
L0631	LSO sag-coro rigid frame pre	$1,473
L0632	LSO sag rigid frame cust	B.R.
L0633	LSO flexion control prefab	$411
L0634	LSO flexion control custom	B.R.
L0635	LSO sagit rigid panel prefab	$1,437
L0636	LSO sagittal rigid panel cus	$2,127
L0637	LSO sag-coronal panel prefab	$1,683
L0638	LSO sag-coronal panel custom	$1,892
L0639	LSO s/c shell/panel prefab	$1,683
L0640	LSO s/c shell/panel custom	$1,501
L0700	CTLSO	$1,878
L0710	CTLSO, a-p-l-control, molded	$2,023
L0810	Halo proc, cerv halo jacket	$2,506
L0820	Halo proc, cerv halo plaster body	$2,114
L0830	Halo proc, cerv halo Milwaukee type	$3,387
L0859	MRI compatible system	$1,829
L0861	Halo repl liner/interface	$309
L0970	TLSO, corset front	$133
L0972	LSO, corset front	$122
L0974	TLSO, full corset	$184
L0976	LSO, full corset	$172
L0978	Axillary crutch extension	$180
L0980	Peroneal straps, pair	$21
L0982	Stocking supp grips, set four	$20
L0984	Protective body sock, each	$56
L0999	Add to spinal orthosis NOS	B.R.
L1000	CTLSO (Milwaukee), inclusive	$2,020
L1001	CTLSO infant immobilizer	B.R.

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L1005	Tension based scoliosis orth	$4,590.55
L1010	Add to CTLSO	$72
L1020	Add to CTLSO, kyphosis pad	$100
L1025	Add to CTLSO, kyphosis pad, floatin	$114
L1030	Add to CTLSO, lumbar	$78
L1040	Add to CTLSO, lumbar	$81
L1050	Add to CTLSO, sternal pad	$98
L1060	Add to CTLSO, thoracic pad	$95
L1070	Add to CTLSO, trapezius	$93
L1080	Add to CTLSO, outrigger	$52
L1085	Add to CTLSO, outrigger	$158
L1090	Add to CTLSO, lumbar sling	$94
L1100	Add to CTLSO, ring flange	$162
L1110	Add to CTLSO, ring flange	$236
L1120	Add to CTLSO, cover	$43
L1200	TLSO, inclusive furnishing	$1,649
L1210	Add to TLSO, lat thoracic ext	$239
L1220	Add to TLSO, ant thoracic ext	$232
L1230	Add to TLSO, milw type superstruc	$520
L1240	Add to TLSO, lumb derotation pad	$77
L1250	Add to TLSO, ant asis pad	$74
L1260	Add to TLSO, ant thor derot pad	$75
L1270	Add to TLSO, abdominal pad	$72
L1280	Add to TLSO, rib gusset	$79
L1290	Add to TLSO, lat troch pad	$72
L1300	Oth scolio proc, body jacket	$1,762
L1310	Oth scolio proc, postop body jack	$1,697
L1499	Unlisted proc spinal orthosis	B.R.
L1600	HO, abd cont hip jnts, flex	$157
L1610	HO, abd cont hip jnts, flex, frej	$42
L1620	HO, abd cont hip jnts, flex, pavl	$123
L1630	HO, abd cont hip jnts, semi-flex	$155
L1640	HO, abd cont hip jnts, stat, pelv	$486
L1650	HO, abd cont hip jnts, stat, adj	$223
L1652	HO bi thighcuffs w sprdr bar	$511
L1660	HO, abd cont hip jnts, static	$209
L1680	HO, abd cont hip jnts, dyn, pel	$1,318
L1685	HO, abd cont hip jnt, postop	$1,088
L1686	HO, abd cont hip jnt, postop	$835
L1690	Combination bilateral HO	$511
L1700	Legg perthes ortho, Toronto	$1,570
L1710	Legg perthes ortho, Newington	$2,018
L1720	Legg perthes ortho, trilateral	$1,497
L1730	Legg perthes ortho, Scottish rite	$1,185
L1755	Legg perthes ortho, patten bottom	$1,448.82
L1810	KO, elastic w/joints	$98
L1820	KO, elastic w/condylar pads and joint	$132
L1830	KO, immobilizer, canvas longitud	$80
L1831	Knee orth pos locking joint	$422
L1832	KO, adj knee joints, pos orthosis	$556
L1834	KO, w/o knee joint, rigid, molded	$710
L1836	Rigid KO wo joints	$191
L1840	KO, derotation, m-l ant cruc lig	$1,034
L1843	KO single upright custom fit	$1,287
L1844	KO, sngl upright, thigh and calf	$795
L1845	KO, dbl upright, thigh and calf	$857
L1846	KO, dbl upright, thigh and calf	$1,059
L1847	KO adjustable w air chambers	$825
L1850	KO, Swedish type	$305
L1860	KO, mod supracond prosth socket	$1,000.78
L1900	AFO, spring wire, dorsiflex asst	$317
L1902	AFO, ankle gauntlet, custom fit	$97
L1904	AFO, molded ankle gauntlet, mold	$430
L1906	AFO, multilig ankle support	$110
L1907	AFO supramalleolar custom	$807
L1910	AFO, post, single bar, clasp atta	$276
L1920	AFO, sngl upright w/stat/adj stop	$331

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L1930	AFO, custom fitted, plastic	$289
L1932	Afo rig ant tib prefab TCF/=	$1,280
L1940	AFO, molded to patient, plastic	$463
L1945	AFO, molded to patient, plastic	$847
L1950	AFO, spiral, molded to patient	$684
L1951	AFO spiral prefabricated	$1,205
L1960	AFO, post solid ankle, molded	$507
L1970	AFO, plastic molded to patient	$651
L1971	AFO w/ankle joint, prefab	$672
L1980	AFO, single upright free plantar	$351
L1990	AFO, double upright free plantar	$408
L2000	KAFO, single upright, free	$928
L2005	KAFO sng/dbl mechanical act	$5,879
L2010	KAFO, single upright, free ankle	$906
L2020	KAFO, double upright, free knee	$1,069
L2030	KAFO, double upright, free ankle	$937
L2034	KAFO pla sin up w/wo k/a cus	$2,939
L2035	KAFO plastic pediatric size	$250
L2036	KAFO, full plastic, double upright	$1,784
L2037	KAFO, full plastic, single upright	$1,524
L2038	KAFO, full plastic, w/o knee joint	$1,308
L2040	HKAFO, torsion control, bilateral	$162
L2050	HKAFO, torsion control, bilateral	$517
L2060	HKAFO, torsion control, bilateral	$598
L2070	HKAFO, torsion control, unilat	$124
L2080	HKAFO, torsion control, unilat	$352
L2090	HKAFO, torsion control, unilat	$426
L2106	AFO, fx ortho, tib fx cast	$766
L2108	AFO, fx ortho, tib fx cast	$1,064
L2112	AFO, fx ortho, tib fx orthosis	$518
L2114	AFO, fx ortho, tib fx orthosis	$600
L2116	AFO, fx ortho, tib fx orthosis	$719
L2126	KAFO, fx ortho, fem fx cast	$1,096
L2128	KAFO, fx ortho, fem fx cast	$1,569
L2132	KAFO, fx ortho, fem fx cast	$833
L2134	KAFO, fx ortho, fem fx cast	$1,042
L2136	KAFO, fx ortho, fem fx cast	$1,179
L2180	Add to lwr extrm fx ortho	$143
L2182	Add to lwr extrm fx ortho	$105
L2184	Add to lwr extrm fx ortho	$136
L2186	Add to lwr extrm fx ortho	$138
L2188	Add to lwr extrm fx ortho	$321
L2190	Add to lwr extrm fx ortho	$92
L2192	Add to lwr extrm fx ortho	$361
L2200	Add to lwr extrm, limited ankle	$58
L2210	Add to lwr extrm, dorsiflexion	$62
L2220	Add to lwr extrm, dorsiflexion	$80
L2230	Add to lwr extrm, split flat	$74
L2232	Rocker bottom, contact AFO	$140
L2240	Add to lwr extrm, round caliper	$77
L2250	Add to lwr extrm, foot plate	$325
L2260	Add to lwr extrm, stirrup	$189
L2265	Add to lwr extrm, stirrup	$144
L2270	Add to lwr extrm, varus/valgus	$49
L2275	Varus/vulgus correction, plastic	$120
L2280	Add to lwr extrm, inner boot	$414
L2300	Add to lwr extrm, abduction bar	$329
L2310	Add to lwr extrm, abduction bar	$150
L2320	Add to lwr extrm, non-mold lacer	$205
L2330	Add to lwr extrm, lacer molded	$381
L2335	Add to lwr extrm, ant swing band	$208
L2340	Add to lwr extrm, pre-tib shell	$507
L2350	Add to lwr extrm, socket, molded	$869
L2360	Add to lwr extrm, steel shank	$63
L2370	Add to lwr extrm, patten bottom	$269
L2375	Add to lwr extrm, torsion control	$138
L2380	Add to lwr extrm, torsion control	$150

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L2385	Add to lwr extrm, knee joint	$158
L2390	Add to lwr extrm, knee joint	$100
L2395	Add to lwr extrm, knee joint	$191
L2397	Orthosis, suspension sleeve	$107
L2405	Add to knee joint, drop lock	$54
L2415	Add to knee joint, cam lock	$172
L2425	Add to knee joint, disc/dial loc	$168
L2492	Add to knee joint, drop lock ring	$104
L2500	Add to lwr extrm, thigh/weight	$337
L2510	Add to lwr extrm, thigh/weight	$764
L2520	Add to lwr extrm, thigh/weight	$482
L2525	Add to lwr extrm, thigh/weight	$1,116
L2526	Add to lwr extrm, thigh/weight	$627
L2530	Add to lwr extrm, thigh/weight	$217
L2540	Add to lwr extrm, thigh/weight	$412
L2550	Add to lwr extrm, thigh/weight	$263
L2570	Add to lwr extrm, hip joint	$581
L2580	Add to lwr extrm, pelvic sling	$425
L2600	Add to lwr extrm, hip joint	$251
L2610	Add to lwr extrm, hip joint	$296
L2620	Add to lwr extrm, hip joint	$286
L2622	Add to lwr extrm, hip joint	$374
L2624	Add to lwr extrm, hip joint	$325
L2627	Add to lwr extrm, plastic, mold	$1,569
L2628	Add to lwr extrm, metal frame	$1,533
L2630	Add to lwr extrm, band and belt	$268
L2640	Add to lwr extrm, band and belt	$352
L2650	Add to lwr extrm, pel/thor contr	$132
L2660	Add to lwr extrm, thoracic contr	$206
L2670	Add to lwr extrm, thoracic contr	$208
L2680	Add to lwr extrm, thoracic contr	$191
L2750	Add to lwr extrm ortho, plating	$101
L2755	Carbon graphite lamination	$187
L2760	Add to lwr extrm ortho, extens	$74
L2768	Ortho sidebar disconnect	$187
L2780	Add to lwr extrm ortho, non-corr	$62
L2785	Add to lwr extrm ortho, retainer	$29
L2795	Add to lwr extrm ortho, knee con	$90
L2800	Add to lwr extrm ortho, knee con	$98
L2810	Add to lwr extrm ortho, knee con	$80
L2820	Add to lwr extrm ortho, soft int	$79
L2830	Add to lwr extrm ortho, soft int	$86
L2840	Add to lwr extrm ortho, tib sock	$53
L2850	Add to lwr extrm ortho, fem sock	$61
L2861	Torsion mechanism knee/ankle	B.R.
L2999	Unlisted proc lwr extrm orthoses	B.R.
L3000	Foot, insert, "UCB" type	$162
L3001	Foot, insert, spenco	$38
L3002	Foot, insert, plastazote	$81
L3003	Foot, insert, silicone	$162
L3010	Foot, insert, longitudinal	$128
L3020	Foot, insert, longitudinal	$136
L3030	Foot, insert, removable, formed	$41
L3031	Foot lamin/prepreg composite	B.R.
L3040	Foot, arch support, longitudinal	$41
L3050	Foot, arch support, metatarsal	$41
L3060	Foot, arch support, longitudinal	$54
L3070	Foot, arch support, nonremovable	$34
L3080	Foot, arch support, nonremovable	$34
L3090	Foot, arch support, nonremovable	$47
L3100	Hallus-valgus night dyn splint	$41
L3140	Foot, abduction rotation bars	$61
L3150	Foot, abduction rotation bars	$61
L3160	Shoe styled positioning dev	B.R.
L3170	Foot, plastic heel stabilzer	$20
L3201	Ortho shoe, oxford, infant	$50
L3202	Ortho shoe, oxford, child	$55

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L3203	Ortho shoe, oxford, junior	$70
L3204	Ortho shoe, hightop, infant	$63
L3206	Ortho shoe, hightop, child	$53
L3207	Ortho shoe, hightop junior	$55
L3208	Surgical boot, ea, infant	$25
L3209	Surgical boot, ea, child	$30
L3211	Surgical boot, ea, junior	$58
L3212	Benesch boot, pair, infant	$66
L3213	Benesch boot, pair, child	B.R.
L3214	Benesch boot, pair, junior	B.R.
L3215	Ortho shoes, ladies, oxford	$108
L3216	Ortho shoes, ladies, depth inlay	$150
L3217	Ortho shoes, ladies, hightop	$163
L3218	Ortho shoes, ladies, surg boot	$145
L3219	Ortho shoes, mens, oxford	$126
L3221	Ortho shoes, mens, depth inlay	$150
L3222	Ortho shoes, mens, hightop	$163
L3224	Woman's shoe oxford brace	$88
L3225	Man's shoe oxford brace	$102
L3230	Ortho shoes, custom, depth inlay	$482
L3250	Ortho shoes, custom molded	$270
L3251	Foot, shoe molded to patient	B.R.
L3252	Foot, shoe molded to patient	$121
L3253	Foot, molded shoe plastazote	$114
L3254	Non-std size/width	$193
L3255	Non-std size/length	$193
L3257	Ortho shoes, add chrg split size	B.R.
L3260	Ambulatory surgical boot, ea	$114
L3265	Plastazote sandal, ea	$54
L3300	Lift, elevation, heel	$54
L3310	Lift, elevation, heel and sole	$47
L3320	Lift, elevation, heel and sole	$114
L3330	Lift, elevation, metal extension	$471
L3332	Lift, elevation, inside shoe	$27
L3334	Lift, elevation, heel, per inch	$54
L3340	Heel wedge, sach	$27
L3350	Heel wedge	$13
L3360	Sole wedge, outside sole	$13
L3370	Sole wedge, between sole	$34
L3380	Clubfoot wedge	$34
L3390	Outflare wedge	$34
L3400	Metatarsal bar wedge, rocker	$30
L3410	Metatarsal bar wedge, betw sole	$47
L3420	Full sole and heel wedge, betw sole	$54
L3430	Heel, counter, plastic reinforced	$67
L3440	Heel, counter, leather reinforced	$47
L3450	Heel, sach cushion type	$27
L3455	Heel, new leather, std	$16
L3460	Heel, new rubber, std	$13
L3465	Heel, Thomas w/wedge	$16
L3470	Heel, Thomas extended to ball	$54
L3480	Heel, pad and depression spur	$41
L3485	Heel, pad, removable spur	B.R.
L3500	Misc shoe add, insole, leather	$47
L3510	Misc shoe add, insole, rubber	B.R.
L3520	Misc shoe add, insole, felt	B.R.
L3530	Misc shoe add, sole, half	B.R.
L3540	Misc shoe add, sole, full	B.R.
L3550	Misc shoe add, toe tap, std	B.R.
L3560	Misc shoe add, toe tap, horseshoe	B.R.
L3570	Misc shoe add, special extension	B.R.
L3580	Misc shoe add, convert instep	B.R.
L3590	Misc shoe add, convert firm shoe	B.R.
L3595	Misc shoe add, march bar	B.R.
L3600	Trans ortho one to anoth, caliper	$67
L3610	Trans ortho one to anoth, caliper	$54
L3620	Trans ortho one to anoth, solid	$67

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HCPCS	Description	Purchase New
L3630	Trans ortho one to anoth, solid	$67
L3640	Trans ortho one to anoth, dennis	$34
L3649	Unlisted proc foot ortho shoes	B.R.
L3650	SO, figure "8" design abduction	$58
L3660	SO, figure "8" design abduction	$92
L3670	SO, acromio/clavicular	$105
L3671	SO cap design w/o jnts CF	$1,176
L3674	SO airplane w/wo joint CF	$1,543
L3675	Canvas vest SO	$229
L3677	SO hard plastic stabilizer	B.R.
L3702	EO w/o joints CF	$377
L3710	EO, elastic w/metal joints	$133
L3720	EO, dbl upright w/forearm/arm cuffs	$679
L3730	EO, dbl upright w/forearm/arm cuffs	$994
L3740	EO, dbl upright w/forearm/arm cuffs	$1,276
L3760	EO withjoint, Prefabricated	$653
L3762	Rigid EO wo joints	$140
L3763	EWHO rigid w/o jnts CF	$961
L3764	EWHO w/joint(s) CF	$1,085
L3765	EWHFO rigid w/o jnts CF	$1,674
L3766	EWHFO w/joint(s) CF	$1,772
L3806	WHFO w/joint(s) custom fab	$593
L3807	WHFO,no joint, prefabricated	$326
L3808	WHFO, rigid w/o joints	$486
L3900	WHFO, dynamic flexor hinge	$1,170
L3901	WHFO, dynamic flexor hinge	$1,439
L3904	WHFO, ext powered, electric	$2,622.33
L3905	WHO w/nontorsion jnt(s) CF	$1,294
L3906	WHFO, wrist gauntlet, patient model	$354
L3908	WHFO, wrist extension cock-up	$54
L3912	WHFO, flex glove w/finger control	$111.63
L3913	HFO w/o joints CF	$354
L3915	WHO w nontor jnt(s) prefab	$694
L3916	WHFO, wrist extension cock-up	$152
L3917	Prefab metacarpl fx orthosis	$138
L3919	HO w/o joints CF	$354
L3921	HFO w/joint(s) CF	$419
L3923	HFO w/o joints PF	$128
L3925	FO pip/dip with joint/spring	$73
L3927	FO pip/dip w/o joint/spring	$46
L3929	HFO nontorsion joint, prefab	$115
L3931	WHFO nontorsion joint prefab	$268
L3933	FO w/o joints CF	$279
L3935	FO nontorsion joint CF	$288
L3956	Add joint upper ext orthosis	B.R.
L3960	SEWHO, abduction	$802.41
L3961	SEWHO cap design w/o jnts CF	$2,193
L3962	SEWHO, abduction positioning, erbs	$642
L3967	SEWHO airplane w/o jnts CF	$2,589
L3971	SEWHO cap design w/jnt(s) CF	$2,458
L3973	SEWHO airplane w/jnt(s) CF	$2,589
L3975	SEWHFO cap design w/o jnt CF	$2,193
L3976	SEWHFO airplane w/o jnts CF	$2,193
L3977	SEWHFO cap desgn w/jnt(s) CF	$2,458
L3978	SEWHFO airplane w/jnt(s) CF	$2,589
L3980	Upr extrm fx ortho, humeral	$330
L3982	Upr extrm fx ortho, radius/ulnar	$372
L3984	Upr extrm fx ortho, wrist	$324
L3985	Upr extrm fx ortho, forearm, hand	$523
L3999	Unlisted proc upr limb orthosis	B.R.
L4000	Repl girdle Milwaukee orthosis	$1,233
L4002	Replace strap, any orthosis	B.R.
L4010	Repl trilateral socket brim	$630
L4020	Repl quad socket brim, molded	$922
L4030	Repl quad socket brim, custom	$603
L4040	Repl molded thigh lacer	$393
L4045	Repl nonmolded thigh lacer	$300

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HCPCS	Description	Purchase New
L4050	Repl molded calf lacer	$378
L4055	Repl non-molded calf lacer	$249
L4060	Repl high roll cuff	$291
L4070	Repl prox and dist upright KAFO	$324
L4080	Repl met bands KAFO, prox thigh	$93
L4090	Repl met bands KAFO-AFO, calf/thigh	$105
L4100	Repl leath cuff KAFO, prox thigh	$107
L4110	Repl leath cuff KAFO-AFO, calf/thigh	$86
L4130	Repl pretibial shell	$529
L4205	Ortho dvc repair per 15 min	B.R.
L4210	Repair orthotic device, minor parts	$57
L4350	Pneumatic ankle control splint	$84
L4370	Pneumatic full leg splint	$173
L4386	Non-pneum walk boot prefab	$227
L4392	Replace AFO soft interface	$34
L4394	Replace foot drop spint	$25
L4396	Static AFO	$240
L4631	Afo, walk boot type, cus fab	$2,212
L5000	Part foot, shoe insrt w/arch, toe	$657
L5010	Part foot, mold sockt, w/toe filler	$1,491
L5020	Part foot, mold sockt, tib hght	$2,240
L5050	Ankle, Symes, mold socket, sach	$2,820
L5060	Ankle, Symes, metal frame, molded l	$3,187
L5100	Below knee, molded socket, shin	$2,771
L5105	Below knee, plastic socket	$3,387
L5150	Knee disartic, molded socket, ext	$4,037
L5160	Knee disartic, molded socket, bent	$4,247
L5200	Above knee, mold socket, sngl axis	$3,691
L5210	Above knee, shrt prosth, no knee	$2,728
L5220	Above knee, shrt prosth, no knee	$3,428
L5230	Above knee, prox fem focal defic	$4,063
L5250	Hip disartic, Canadian type; molded	$5,500
L5270	Hip disartic, tilt table type; mold	$5,227
L5280	Hemipelvectomy, Canadian type; molded	$5,689
L5300	Below knee, molded socket, sach ft	$3,211
L5301	BK mold socket SACH ft endo	$3,672
L5312	Knee disart, SACH ft, endo	$5,276
L5321	AK open end SACH	$5,257
L5331	Hip disart canadian SACH ft	$7,438
L5341	Hemipelvectomy canadian SACH	$8,083
L5400	Immed postop/early fitting	$1,390
L5410	Immed postop/early fitting	$543
L5420	Immed postop/early fitting	$1,781
L5430	Immed postop/early fitting	$654
L5450	Immed postop/early fitting	$530
L5460	Immed postop/early fitting	$709
L5500	Init, below knee "PTB" type socket	$1,399
L5505	Init, above knee, ischial level soc	$2,261
L5510	Prep, below knee "PTB" type socket	$1,663
L5520	Prep, below knee "PTB" type socket	$1,869
L5530	Prep, below knee "PTB" type socket	$1,932
L5535	Prep, below knee "PTB" type	$1,936
L5540	Prep, below knee "PTB" type	$2,075
L5560	Prep, above knee-knee disarticulat	$2,496
L5570	Prep, above knee-knee disarticulat	$2,464
L5580	Prep, above knee-knee disarticulat	$2,752
L5585	Prep, above knee-knee disarticulat	$2,761
L5590	Prep, above knee-knee disarticulat	$2,701
L5595	Prep, hip disartic-hemipelvectomy	$3,926
L5600	Prep, hip disartic-hemipelvectomy	$4,335
L5610	Add to lwr extrm, above knee, hydra	$2,339
L5611	Add to lwr extrm, above knee-knee	$1,571
L5613	Add to lwr extrm, above knee-knee	$2,419
L5614	Abv knee-knee disartic	$3,877
L5616	Add to lwr extrm, above knee, univ	$1,765
L5617	AK/BK self-aligning unit ea	$809

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HCPCS	Description	Purchase New
L5618	Add to lwr extrm, test sockt, Symes	$295
L5620	Add to lwr extrm, test sockt	$361
L5622	Add to lwr extrm, test sockt, knee	$471
L5624	Add to lwr extrm, test sockt	$473
L5626	Add to lwr extrm, test sockt, hip	$519
L5628	Add to lwr extrm, test sockt, hemi	$560
L5629	Add to lwr extrm, below knee, acry	$413
L5630	Add to lwr extrm, Symes type, expa	$504
L5631	Add to lwr extrm, above knee/knee	$571
L5632	Add to lwr extrm, Symes type	$216
L5634	Add to lwr extrm, Symes type, post	$297
L5636	Add to lwr extrm, Symes type, med	$248
L5637	Add to lwr extrm, below knee, tot	$376
L5638	Add to lwr extrm, below knee, leat	$492
L5639	Add to lwr extrm, below knee, wood	$1,093
L5640	Add to lwr extrm, knee, leather	$623
L5642	Add to lwr extrm, above knee, leat	$623
L5643	Add to lwr extrm, hip disartic	$1,632
L5644	Add to lwr extrm, above knee, wood	$687
L5645	Add to lwr extrm, below knee, flex	$779
L5646	Add to lwr extrm, below knee, air	$693
L5647	Add to lwr extrm, below knee suct	$776
L5648	Add to lwr extrm, above knee, air	$756
L5649	Add to lwr extrm, Ischial contain	$2,369
L5650	Adds to lwr extrm, total contact	$558
L5651	Add to lwr extrm, above knee, flex	$1,561
L5652	Add to lwr extrm, suction suspens	$496
L5653	Add to lwr extrm, knee disartic	$581
L5654	Add to lwr extrm, sockt insrt, sym	$384
L5655	Add to lwr extrm, sockt insrt, bel	$299
L5656	Add to lwr extrm, sockt insrt	$371
L5658	Add to lwr extrm, sockt insrt, abv	$354
L5661	Add to lwr extrm, sockt insrt, mul	$593
L5665	Add to lwr extrm, sockt insrt, mul	$534
L5666	Add to lwr extrm, below knee, cuff	$91
L5668	Add to lwr extrm, below knee, mold	$131
L5670	Add to lwr extrm, below knee, mold	$353
L5671	BK/AK locking mechanism	$796
L5672	Add to lwr extrm, below knee, remv	$291
L5673	Socket insert w lock mech	$1,069
L5676	Adds to lwr extrm, below knee	$460
L5677	Adds to lwr extrm, below knee	$641
L5678	Adds to lwr extrm, below knee	$52
L5679	Socket insert w/o lock mech	$891
L5680	Add to lwr extrm, below knee, lacer	$318
L5681	Intl custm cong/latyp insert	$1,891
L5682	Add to lwr extrm, below knee, lacer	$622
L5683	Initial custom socket insert	$1,891
L5684	Add to lwr extrm, below knee, strap	$52
L5685	Bk back check	$184
L5686	Add to lwr extrm, below knee, check	$53
L5688	Add to lwr extrm, below knee, belt	$75
L5690	Add to lwr extrm, below knee, belt	$105
L5692	Add to lwr extrm, above knee, belt	$173
L5694	Add to lwr extrm, above knee, belt	$236
L5695	Add to lwr extrm, above knee, belt	$212
L5696	Add to lwr extrm, above knee/disar	$216
L5697	Add to lwr extrm, above knee/disar	$78
L5698	Add to lwr extrm, above knee/disar	$117
L5699	All lwr extrm prosth, shldr harnes	$182
L5700	Repl, socket, blw knee	$2,793
L5701	Repl, socket, abv knee/knee disarti	$3,354
L5702	Repl, socket, hip disarticulation,	$4,244
L5703	Symes ankle w/o (SACH) foot	$3,346
L5704	Repl, cust prot cover, blw knee	$523
L5705	Repl, cust prot cover, abv knee	$934
L5706	Repl, cust prot cover, knee disarti	$915

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HCPCS	Description	Purchase New
L5707	Repl, cust prot cover, hip disartic	$1,207
L5710	Add, exo knee-shin sys, manual lock	$417
L5711	Adds exo knee-shin sys, manual lock	$529
L5712	Add, exo knee-shin sys, friction sw	$554
L5714	Add, exo knee-shin sys, variable fr	$468
L5716	Add, exo knee-shin sys, mechanical	$827
L5718	Add, exo knee-shin sys, friction sw	$913
L5722	Add, exo knee-shin sys, pneum swing	$887
L5724	Add, exo knee-shin sys, fluid swing	$1,962
L5726	Add, exo knee-shin sys, ext joints	$2,261
L5728	Add, exo knee-shin sys, fluid swing	$2,416
L5780	Add, exo knee-shin sys, pneumatic	$1,286
L5781	Lower limb pros vacuum pump	$5,750
L5782	HD low limb pros vacuum pump	$6,062
L5785	Add, exo sys, blw knee, ult-lit mat	$565
L5790	Add, exo sys, abv knee, ult-lit mat	$935
L5795	Add, exo sys, hip dis, ult-lit mat	$1,396
L5810	Add, endo knee-shin sys, manual lck	$524
L5811	Add, endo knee-shin sys, manual lck	$776
L5812	Add, endo knee-shin sys, frict swng	$587
L5814	Endo knee-shin hydral swg ph	$5,337
L5816	Add, endo knee-shin sys, mech stanc	$945
L5818	Add, endo knee-shin sys, frict swng	$947
L5822	Add, endo knee-shin sys, pneum swng	$1,660
L5824	Add, endo knee-shin sys, fluid swng	$1,781
L5826	Miniature knee joint	$4,516
L5828	Add, endo knee-shin sys, fluid swng	$2,753
L5830	Add, endo knee-shin sys, pneum swng	$2,030
L5840	Add, endoskel knee/shin sys	$2,355
L5845	Knee-shin sys stance flexion	$2,576
L5848	Knee-shin sys hydraul stance	$1,545
L5850	Add, endo sys, abv knee/hip disart	$166
L5855	Add, hip disarticulation, mech	$335
L5856	Elec knee-shin swing/stance	$34,548
L5857	Elec knee-shin swing only	$12,291
L5858	Stance phase only	$26,708
L5910	Add, endo sys, blw knee, alignable	$471
L5920	Add, endo sys, abv knee/hip disart	$690
L5925	Add, abv knee, knee disarticulation	$437
L5930	High activity knee frame	$4,868
L5940	Add, endo sys, blw knee, ult-lit	$652
L5950	Add, endo sys, abv knee, ult-lit	$1,011
L5960	Add, endo sys, hip dis, ult-lit	$1,253
L5961	Endo poly hip, pneu/hyd/rot	$6,844
L5962	Add, blw knee, flex prot cover	$618
L5964	Add, abv knee, flex prot cover	$913
L5966	Add, hip disartic, flex prot cover	$1,163
L5968	Multiaxial ankle w dorsiflex	$5,222
L5970	All lwr extr pros, foot, ext keel	$222
L5971	SACH foot, replacement	$325
L5972	All lwr extr pros, flex keel foot	$418
L5973	Ank-foot sys dors-plant flex	$25,078
L5974	All lwr extr pros, foot, ankle/foot	$258
L5975	Combo ankle/foot prosthesis	$666
L5976	All lwr extr pros, energy storing	$592
L5978	All lwr extr pros, foot, ankle/foot	$332
L5979	Multiaxial ankle/foot, dynamic resp	$2,225
L5980	All lwr extr pros, flex foot system	$3,823
L5981	Flex-walk sys/equal	$2,920
L5982	All exo etal lwr extrm pros, axial	$610
L5984	All endo lwr extrm pros, axial rot	$655
L5985	Lwr ext dynamic prosth pylon	$408
L5986	All lwr extrm prosth, multi-axial	$652
L5987	Shank ft w vert load pylon	$10,338
L5988	Vertical shock reducing pylo	$2,871
L5990	User adjustable heel height	$2,607
L5999	Unlisted proc lwr extrm prosth	B.R.

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HCPCS	Description	Purchase New
L6000	Part hand, thumb remaining	$1,459
L6010	Part hand, little/ring finger rem	$1,468
L6020	Part hand, no finger remaining	$1,460
L6025	Part hand disart myoelectric	$11,500
L6050	Wrist disartic, mold sockt, flex	$2,243
L6055	Wrist disartic, mold sockt w/expan	$2,767
L6100	Blw elbow, molded socket, flex	$2,302
L6110	Blw elbow, molded socket	$2,443
L6120	Blw elbow, mold dbl wall split sock	$2,755
L6130	Blw elbow, mold dbl wall split sock	$2,553
L6200	Elbow disartic, mold socket	$3,106
L6205	Elbow disartic, mold socket	$3,550
L6250	Above elbow, mold dbl wall socket	$3,221
L6300	Shldr disart, mold socket, bulkhead	$3,878
L6310	Shldr disart, pass restor	$3,114
L6320	Shldr disart, pass restor	$1,873
L6350	Int-scap thor, mold sockt, bulkhead	$3,819
L6360	Int-scap thor, pass restor	$3,105
L6370	Int-scap thor, pass restor	$2,165
L6380	Immed postop/early fit, init rigid	$1,280
L6382	Immed postop/early fit, init rigid	$1,518
L6384	Immed postop/early fit, init rigid	$1,882
L6386	Immed postop/early fit, cast change	$436
L6388	Immed postop/early fit, rigid dress	$487
L6400	Blw elbow, mold sockt, endo sys	$2,445
L6450	Elbow disart, mold sockt, endo sys	$3,006
L6500	Above elbow, mold sockt, endo sys	$3,033
L6550	Shoulder disart, mold sockt, endo	$3,718
L6570	Interscap thor, mold sockt, endo	$4,267
L6580	Prep, wrist disart/blw elbow	$1,602
L6582	Prep, wrist disart/blw elbow	$1,486
L6584	Prep, elbow disart/above elbow	$2,170
L6586	Prep, elbow disart/above elbow	$2,135
L6588	Prep, shldr disart/int-scap thorac	$2,940
L6590	Prep, shldr disart/int-scap thorac	$2,883
L6600	Upr extrm adds, polycent hinge, pr	$244
L6605	Upr extrm adds, sng pivot hinge, pr	$241
L6610	Upr extrm adds, flex metal hing, pr	$197
L6611	Additional switch, ext power	$592
L6615	Upr extrm add, disc locking wrist	$189
L6616	Upr extrm add, add disc locking wr	$80
L6620	Upr extrm add, flexion-friction wr	$327
L6621	Flex/ext wrist w/wo friction	$3,287
L6623	Upr extrm add, spring asst rotl wr	$657
L6624	Flex/ext/rotation wrist unit	$5,412
L6625	Upr extrm add, rot wrist unit	$691
L6628	Upr extrm add, quick disc hook adap	$503
L6629	Upr extrm add, quick disc lam coll	$173
L6630	Upr extrm add, stain steel, wrist	$280
L6632	Upr extrm add, latex susp sleeve	$63
L6635	Upr extrm add, lift assist elbow	$216
L6637	Upr extrm add, nudge cont elbw lck	$420
L6638	Elec lock on manual pw elbow	$3,594
L6640	Upr extrm adds, shldr abd joint, pr	$352
L6641	Upr extrm add, excurs amp, pulley	$190
L6642	Upr extrm add, excurs amp, lever	$226
L6645	Upr extrm add, shldr flex-abduction	$393
L6646	Multipo locking shoulder jnt	$4,532
L6647	Shoulder lock actuator	$746
L6648	Ext pwrd shlder lock/unlock	$4,675
L6650	Upr extrm add, shldr univ joint, ea	$412
L6655	Upr extrm add, std cont cable	$90
L6660	Upr extrm add, heavy duty cont cable	$101
L6665	Upr extrm add, teflon, cable lining	$60
L6670	Upr extrm add, hook-hand, cable	$62
L6672	Upr extrm add, harness, chest	$173
L6675	Upr extrm add, harness, figure "8"	$122

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HCPCS	Description	Purchase New
L6676	Upr extrm add, harness, figure "8"	$128
L6677	UE triple control harness	$426
L6680	Upr extrm add, test sockt, wrist	$302
L6682	Upr extrm add, test sockt, elbow	$295
L6684	Upr extrm add, test sockt, shldr	$340
L6686	Upr extrm add, suction socket	$632
L6687	Upr extrm add, frame type socket	$562
L6688	Upr extrm add, frame type socket	$665
L6689	Upr extrm add, frame type socket	$696
L6690	Upr extrm add, frame type socket	$755
L6691	Upr extrm add, removable insert, each	$337
L6692	Upr extrm add, silicone gel insert	$694
L6693	Lockingelbow forearm cntrbal	$4,080
L6694	Elbow socket ins use w/lock	$1,069
L6695	Elbow socket ins use w/o lck	$891
L6696	Cus elbo skt in for con/atyp	$1,891
L6697	Cus elbo skt in not con/atyp	$1,891
L6698	Below/above elbow lock mech	$796
L6704	Term dev, sport/rec/work att	$937
L6706	Term dev mech hook vol open	$558
L6707	Term dev mech hook vol close	$2,057
L6708	Term dev mech hand vol open	$1,338
L6709	Term dev mech hand vol close	$1,938
L6711	Ped term dev, hook, vol open	$966
L6712	Ped term dev, hook, vol clos	$1,779
L6713	Ped term dev, hand, vol open	$2,245
L6714	Ped term dev, hand, vol clos	$1,902
L6715	Term device, hook, dorr, mod #5xa	$391
L6721	Hook/hand, hvy dty, vol open	$3,380
L6722	Hook/hand, hvy dty, vol clos	$2,914
L6805	Term device, mod wrist flex unit	$414.87
L6810	Term dev, pinch tool, Otto Bock	$242.46
L6880	Term dev, hand, Bock, vo	$651
L6881	Term dev auto grasp feature	$5,875
L6882	Microprocessor control uplmb	$4,457
L6883	Replc sockt below e/w disa	$2,538
L6884	Replc sockt above elbow disa	$3,571
L6885	Replc sockt shldr dis/interc	$5,094
L6890	Term dev, glove abv hands, glove	$180
L6895	Term dev, glove abv hands, glove	$544
L6900	Hand restoration	$1,507
L6905	Hand restoration	$1,431
L6910	Hand restoration	$1,411
L6915	Hand restoration	$610
L6920	Wrist disart, ext pwr, inner socket	$7,144
L6925	Wrist disart, ext pwr, inner socket	$7,544
L6930	Blw elbow, ext pwr, inner socket	$7,670
L6935	Blw elbow, ext pwr, inner socket	$8,437
L6940	Elbow disart, ext pwr, inner socket	$9,586
L6945	Elbow disart, ext pwr, inner socket	$10,844
L6950	Above elbow, ext pwr, inner socket	$10,192
L6955	Above elbow, ext pwr, inner socket	$12,789
L6960	Shldr disart, ext pwr, inner socket	$12,611
L6965	Shldr disart, ext pwr, inner socket	$18,423
L6970	Int-scap-thor, ext pwr, inner socket	$18,726
L6975	Int-scap-thor, ext pwr, inner socket	$18,826
L7007	Adult electric hand	$5,504
L7008	Pediatric electric hand	$8,662
L7009	Adult electric hook	$5,616
L7040	Prehens act, Hosmer/equal, switch	$3,665
L7045	Elect hook, child, Michigan/equal	$2,101
L7170	Elect elbw, Hosmer/equal, switch	$7,622
L7180	Elect elbw, Utah/equal, myoelectr	$39,823
L7181	Electronic elbo simultaneous	$57,580
L7185	Elect elbw, adolescent, var village	$7,718
L7186	Elect elbw, child, var village	$11,139
L7190	Elect elbw, adolescent, var village	$9,820

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L7191	Elect elbw, child, var village	$11,841
L7260	Elect wrist rotator, Otto Bock/equa	$2,558
L7261	Elect wrist rotator, Utah arm	$4,094
L7360	Six vlt bat, Otto Bock/equal, ea	$235
L7362	Bat charger, six volt, Otto Bock	$282
L7364	Twelve volt bat, Utah/equal, ea	$514
L7366	Batt charger, twelve volt, Utah/equ	$698
L7367	Replacemnt lithium ionbatter	$559
L7368	Lithium ion battery charger	$725
L7400	Add UE prost be/wd, ultlite	$440
L7401	Add UE prost a/e ultlite mat	$493
L7402	Add UE prost s/d ultlite mat	$532
L7403	Add UE prost b/e acrylic	$529
L7404	Add UE prost a/e acrylic	$799
L7405	Add UE prost s/d acrylic	$1,045
L7499	Unlisted procs upr extrm prosth	B.R.
L7510	RPR prosth dev, rpr/rep minor parts	$57
L7520	Repair prosthesis per 15 min	B.R.
L7600	Prosthetic donning sleeve	B.R.
L7900	Male vacuum erection system	$771
L8000	Breast prosth, mastectomy bra	$37
L8001	Breast prosthesis bra & form	$180
L8002	Brst prsth bra & bilat form	$237
L8010	Breast prosth, mastectomy sleeve	$59
L8015	Ext breastprosthesis garment	$86
L8020	Breast prosth, mastectomy form	$222
L8030	Breast prosth, silicone/equal	$325
L8031	Breast prosthesis w adhesive	$505
L8032	Reusable nipple prosthesis	$56
L8035	Custom breast prosthesis	$5,265
L8039	Breast prosthesis NOS	B.R.
L8040	Nasal prosthesis	$3,559
L8040	Nasal prosthesis	$3,381
L8040	Nasal prosthesis	$1,424
L8041	Midfacial prosthesis	$4,290
L8041	Midfacial prosthesis	$4,076
L8041	Midfacial prosthesis	$1,716
L8042	Orbital prosthesis	$4,820
L8042	Orbital prosthesis	$4,579
L8042	Orbital prosthesis	$1,928
L8043	Upper facial prosthesis	$5,399
L8043	Upper facial prosthesis	$5,129
L8043	Upper facial prosthesis	$2,160
L8044	Hemi-facial prosthesis	$5,977
L8044	Hemi-facial prosthesis	$56,778
L8044	Hemi-facial prosthesis	$2,391
L8045	Auricular prosthesis	$3,933
L8045	Auricular prosthesis	$3,736
L8045	Auricular prosthesis	$1,572
L8046	Partial facial prosthesis	$3,856
L8046	Partial facial prosthesis	$3,663
L8046	Partial facial prosthesis	$1,543
L8047	Nasal septal prosthesis	$1,976
L8047	Nasal septal prosthesis	$1,878
L8047	Nasal septal prosthesis	$791
L8048	Unspec maxillofacial prosth	B.R.
L8049	Repair maxillofacial prosth	B.R.
L8300	Truss, single w/std pad	$82
L8310	Truss, dbl w/std pads	$130
L8320	Truss, add to std pad, water pad	$60
L8330	Truss, add to std pad, scrotal pad	$64
L8400	Prosth sheath, blw knee, ea	$15
L8410	Prosth sheath, above knee, ea	$22
L8415	Prosth sheath, upr limb, ea	$23
L8417	Pros sheath/sock w gel cushn	$108
L8420	Prosth sock, wool, blw knee, ea	$20
L8430	Prosth sock, wool, above knee, ea	$22

Office of Workers' Compensation Schedule of Maximum Allowances for Prosthetic and Orthopedic Equipment		
HCPCS	Description	Purchase New
L8435	Prosth sock, wool, upr limb, ea	$24
L8440	Prosth shrinker, blw knee, ea	$43
L8460	Prosth shrinker, above knee, ea	$75
L8465	Prosth shrinker, upr limb, ea	$53
L8470	Stump sock, sngl ply, fit, blw knee	$8
L8480	Stump sock, sngl ply, fit, abv knee	$10
L8485	Stump sock, single ply, fitting	$11
L8499	Unlisted procedure misc prosth	B.R.
L8500	Artificial larynx, any type	$758
L8501	Tracheostomy speaking valve	$118
L8505	Artificial larynx, accessory	B.R.
L8507	Trach-esoph voice pros pt in	$60
L8509	Trach-esoph voice pros md in	$157
L8510	Voice amplifier	$363
L8511	Indwelling trach insert	$105
L8512	Gel cap for trach voice pros	$3
L8513	Trach pros cleaning device	$7
L8514	Repl trach puncture dilator	$136
L8515	Gel cap app device for trach	$91
L8600	Implant breast prosth, silicone/equ	$999
L8609	Artificial cornea	$9,365
L8610	Ocular	$936
L8612	Aqueous shunt	$972
L8613	Ossicula	$411
L8614	Cochlear dev/system	$27,796
L8615	Temporomandibular joint	$648
L8616	Maxilla	$151
L8617	Mandible	$132
L8618	Palate	$38
L8619	Coch imp ext proc/contr rplc	$11,931
L8621	Distal humerus	$1
L8622	Proximal ulna/radius	$1
L8623	Distal ulna	$93
L8624	Distal radius	$232
L8627	Lunate	$10,133
L8628	Carpus	$1,798
L8629	Scaphoid	$257
L8630	Metacarpophalangeal joint	$539
L8631	MCP joint repl 2 pc or more	$3,162
L8641	Metatarsal joint	$560
L8642	Hallux implant	$454
L8658	Interphalangeal joint	$488
L8659	Interphalangeal joint repl	$2,774
L8670	Vascular graft material, synthetic	$801
L8680	Biliary stent, endoprosth (perm)	$668
L8681	Pt prgrm for implt neurostim	$1,725
L8682	Implt neurostim radiofq rec	$8,666
L8683	Radiofq trsmtr for implt neu	$7,628
L8684	Radiof trsmtr implt scrl neu	$1,089
L8685	Implt nrostm pls gen sng rec	$19,010
L8686	Implt nrostm pls gen sng non	$12,121
L8687	Implt nrostm pls gen dua rec	$24,739
L8688	Implt nrostm pls gen dua non	$15,785
L8689	External recharg sys intern	$2,479
L8690	Testicle	$6,838
L8691	Osseointegrated snd proc rpl	$3,833
L8692	Non-osseointegrated snd proc	B.R.
L8693	Aud osseo dev, abutment	$2,180
L8695	External recharg sys extern	$24
L8699	Prosthetic implant NOS	B.R.
L9900	O&P supply/accessory/service	B.R.
L9999	Sales tax, orthotic/prosth/other	B.R.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54

(January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 39:1847 (July 2013).

Chapter 45. Respiratory Services Reimbursement Schedule, Billing Instructions and Maintenance Procedures

§4537. Maximum Reimbursement Allowance

A. - B.3. …

C. Respiratory Services Equipment

State of Louisiana Office of Workers' Compensation Schedule of Maximum Allowances for Respiratory Services Equipment				
E0424	Stat comp gas O2 system, rental			$455
E0425	Stat comp gas O2 system, purchase	$4,550	$3,413	
E0430	Port gas O2 system, purchase	$2,150	$1,613	
E0431	Port gas O2 system, rental			$215
E0433	Portable liquid oxygen sys			$67
E0434	Port liquid O2 system, rental			$223
E0435	Port liquid O2 system, purchase	$2,230	$1,673	
E0439	Stat liquid O2 system, rental			$455
E0440	Stat liquid O2 system, purchase	$4,550	$3,413	
E0441	O2 contents, gaseous, per unit	$20		
E0442	O2 contents, liquid, per unit	-		
E0443	Port O2 contents, gaseous, unit	$10		
E0444	Port O2 contents, liquid, unit	100.69		
E0450	Volume ventilator; stat/portable	B.R.	B.R.	$1,750
E0455	O2 tent, excl croup/ped tents	B.R.		
E0457	Chest shell (cuirass)	$721	$540	$72
E0459	Chest wrap	$534	$400	$53
E0460	Neg pressure vent; port/statonary	$9,053	$6,790	$905
E0461	Vol control vent noninv int			$1,333
E0462	Rocking bed w//w/o side rails	$3,057	$2,293	$306
E0463	Press supp vent invasive int			$1,964
E0464	Press supp vent noninv int			$2,132
E0470	RAD w/o backup non-inv intfc			$309
E0471	RAD w/backup non inv intrfc			$773
E0472	RAD w backup invasive intrfc			$773
E0480	Percussor, elect/pneum, home mod	$670	$503	$67
E0481	Intrpulmnry percuss vent sys	B.R.	B.R.	B.R.
E0482	Cough stimulating device			$600
E0483	Chest compression gen system			$1,485
E0484	Non-elec oscillatory pep dvc	$52	$39	$5
E0485	Oral device/appliance prefab	B.R.	B.R.	B.R.
E0486	Oral device/appliance cusfab	B.R.	B.R.	B.R.
E0487	Electronic spirometer	B.R.	B.R.	B.R.
E0500	IPPB machine, w/built-in Nebuliz	$1,152	$864	$115
E0550	Humidifier, extensive sup humid	$526	$394	$53
E0555	Humidifier, glass/autoclav plast	B.R.		
E0560	Humidifier, supplemental humidi	$212	$159	$22
E0565	Compressor, air power source	$640	$480	$64
E0570	Nebulizer, w/compressor	$207	$155	$21
E0572	Aerosol compressor adjust pr			$53
E0574	Ultrasonic generator w svneb			$56
E0575	Nebulizer; ultrasonic	$1,078	$809	$108
E0580	Nebulizer, glass/autoclav plast	-	-	$16
E0585	Nebulizer, w/compressor and heater	$433	$325	$43
E0600	Suction pump, home model, port	$491	$368	$50
E0601	Cont airway pressure (CPAP) dev	$1,172	$879	$117
E0605	Vaporizer, room type	$29	$23	$3
E0606	Postural drainage board	$241	$180	$24
E1353	Regulator	-		
E1354	Wheeled cart, port cyl/conc	B.R.	B.R.	B.R.
E1355	Stand/rack	B.R.		
E1356	Batt pack/cart, port conc	B.R.	B.R.	B.R.
E1357	Battery charger, port conc	B.R.	B.R.	B.R.
E1358	DC power adapter, port conc	B.R.	B.R.	B.R.
E1372	Immersion ext heater nebulizer	$201	$149	$29
E1405	O2 and water vapor enriching system	B.R.		
E1406	O2 and water vapor enriching system	B.R.		

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 39:1854 (July 2013).

Chapter 51. Medical Reimbursement Schedule

§5157. Maximum Reimbursement Allowances

A. Table 1

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
00100		Anesthesia for procedures on salivary glands, including biopsy		5 + TM
00102		Plastic repair of cleft lip		6 + TM
00103		Blepharoplasty		5 + TM
00104		Electroconvulsive therapy		4 + TM
00120		Ext, mid, & inner ear inc bx; nos		5 + TM
00124		Otoscopy		4 + TM
00126		Tympanotomy		4 + TM
00140		Procedures on eye nos		5 + TM
00142		Lens surgery		6 + TM
00144		Corneal transplant		6 + TM
00145		Vitrectomy		6 + TM

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
00147		Iridectomy		6 + TM
00148		Ophthalmoscopy		4 + TM
00160		Nose & accessory sinuses nos		5 + TM
00162		Nose, radical surgery		7 + TM
00164		Nose, biopsy, soft tissue		4 + TM
00170		Intraoral procedures, inc bx nos		5 + TM
00172		Intraoral, repair of cleft palate		6 + TM
00174		Intraoral exc retropharyngeal tumor		6 + TM
00176		Intraoral radical surgery		7 + TM
00190		Procedures on facial bones; nos		5 + TM
00192		Facial bones; radical surgery		7 + TM
00210		Intracranial procedures; nos		11 + TM
00211		Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma		10 + TM
00212		Subdural taps		5 + TM
00214		Burr holes		9 + TM
00215		Skull fracture		9 + TM
00216		Intracranial vascular procedures		15 + TM
00218		Intracranial proc sitting position		13 + TM
00220		Spinal fluid shunting procedures		10 + TM
00222		Electrocoag intracranial nerve		6 + TM
00300		Integ sys neck, inc subcut tissue		5 + TM
00320		Neck procedures exc integ system		6 + TM
00322		Needle biopsy of thyroid		3 + TM
00326		Anesth, larynx/trach, < 1 yr		7 + TM
00350		Major vessels of neck; nos		10 + TM
00352		Major vesels neck; simple ligation		5 + TM
00400		Ant integ system chest; nos		3 + TM
00402		Reconstructive procedures on breast		5 + TM
00404		Radical/mod radical breast		5 + TM
00406		Radical/mod breast w/node dissect		13 + TM
00410		Cardioversion		4 + TM
00450		Clavicle & scapula; nos		5 + TM
00452		Clavicle & scapula; radical surgery		6 + TM
00454		Biopsy of clavicle		3 + TM
00470		Partial rib resection; nos		6 + TM
00472		Thoracoplasty		10 + TM
00474		Rib resection; radical procedures		13 + TM
00500		Procedures on esophagus		15 + TM
00520		Closed chest procedures nos		6 + TM
00522		Needle biopsy of pleura		4 + TM
00524		Pneumocentesis		4 + TM
00528		Mediastinoscopy		8 + TM
00529		Anesth, chest partition view		11 + TM
00530		Transvenous pacemaker insertion		4 + TM
00532		Access central venous circulation		4 + TM

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
00534		Transvenous cardioverter/defibrill		7 + TM
00537		Anesth, cardiac electrophys		7 + TM
00539		Anesth, trach-bronch reconst		18 + TM
00540		Thoracotomy procedures; nos		13 + TM
00541		Anesth, one lung ventilation		15 + TM
00542		Decortication		15 + TM
00546		Pulmonary resect w/thoracoplasty		15 + TM
00548		Repair trauma trachea/bronchi		15 + TM
00550		Anesth, sternal debridement		10 + TM
00560		Heart, pericardium, w/o pump		15 + TM
00561				25 + TM
00562		Heart, pericardium, w/ pump		20 + TM
00563		Anesth, heart surg w/arrest		25 + TM
00566		Anesthesia for direct coronary artery bypass grafting; without pump oxygenator		25 + TM
00567		Anesthesia for direct coronary artery bypass grafting; with pump oxygenator		18 + TM
00580		Heart, heart/lung transplant		20 + TM
00600		Cervical spine & cord; nos		10 + TM
00604		Post cervical laminectomy sitting		13 + TM
00620		Thoracic spine & cord; nos		10 + TM
00622		Thoracolumbar sympathectomy		13 + TM
00625		Anes spine tranthor w/o vent		13 + TM
00626		Anes, spine transthor w/vent		15 + TM
00630		Procedures in lumbar region; nos		8 + TM
00632		Lumbar sympathectomy		7 + TM
00634		Chemonucleolysis		10 + TM
00635		Anesth, lumbar puncture		
00640		Anesth, spine manipulat		
00670		Extensive spine/cord procedures		13 + TM
00700		Upper anterior abdominal wall nos		3 + TM
00702		Percutaneous liver biopsy		4 + TM
00730		Upper posterior abdominal wall		5 + TM
00740		Upper gi endoscopic procedures		5 + TM
00750		Hernia repairs upper abdomen nos		4 + TM
00752		Lumbar & ventral hernias		6 + TM
00754		Omphalocele		7 + TM
00756		Transabd repair diaphragm hernia		7 + TM
00770		Major abdominal blood vessels		15 + TM
00790		Intraperitoneal proc upper abd; nos		7 + TM
00792		Partial hepatectomy		13 + TM
00794		Pancreatectomy, partial or total		8 + TM
00796		Liver transplant (recipient)		30 + TM
00797		Anesth, surgery for obesity		11 + TM
00800		Lower anterior abdominal wall; nos		3 + TM
00802		Panniculectomy		5 + TM

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
00810		Intestinal endoscopic procedures		5 + TM
00820		Lower posterior abdominal wall		5 + TM
00830		Hernia repairs lower abdomen; nos		4 + TM
00832		Ventral & incisional hernias		6 + TM
00834		Anesth, hernia repair< 1 yr		5 + TM
00836		Anesth hernia repair preemie		6 + TM
00840		Intraperitoneal proc lower abd; nos		6 + TM
00842		Amniocentesis		4 + TM
00844		Abdominoperineal resection		7 + TM
00846		Radical hysterectomy		8 + TM
00848		Pelvic exenteration		8 + TM
00851		Anesth, tubal ligation		6 + TM
00860		Extraperitoneal proc lower abd; nos		6 + TM
00862		Renal procedures/donor nephrectomy		7 + TM
00864		Total cystectomy		8 + TM
00865		Radical prostatectomy		7 + TM
00866		Adrenalectomy		10 + TM
00868		Renal transplant (recipient)		10 + TM
00870		Cystolithotomy		5 + TM
00872		Lithotripsy, w/ water bath		7 + TM
00873		Lithotripsy, w/o water bath		5 + TM
00880		Major lower abdominal vessels; nos		15 + TM
00882		Inferior vena cava ligation		10 + TM
00902		Anorectal procedure		4 + TM
00904		Radical perineal procedure		7 + TM
00906		Vulvectomy		4 + TM
00908		Perineal prostatectomy		6 + TM
00910		Transurethral procedures; nos		3 + TM
00912		Tur bladder tumor(s)		5 + TM
00914		Transurethral resection prostate		5 + TM
00916		Post turp bleeding		5 + TM
00918		Fragment/removal ureteral calculus		5 + TM
00920		Male external genitalia; nos		3 + TM
00921		Anesth, vasectomy		3 + TM
00922		Seminal vesicles		6 + TM
00924		Undescended testis		4 + TM
00926		Radical orchiectomy, inguinal		4 + TM
00928		Radical orchiectomy, abdominal		6 + TM
00930		Orchiopexy, unilateral or bilateral		4 + TM
00932		Complete amputation of penis		4 + TM
00934		Rad amp penis w/ biling lymphad		6 + TM
00936		Rad amp penis w/ biling/iliac lymph		8 + TM
00938		Insertion of penile prosthesis		4 + TM
00940		Vaginal procedures; nos		3 + TM
00942		Colpotomy, colpectomy, colporrhaphy		4 + TM
00944		Vaginal hysterectomy		6 + TM
00948		Cervical cerclage		4 + TM

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
00950		Culdoscopy		5 + TM
00952		Hysteroscopy		4 + TM
01112		Anesth, bone aspirate/bx		5 + TM
01120		Bony pelvis		6 + TM
01130		Body cast application or revision		3 + TM
01140		Interpelviabdominal amputation		15 + TM
01150		Rad proc tumor pelvis,		8 + TM
01160		Closed procedures symphysis pubis		4 + TM
01170		Open proc symphysis pubis/sacroilia		8 + TM
01173		Anesth, fx repair, pelvis		12 + TM
01180		Obturator neurectomy; extrapelvic		3 + TM
01190		Intrapelvic		4 + TM
01200		Closed procedures hip joint		4 + TM
01202		Arthroscopic procedures hip joint		4 + TM
01210		Open procedures hip joint; nos		6 + TM
01212		Hip disarticulation		10 + TM
01214		Total hip replacement or revision		8 + TM
01215		Anesth, revise hip repair		10 + TM
01220		Closed procedures upper femur		4 + TM
01230		Open procedures upper femur; nos		6 + TM
01232		Amputation		5 + TM
01234		Radical resection		8 + TM
01250		Nerves, muscles, etc, upper leg		4 + TM
01260		Veins upper leg, including explore		3 + TM
01270		Arteries upper leg, inc bypass; nos		8 + TM
01272		Femoral artery ligation		4 + TM
01274		Femoral artery embolectomy		6 + TM
01320		Nerves, muscles, etc, knee		4 + TM
01340		Closed procedures lower femur		4 + TM
01360		Open procedures lower of femur		5 + TM
01380		Closed procedures knee joint		3 + TM
01382		Arthroscopic procedures knee joint		3 + TM
01390		Closed procedures uppr tibia/fibula		3 + TM
01392		Open procedures upper tibia/fibula		4 + TM
01400		Open procedures on knee joint; nos		4 + TM
01402		Total knee replacement		7 + TM
01404		Disarticulation at knee		5 + TM
01420		Cast apply, remove, repair knee		3 + TM
01430		Veins of knee & popliteal area; nos		3 + TM
01432		Arteriovenous fistula		6 + TM
01440		Arteries knee & popliteal area nos		5 + TM

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
01442		Popliteal thromboendarterectomy		8 + TM
01444		Popliteal excision & graft		8 + TM
01462		Closed proc lwr leg, ankle, & foot		3 + TM
01464		Arthroscopic procedures ankle joint		3 + TM
01470		Nerves, muscles, etc, lower leg		3 + TM
01472		Repair ruptured achilles tendon,		5 + TM
01474		Gastrocnemius recession		5 + TM
01480		Open procedures bones lower leg		3 + TM
01482		Radical resection		4 + TM
01484		Osteotomy/osteoplasty tibia/fibula		4 + TM
01486		Total ankle replacement		7 + TM
01490		Lower leg cast, removal, or repair		3 + TM
01500		Arteries lower leg, inc bypass; nos		8 + TM
01502		Embolectomy, direct or catheter		6 + TM
01520		Veins of lower leg nos		3 + TM
01522		Venous thrombectomy, dir catheter		5 + TM
01610		Nerves, muscles, etc, shoulder		5 + TM
01620		Closed proc humeral head & neck		4 + TM
01622		Arthroscopic procedures shoulder		4 + TM
01630		Open procedures humeral head & neck		5 + TM
01634		Shoulder disarticulation		9 + TM
01636		Interthoracoscapular amputation		15 + TM
01638		Total shoulder replacement		10 + TM
01650		Arteries of shoulder & axilla nos		6 + TM
01652		Axillary-brachial aneurysm		10 + TM
01654		Bypass graft		8 + TM
01656		Axillaryfemoral bypass graft		10 + TM
01670		Procedures veins shoulder & axilla		4 + TM
01680		Shoulder cast, removal, repair nos		3 + TM
01682		Shoulder spica		4 + TM
01710		Nerves, muscles, etc, of upper arm		3 + TM
01712		Tenotomy, elbow to shoulder, open		5 + TM
01714		Tenoplasty, elbow to shoulder		5 + TM
01716		Tenodesis, rupt long tendon biceps		5 + TM
01730		Closed procedures humerus & elbow		3 + TM
01732		Arthroscopic procedures elbow joint		3 + TM
01740		Open procedures humerus & elbow nos		4 + TM
01742		Osteotomy of humerus		5 + TM

Maximum Fee Allowance Schedule Office of Workers' Compensation				
CPT Code	Mod	Description	Global Days	Maximum Allowance
01744		Repair nonunion/malunion of humerus		5 + TM
01756		Radical procedures		6 + TM
01758		Excision cyst or tumor of humerus		5 + TM
01760		Total elbow replacement		7 + TM
01770		Arteries of upper arm & elbow; nos		6 + TM
01772		Embolectomy		6 + TM
01780		Veins of upper arm & elbow; nos		3 + TM
01782		Phleborrhaphy		4 + TM
01810		Nerves, muscles, etc, forearm/wrist		3 + TM
01820		Closed proc lwr arm, wrist or hand		3 + TM
01829		Anesth, dx wrist arthroscopy		3 + TM
01830		Open proc lwr arm, wrist or hand		3 + TM
01832		Total wrist replacement		6 + TM
01840		Arteries forearm, wrist, & hand nos		6 + TM
01842		Embolectomy		6 + TM
01844		Vascular shunt, shunt revision		6 + TM
01850		Veins forearm, wrist, & hand nos		3 + TM
01852		Phleborrhaphy		4 + TM
01860		Forearm, wrist, or hand cast applic		3 + TM
01916		Arteriograms, needle carotid/vert		5 + TM
01920		Cardiac catheterization		7 + TM
01922		CAT/MRI		7 + TM
01924		Anes, ther interven rad, art		5 + TM
01925		Anes, ther interven rad, car		7 + TM
01926		Anes, tx interv rad hrt/cran		8 + TM
01930		Anes, ther interven rad, vei		5 + TM
01931		Anes, ther interven rad, tip		7 + TM
01932		Anes, tx interv rad, th vein		6 + TM
01933		Anes, tx interv rad, cran v		7 + TM
01935		Anesth, perc img dx sp proc		5 + TM
01936		Anesth, perc img tx sp proc		5 + TM
01951		Anesth, burn, less 4 percent		3 + TM
01952		Anesth, burn, 4-9 percent		5 + TM
01953		Anesth, burn, each 9 percent		1 + TM
01958		Anesth, antepartum manipul		5 + TM
01960		Anesth, vaginal delivery		5 + TM
01961		Anesth, cs delivery		7 + TM
01962		Anesth, emer hysterectomy		8 + TM
01963		Anesth, cs hysterectomy		8 + TM
01964		Anesth, abortion pro		4 + TM
01965		Anesth, inc/missed ab pro		4 + TM
01966		Anesth, induced ab procedure		4 + TM
01967		Anesth/analg, vag delivery		5 + TM
01968		Anes/analg cs deliver add-on		2 + TM
01969		Anesth/analg cs hyst add-on		5 + TM
01990		Harvest organ(s) brain dead patient		7 + TM
01995		Regional iv local anesthetic agent		$5
01996		Daily mgmt epidur/subarach drug adm		$3
01999		Unlisted anesthesia procedre		BR

B. Table 2

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
10021		Fna w/o image		$305		
10022		Fna w/image		$278		
10040		Acne surgery	10	$119		
10060		Drainage of skin abscess	10	$113		
10061		Drainage of skin abscess	10	$226		
10080		Drainage of pilonidal cyst	10	$154		
10081		Drainage of pilonidal cyst	10	$260		
10120		Remove foreign body	10	$121		
10121		Remove foreign body	10	$266		
10140		Drainage of hematoma/fluid	10	$143		
10160		Puncture drainage of lesion	10	$112		
10180		Complex drainage, wound	10	$243		
11000		Surgical cleansing of skin	0	$96		
11001		Debride infected skin add-on		$42		
11004		Debride genitalia & perineum		$1,204		
11005		Debride abdom wall		$1,627		
11006		Debride genit/per/abdom wall		$1,466		
11008		Remove mesh from abd wall		$570		
11010		Debride skin, fx.....	10	$591		
11011		Debride skin/muscle, fx.	0	$713		
11012		Debride skin/muscle/ bone, fx	0	$994		
11042		Cleansing of skin/tissue	0	$131		
11043		Cleansing of tissue/muscle	10	$282		
11044		Cleansing tissue/muscle/bone	10	$397		
11046		Deb musc/fascia add-on		$148		
11047		Deb bone add-on		$250		
11055		Trim skin lesion.....	0	$40		
11056		Trim skin lesions, 2 to 4.	0	$55		
11057		Trim skin lesions, over 4.	0	$59		
11100		Biopsy of skin lesion	0	$97		
11101		Biopsy, skin add-on...		$56		
11200		Removal of skin tags	10	$82		
11201		Remove skin tags add- on.		$37		
11300		Shave skin lesion	0	$78		
11301		Shave skin lesion	0	$112		
11302		Shave skin lesion	0	$144		
11303		Shave skin lesion	0	$196		
11305		Shave skin lesion	0	$89		
11306		Shave skin lesion	0	$126		
11307		Shave skin lesion	0	$154		
11308		Shave skin lesion	0	$212		
11310		Shave skin lesion	0	$105		
11311		Shave skin lesion	0	$140		
11312		Shave skin lesion	0	$172		
11313		Shave skin lesion	0	$231		
11400		Removal of skin lesion	10	$103		
11401		Removal of skin lesion	10	$142		
11402		Removal of skin lesion	10	$180		
11403		Removal of skin lesion	10	$224		
11404		Removal of skin lesion	10	$262		
11406		Removal of skin lesion	10	$348		
11420		Removal of skin lesion	10	$112		
11421		Removal of skin lesion	10	$161		
11422		Removal of skin lesion	10	$195		
11423		Removal of skin lesion	10	$253		
11424		Removal of skin lesion	10	$292		
11426		Removal of skin lesion	10	$414		
11440		Removal of skin lesion	10	$131		
11441		Removal of skin lesion	10	$177		
11442		Removal of skin lesion	10	$216		
11443		Removal of skin lesion	10	$287		
11444		Removal of skin lesion	10	$353		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
11446		Removal of skin lesion	10	$453		
11450		Removal, sweat gland lesion	90	$404		
11451		Removal, sweat gland lesion	90	$507		
11462		Removal, sweat gland lesion	90	$364		
11463		Removal, sweat gland lesion	90	$434		
11470		Removal, sweat gland lesion	90	$448		
11471		Removal, sweat gland lesion	90	$511		
11600		Removal of skin lesion	10	$184		
11601		Removal of skin lesion	10	$241		
11602		Removal of skin lesion	10	$285		
11603		Removal of skin lesion	10	$338		
11604		Removal of skin lesion	10	$381		
11606		Removal of skin lesion	10	$495		
11620		Removal of skin lesion	10	$194		
11621		Removal of skin lesion	10	$271		
11622		Removal of skin lesion	10	$332		
11623		Removal of skin lesion	10	$404		
11624		Removal of skin lesion	10	$490		
11626		Removal of skin lesion	10	$576		
11640		Removal of skin lesion	10	$233		
11641		Removal of skin lesion	10	$330		
11642		Removal of skin lesion	10	$402		
11643		Removal of skin lesion	10	$477		
11644		Removal of skin lesion	10	$591		
11646		Removal of skin lesion	10	$763		
11719		Trim nail(s).....	0	$30		
11720		Debride nail, 1-5.....	0	$49		
11721		Debride nail, 6 or more.	0	$80		
11730		Removal of nail plate	0	$115		
11732		Remove nail plate, add on.		$60		
11740		Drain blood from under nail	0	$56		
11750		Removal of nail bed	10	$280		
11752		Remove nail bed/finger tip	10	$393		
11755		Biopsy, nail unit	0	$171		
11760		Reconstruction of nail bed	10	$181		
11762		Reconstruction of nail bed	10	$400		
11765		Excision of nail fold, toe	10	$86		
11770		Removal of pilonidal lesion	10	$402		
11771		Removal of pilonidal lesion	90	$750		
11772		Removal of pilonidal lesion	90	$863		
11900		Injection into skin lesions	0	$56		
11901		Added skin lesion injections	0	$88		
11920		Correct skin color defects			$361	$243
11921		Correct skin color defects			$417	$285
11922		Correct skin color defects		$64		
11950		Therapy for contour defects	0	$149		
11951		Therapy for contour defects	0	$224		
11952		Therapy for contour defects	0	$298		
11954		Therapy for contour defects	0	$335		
11960		Insert tissue expander(s)	90	$1,081		
11970		Replace tissue expander	90	$1,187		
11971		Remove tissue expander(s)	90	$442		
11976		Removal of contraceptive	0	$300		
11980		Implant hormone pellet(s).		$215		
11981		Insert drug implant device		$279		
11982		Remove drug implant device		$313		
11983		Remove/insert drug implant		$436		
12001		Repair superficial wound(s)	10	$161		
12002		Repair superficial wound(s)	10	$189		
12004		Repair superficial wound(s)	10	$243		
12005		Repair superficial wound(s)	10	$313		
12006		Repair superficial wound(s)	10	$396		
12007		Repair superficial wound(s)	10	$430		
12011		Repair superficial wound(s)	10	$178		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
12013		Repair superficial wound(s)	10	$216		
12014		Repair superficial wound(s)	10	$262		
12015		Repair superficial wound(s)	10	$347		
12016		Repair superficial wound(s)	10	$448		
12017		Repair superficial wound(s)	10	$590		
12018		Repair superficial wound(s)	10	$787		
12020		Closure of split wound	10	$279		
12021		Closure of split wound	10	$179		
12031		Layer closure of wound(s)	10	$205		
12032		Layer closure of wound(s)	10	$253		
12034		Layer closure of wound(s)	10	$318		
12035		Layer closure of wound(s)	10	$392		
12036		Layer closure of wound(s)	10	$474		
12037		Layer closure of wound(s)	10	$580		
12041		Layer closure of wound(s)	10	$230		
12042		Layer closure of wound(s)	10	$282		
12044		Layer closure of wound(s)	10	$346		
12045		Layer closure of wound(s)	10	$421		
12046		Layer closure of wound(s)	10	$523		
12047		Layer closure of wound(s)	10	$650		
12051		Layer closure of wound(s)	10	$250		
12052		Layer closure of wound(s)	10	$307		
12053		Layer closure of wound(s)	10	$354		
12054		Layer closure of wound(s)	10	$444		
12055		Layer closure of wound(s)	10	$566		
12056		Layer closure of wound(s)	10	$740		
12057		Layer closure of wound(s)	10	$847		
13100		Repair of wound or lesion	10	$307		
13101		Repair of wound or lesion	10	$436		
13102		Repair wound/lesion add-on		$227		
13120		Repair of wound or lesion	10	$338		
13121		Repair of wound or lesion	10	$514		
13122		Repair wound/lesion add-on		$248		
13131		Repair of wound or lesion	10	$421		
13132		Repair of wound or lesion	10	$653		
13133		Repair wound/lesion add-on		$349		
13150		Repair of wound or lesion	10	$407		
13151		Repair of wound or lesion	10	$510		
13152		Repair of wound or lesion	10	$857		
13153		Repair wound/lesion add-on		$388		
13160		Late closure of wound	90	$952		
14000		Skin tissue rearrangement	90	$653		
14001		Skin tissue rearrangement	90	$941		
14020		Skin tissue rearrangement	90	$812		
14021		Skin tissue rearrangement	90	$1,169		
14040		Skin tissue rearrangement	90	$1,034		
14041		Skin tissue rearrangement	90	$1,391		
14060		Skin tissue rearrangement	90	$1,193		
14061		Skin tissue rearrangement	90	$1,641		
14301		Skin tissue rearrangement		$2,262		
14302		Skin tissue rearrange add-on		$468		
14350		Skin tissue rearrangement	90	$1,145		
15002		Wound prep trk/arm/leg		$722		
15003		Wound prep addl 100 cm		$158		
15004		Wound prep f/n/hf/g		$827		
15005		Wnd prep f/n/hf/g addl cm		$261		
15040		Harvest cultured skin graft		$532		
15050		Skin pinch graft procedure	90	$424		
15100		Skin split graft.....	90	$1,039		
15101		Skin split graft add- on		$249		
15110		Epidrm autogrft trnk/arm/leg		$1,810		
15111		Epidrm autogrft t/a/l add-on		$233		
15115		Epidrm a-grft face/nck/hf/g		$1,823		
15116		Epidrm a-grft f/n/hf/g addl		$361		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
15120		Skin split graft.....	90	$1,208		
15121		Skin split graft add- on		$410		
15130		Derm autograft trnk/arm/leg		$1,414		
15131		Derm autograft t/a/l add-on		$214		
15135		Derm autograft face/nck/hf/g		$1,834		
15136		Derm autograft f/n/hf/g add		$183		
15150		Cult skin grft t/arm/leg		$1,435		
15151		Cult skin grft t/a/l addl		$247		
15152		Cult skin graft t/a/l +%		$348		
15155		Cult skin graft f/n/hf/g		$1,434		
15156		Cult skin grft f/n/hfg add		$373		
15157		Cult epiderm grft f/n/hfg +%		$378		
15200		Skin full graft procedure	90	$870		
15201		Skin full graft add-on		$232		
15220		Skin full graft procedure	90	$928		
15221		Skin full graft add-on		$216		
15240		Skin full graft procedure	90	$1,092		
15241		Skin full graft add-on		$319		
15260		Skin full graft procedure	90	$1,275		
15261		Skin full graft add-on		$376		
15271		Skin sub graft trnk/arm/leg		$297		
15272		Skin sub graft t/a/l add-on		$56		
15273		Skin sub grft t/arm/lg child		$611		
15274		Skn sub grft t/a/l child add		$144		
15275		Skin sub graft face/nk/hf/g		$319		
15276		Skin sub graft f/n/hf/g addl		$70		
15277		Skn sub grft f/n/hf/g child		$616		
15278		Skn sub grft f/n/hf/g ch add		$169		
15350		Skin homograft.....	90	$537		
15570		Form skin pedicle flap	90	$1,051		
15572		Form skin pedicle flap	90	$1,004		
15574		Form skin pedicle flap	90	$992		
15576		Form skin pedicle flap	90	$566		
15600		Skin graft procedure	90	$474		
15610		Skin graft procedure	90	$475		
15620		Skin graft procedure	90	$577		
15630		Skin graft procedure	90	$623		
15650		Transfer skin pedicle flap	90	$682		
15731		Forehead flap w/vasc pedicle		$2,399		
15732		Muscle-skin graft, head/neck	90	$2,351		
15734		Muscle-skin graft, trunk	90	$2,744		
15736		Muscle-skin graft, arm	90	$2,441		
15738		Muscle-skin graft, leg	90	$2,034		
15740		Island pedicle flap graft	90	$1,520		
15750		Neurovascular pedicle graft	90	$1,741		
15756		Free muscle flap, microvasc	90	$4,826		
15757		Free skin flap, microvasc	90	$4,835		
15758		Free fascial flap, microvasc	90	$4,826		
15760		Composite skin graft	90	$1,181		
15770		Derma-fat-fascia graft	90	$1,081		
15775		Hair transplant punch grafts		$596		
15776		Hair transplant punch grafts		$824		
15777		Acellular derm matrix implt		$442		
15780		Abrasion treatment of skin	90	$594		
15781		Abrasion treatment of skin	90	$625		
15782		Abrasion treatment of skin	90	$390		
15783		Abrasion treatment of skin	90	$439		
15786		Abrasion treatment of lesion	10	$189		
15787		Abrasion, lesions, add on		$41		
15788		Chemical peel, face, epiderm	90	$321		
15789		Chemical peel, face, dermal	90	$390		
15792		Chemical peel, nonfacial	90	$206		
15793		Chemical peel, nonfacial	90	$261		
15819		Plastic surgery, neck	90	$1,257		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
15820		Revision of lower eyelid	90	$830		
15821		Revision of lower eyelid	90	$952		
15822		Revision of upper eyelid	90	$799		
15823		Revision of upper eyelid	90	$1,060		
15824		Removal of forehead wrinkles	BR			
15825		Removal of neck wrinkles	BR			
15826		Removal of brow wrinkles		BR		
15828		Removal of face wrinkles		BR		
15829		Removal of skin wrinkles		BR		
15830		Exc skin abd		$2,470		
15832		Excise excessive skin tissue	90	$1,457		
15833		Excise excessive skin tissue	90	$1,229		
15834		Excise excessive skin tissue	90	$1,314		
15835		Excise excessive skin tissue	90	$1,359		
15836		Excise excessive skin tissue	90	$1,113		
15837		Excise excessive skin tissue	90	$1,055		
15838		Excise excessive skin tissue	90	$949		
15839		Excise excessive skin tissue	90	$838		
15840		Graft for face nerve palsy	90	$2,130		
15841		Graft for face nerve palsy	90	$2,914		
15842		Graft for face nerve palsy	90	$4,789		
15845		Skin and muscle repair, face	90	$2,129		
15850		Removal of sutures		$176		
15851		Removal of sutures	0	$84		
15852		Dressing change, not for burn	0	$97		
15860		Test for blood flow in graft	0	$252		
15876		Suction assisted lipectomy		BR		
15877		Suction assisted lipectomy		BR		
15878		Suction assisted lipectomy		BR		
15879		Suction assisted lipectomy		BR		
15920		Removal of tail bone ulcer	90	$775		
15922		Removal of tail bone ulcer	90	$1,157		
15931		Remove sacrum pressure sore	90	$822		
15933		Remove sacrum pressure sore	90	$1,274		
15934		Remove sacrum pressure sore	90	$1,442		
15935		Remove sacrum pressure sore	90	$1,881		
15936		Remove sacrum pressure sore	90	$1,702		
15937		Remove sacrum pressure sore	90	$2,061		
15940		Removal of pressure sore	90	$883		
15941		Removal of pressure sore	90	$1,316		
15944		Removal of pressure sore	90	$1,505		
15945		Removal of pressure sore	90	$1,738		
15946		Remove hip pressure sore.	90	$2,841		
15950		Remove thigh pressure sore	90	$735		
15951		Remove thigh pressure sore	90	$1,332		
15952		Remove thigh pressure sore	90	$1,323		
15953		Remove thigh pressure sore	90	$1,582		
15956		Remove thigh pressure sore	90	$2,408		
15958		Remove thigh pressure sore	90	$2,507		
15999		Removal of pressure sore		BR		
16000		Initial treatment of burn(s)	0	$90		
16020		Treatment of burn(s)	0	$83		
16025		Treatment of burn(s)	0	$166		
16030		Treatment of burn(s)	0	$190		
16035		Incision of burn scab	90	$478		
16036		Escharotomy addl incision		$175		
17000		Destroy benign/primal lesion lesion	10	$80		
17003		Destroy lesions, 2-14		$28		
17004		Destroy lesions, 15 or more	10	$365		
17106		Destruction of skin lesions	90	$471		
17107		Destruction of skin lesions	90	$931		
17108		Destruction of skin lesions	90	$1,636		
17110		Destruct lesion, 1-14	10	$84		
17111		Destruct lesion, 15 or more	10	$120		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
17250		Chemical cautery, tissue	0	$63		
17260		Destruction of skin lesions	10	$148		
17261		Destruction of skin lesions	10	$187		
17262		Destruction of skin lesions	10	$249		
17263		Destruction of skin lesions	10	$298		
17264		Destruction of skin lesions	10	$336		
17266		Destruction of skin lesions	10	$418		
17270		Destruction of skin lesions	10	$193		
17271		Destruction of skin lesions	10	$238		
17272		Destruction of skin lesions	10	$291		
17273		Destruction of skin lesions	10	$342		
17274		Destruction of skin lesions	10	$430		
17276		Destruction of skin lesions	10	$502		
17280		Destruction of skin lesions	10	$207		
17281		Destruction of skin lesions	10	$279		
17282		Destruction of skin lesions	10	$339		
17283		Destruction of skin lesions	10	$416		
17284		Destruction of skin lesions	10	$496		
17286		Destruction of skin lesions	10	$660		
17304		Chemosurgery of skin lesion	0	$891		
17311		Mohs 1 stage h/n/hf/g		$1,352		
17312		Mohs addl stage		$806		
17313		Mohs 1 stage t/a/l		$1,233		
17314		Mohs addl stage t/a/l		$747		
17315		Mohs surg addl block		$163		
17340		Cryotherapy of skin	10	$73		
17360		Skin peel therapy	10	$120		
17380		Hair removal by electrolysis		BR		
17999		Skin tissue procedure		BR		
19000		Drainage of breast lesion	0	$91		
19001		Drain breast lesion add-on.		$64		
19020		Incision of breast lesion	90	$358		
19030		Injection for breast X-ray	0	$147		
19100		Biopsy of breast	0	$145		
19101		Biopsy of breast	10	$419		
19102		Bx breast percut w/image		$428		
19103		Bx breast percut w/device		$1,108		
19105		Cryosurg ablate fa each		$6,103		
19110		Nipple exploration	90	$505		
19112		Excise breast duct fistula	90	$440		
19120		Removal of breast lesion	90	$648		
19125		Excision, breast lesion	90	$663		
19126		Excision, addl breast lesion		$326		
19160		Removal of breast tissue	90	$826		
19260		Removal of chest wall lesion	90	$1,416		
19271		Revision of chest wall	90	$2,392		
19272		Extensive chest wall surgery	90	$2,452		
19290		Place needle wire, breast	0	$126		
19291		Place needle wire, breast.		$86		
19295		Place breast clip percut		$182		
19296		Place po breast cath for rad		$8,412		
19297		Place breast cath for rad		$194		
19298		Place breast rad tube/caths		$2,245		
19300		Removal of breast tissue		$1,080		
19301		Partical mastectomy		$1,345		
19302		P-mastectomy w/ln removal		$1,855		
19303		Mast simple complete		$2,084		
19304		Mast subq		$1,189		
19305		Mast radical		$2,339		
19306		Mast rad urban type		$2,482		
19307		Mast mod rad		$2,469		
19316		Suspension of breast	90	$1,794		
19318		Reduction of large breast	90	$2,105		
19324		Enlarge breast	90	$674		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
19325		Enlarge breast with implant	90	$1,066		
19328		Removal of breast implant	90	$695		
19330		Removal of implant material	90	$836		
19340		Immediate breast prosthesis		$1,284		
19342		Delayed breast prosthesis	90	$1,662		
19350		Breast reconstruction	90	$1,181		
19355		Correct inverted nipple(s)	90	$934		
19357		Breast reconstruction	90	$2,212		
19361		Breast reconstruction	90	$2,961		
19364		Breast reconstruction	90	$3,388		
19366		Breast reconstruction	90	$2,791		
19367		Breast reconstruction	90	$3,412		
19368		Breast reconstruction	90	$3,861		
19369		Breast reconstruction	90	$3,688		
19370		Surgery of breast capsule	90	$1,058		
19371		Removal of breast capsule	90	$1,295		
19380		Revise breast reconstruction	90	$1,297		
19396		Design custom breast implant	0	-	$619	$312
19499		Breast surgery procedure		BR		
20005		Incision of deep abscess	10	$363		
20100		Explore wound, neck...	10	$1,143		
20101		Explore wound, chest..	10	$372		
20102		Explore wound, abdomen	10	$458		
20103		Explore wound, extremity	10	$615		
20150		Excise epiphyseal bar	90	$1,901		
20200		Muscle biopsy	0	$196		
20205		Deep muscle biopsy	0	$323		
20206		Needle biopsy, muscle	0	$148		
20220		Bone biopsy, trocar/needle	0	$189		
20225		Bone biopsy, trocar/needle	0	$322		
20240		Bone biopsy, excisional	10	$396		
20245		Bone biopsy, excisional	10	$545		
20250		Open bone biopsy	10	$741		
20251		Open bone biopsy	10	$844		
20500		Injection of sinus tract	10	$112		
20501		Inject sinus tract for X-ray	0	$77		
20520		Removal of foreign body	10	$184		
20525		Removal of foreign body	10	$410		
20526		Ther injection carp tunnel		$156		
20527		Inj dupuytren cord w/enzyme		$157		
20550		Inj tendon/ligament/cyst	0	$91		
20551		Inj tendon origin/insertion		$123		
20552		Inj trigger point 1/2 muscl		$113		
20553		Inject trigger points =/> 3		$130		
20555		Place ndl musc/tis for rt		$682		
20600		Drain/inject joint/bursa	0	$84		
20605		Drain/inject joint/bursa	0	$84		
20610		Drain/inject joint/bursa	0	$92		
20612		Aspirate/inj ganglion cyst		$124		
20615		Treatment of bone cyst	10	$197		
20650		Insert and remove bone pin	10	$233		
20660		Apply, remove fixation device	0	$304		
20661		Application of head brace	90	$619		
20662		Application of pelvis brace	90	$927		
20663		Application of thigh brace	90	$728		
20664		Halo brace application	90	$940		
20665		Removal of fixation device	10	$130		
20670		Removal of support implant	10	$180		
20680		Removal of support implant	90	$503		
20690		Apply bone fixation device	90	$550		
20692		Apply bone fixation device	90	$907		
20693		Adjust bone fixation device	90	$590		
20694		Remove bone fixation device	90	$483		
20696		Comp multiplane ext fixation		$2,366		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
20697		Comp ext fixate strut change		$4,357		
20802		Replantation, arm, complete	90	$5,778		
20805		Replant, forearm, complete	90	$7,222		
20808		Replantation hand, complete	90	$8,745		
20816		Replantation digit, complete	90	$4,710		
20822		Replantation digit, complete	90	$3,961		
20824		Replantation thumb, complete	90	$4,633		
20827		Replantation thumb, complete	90	$4,061		
20838		Replantation foot, complete	90	$5,911		
20900		Removal of bone for graft	90	$586		
20902		Removal of bone for graft	90	$885		
20910		Remove cartilage for graft	90	$419		
20912		Remove cartilage for graft	90	$801		
20920		Removal of fascia for graft	90	$658		
20922		Removal of fascia for graft	90	$789		
20924		Removal of tendon for graft	90	$874		
20926		Removal of tissue for graft	90	$567		
20930		Spinal bone allograft		BR		
20931		Spinal bone allograft		$263		
20936		Spinal bone autograft		BR		
20937		Spinal bone autograft		$402		
20938		Spinal bone autograft		$434		
20950		Record fluid pressure, muscle	0	$178		
20955		Microvascular fibula graft	90	$5,321		
20956		Iliac bone graft, microvasc	90	$5,021		
20957		Mt bone graft, microvasc	90	$5,079		
20962		Other bone graft, microvasc	90	$5,010		
20969		Bone/skin graft, microvasc	90	$6,207		
20970		Bone/skin graft, iliac crest	90	$6,061		
20972		Bone-skin graft, metatarsal	90	$4,522		
20973		Bone-skin graft, great toe	90	$5,887		
20974		Electrical bone stimulation	0	$325		
20975		Electrical bone stimulation	0	$460		
20979		US bone stimulation			$110	$68
20982		Ablate bone tumor(s) perq		$7,687		
20985		Cptr-asst dir ms px		$307		
20999		Musculoskeletal surgery		BR		
21010		Incision of jaw joint	90	$1,432		
21011		Exc face les sc < 2 cm		$730		
21012		Exc face les sbq 2 cm/>		$703		
21013		Exc face tum deep < 2 cm		$1,095		
21014		Exc face tum deep 2 cm/>		$1,090		
21015		Resection of facial tumor	90	$877		
21016		Resect face tum 2 cm/>		$2,172		
21025		Excision of bone, lower jaw	90	$677		
21026		Excision of facial bone(s)	90	$563		
21029		Contour of face bone lesion	90	$1,219		
21030		Removal of face bone lesion	90	$757		
21031		Remove exostosis, mandible	90	$425		
21032		Remove exostosis, maxilla	90	$602		
21034		Removal of face bone lesion	90	$1,627		
21040		Removal of jaw bone lesion	90	$355		
21044		Removal of jaw bone lesion	90	$1,539		
21045		Extensive jaw surgery	90	$2,161		
21046		Remove mandible cyst complex		$2,312		
21047		Excise lwr jaw cyst w/repair		$2,739		
21048		Remove maxilla cyst complex		$2,372		
21049		Excis uppr jaw cyst w/repair		$2,590		
21050		Removal of jaw joint	90	$1,662		
21060		Remove jaw joint cartilage	90	$1,571		
21070		Remove coronoid process	90	$1,083		
21073		Mnpj of tmj w/anesth		$812		
21076		Prepare face/oral prosthesis	10	$2,008		
21077		Prepare face/oral prosthesis	90	$5,049		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
21079		Prepare face/oral prosthesis	90	$3,548		
21080		Prepare face/oral prosthesis	90	-	$3,899	$3,206
21081		Prepare face/oral prosthesis	90	-	$3,593	$2,935
21082		Prepare face/oral prosthesis	90	-	$3,403	$2,762
21083		Prepare face/oral prosthesis	90	-	$3,172	$2,492
21084		Prepare face/oral prosthesis	90	-	$3,703	$2,969
21085		Prepare face/oral prosthesis	10	-	$1,707	$1,313
21086		Prepare face/oral prosthesis	90	-	$3,825	$3,192
21087		Prepare face/oral prosthesis	90	-	$3,808	$3,159
21088		Prepare face/oral prosthesis	90	BR		
21089		Prepare face/oral prosthesis	90	BR		
21100		Maxillofacial fixation	90	$369		
21110		Interdental fixation	90	$781		
21116		Injection, jaw joint X-ray	0	$114		
21116		Remove extra spine segment		$332		
21120		Reconstruction of chin	90	$620		
21121		Reconstruction of chin	90	$975		
21122		Reconstruction of chin	90	$1,074		
21123		Reconstruction of chin	90	$1,404		
21125		Augmentation lower jaw bone	90	$813		
21127		Augmentation lower jaw bone	90	$1,364		
21137		Reduction of forehead	90	$1,613		
21138		Reduction of forehead	90	$1,876		
21139		Reduction of forehead	90	$2,293		
21141		Reconstruct midface, lefort	90	$2,359		
21142		Reconstruct midface, lefort	90	$2,452		
21143		Reconstruct midface, lefort	90	$2,548		
21145		Reconstruct midface, lefort	90	$2,513		
21146		Reconstruct midface, lefort	90	$2,608		
21147		Reconstruct midface, lefort	90	$2,728		
21150		Reconstruct midface, lefort	90	$3,494		
21151		Reconstruct midface, lefort	90	$3,951		
21154		Reconstruct midface, lefort	90	$4626		
21155		Reconstruct midface, lefort	90	$4,575		
21159		Reconstruct midface, lefort	90	$5,158		
21160		Reconstruct midface, lefort	90	$5,420		
21172		Reconstruct orbit/forehead	90	$3,854		
21175		Reconstruct orbit/forehead	90	$4,745		
21179		Reconstruct entire forehead	90	$3,011		
21180		Reconstruct entire forehead	90	$3,258		
21181		Contour cranial bone lesion	90	$1,500		
21182		Reconstruct cranial bone	90	$4,075		
21183		Reconstruct cranial bone	90	$4,905		
21184		Reconstruct cranial bone	90	$4,958		
21188		Reconstruction of midface	90	BR		
21193		Reconstruct lower jaw bone	90	$2,171		
21194		Reconstruct lower jaw bone	90	$2,460		
21195		Reconstruct lower jaw bone	90	$2,206		
21196		Reconstruct lower jaw bone	90	$2,345		
21198		Reconstruct lower jaw bone	90	$2,118		
21199		Reconstr lwr jaw w/advance		$2,142		
21206		Reconstruct upper jaw bone	90	$1,748		
21208		Augmentation of facial bones	90	$1,550		
21209		Reduction of facial bones	90	$824		
21210		Face bone graft	90	$1,635		
21215		Lower jaw bone graft	90	$1,809		
21230		Rib cartilage graft	90	$1,567		
21235		Ear cartilage graft	90	$1,091		
21240		Reconstruction of jaw joint	90	$2,560		
21242		Reconstruction of jaw joint	90	$2,607		
21243		Reconstruction of jaw joint	90	$2,482		
21244		Reconstruction of lower jaw	90	$2,132		
21245		Reconstruction of jaw	90	$1,689		
21246		Reconstruction of jaw	90	$1,524		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
21247		Reconstruct lower jaw bone	90	$3,575		
21248		Reconstruction of jaw	90	$2,246		
21249		Reconstruction of jaw	90	$3,926		
21255		Reconstruct lower jaw bone	90	$2,641		
21256		Reconstruction of orbit	90	$2,558		
21260		Revise eye sockets	90	$2,609		
21261		Revise eye sockets	90	$3,459		
21263		Revise eye sockets	90	$4,490		
21267		Revise eye sockets	90	$2,435		
21268		Revise eye sockets	90	$2,927		
21270		Augmentation cheek bone	90	$1,636		
21275		Revision orbitofacial bones	90	$1,466		
21280		Revision of eyelid	90	$952		
21282		Revision of eyelid	90	$788		
21295		Revision of jaw muscle/bone	90	$179		
21296		Revision of jaw muscle/bone	90	$553		
21299		Cranio/maxillofacial surgery		BR		
21310		Treatment of nose fracture	0	$109		
21315		Treatment of nose fracture	10	$243		
21320		Treatment of nose fracture	10	$331		
21325		Repair of nose fracture	90	$577		
21330		Repair of nose fracture	90	$874		
21335		Repair of nose fracture	90	$1,511		
21336		Repair nasal septal fracture	90	$706		
21337		Repair nasal septal fracture	90	$405		
21338		Repair nasoethmoid fracture	90	$830		
21339		Repair nasoethmoid fracture	90	$1,087		
21340		Repair of nose fracture	90	$1,417		
21343		Repair of sinus fracture	90	$1,582		
21344		Repair of sinus fracture	90	$2,030		
21345		Repair of nose/jaw fracture	90	$1,157		
21346		Repair of nose/jaw fracture	90	$1,441		
21347		Repair of nose/jaw fracture	90	$1,670		
21348		Repair of nose/jaw fracture	90	$2,064		
21355		Repair cheek bone fracture	10	$372		
21356		Repair cheek bone fracture	10	$793		
21360		Repair cheek bone fracture	90	$1,006		
21365		Repair cheek bone fracture	90	$1,979		
21366		Repair cheek bone fracture	90	$2,198		
21385		Repair eye socket fracture	90	$1,365		
21386		Repair eye socket fracture	90	$1,337		
21387		Repair eye socket fracture	90	$1,237		
21390		Repair eye socket fracture	90	$1,610		
21395		Repair eye socket fracture	90	$1,618		
21400		Treat eye socket fracture	90	$228		
21401		Repair eye socket fracture	90	$421		
21406		Repair eye socket fracture	90	$885		
21407		Repair eye socket fracture	90	$1,127		
21408		Repair eye socket fracture	90	$1,490		
21421		Treat mouth roof fracture	90	$819		
21422		Repair mouth roof fracture	90	$1,329		
21423		Repair mouth roof fracture	90	$1,466		
21431		Treat craniofacial fracture	90	$943		
21432		Repair craniofacial fracture	90	$1,109		
21433		Repair craniofacial fracture	90	$3,097		
21435		Repair craniofacial fracture	90	$2,212		
21436		Repair craniofacial fracture	90	$3,039		
21440		Repair dental ridge fracture	90	$416		
21445		Repair dental ridge fracture	90	$829		
21450		Treat lower jaw fracture	90	$416		
21451		Treat lower jaw fracture	90	$857		
21452		Treat lower jaw fracture	90	$242		
21453		Treat lower jaw fracture	90	$876		
21454		Treat lower jaw fracture	90	$1,414		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
21461		Repair lower jaw fracture	90	$1,434		
21462		Repair lower jaw fracture	90	$1,617		
21465		Repair lower jaw fracture	90	$1,455		
21470		Repair lower jaw fracture	90	$2,341		
21480		Reset dislocated jaw	0	$117		
21485		Reset dislocated jaw	90	$433		
21490		Repair dislocated jaw	90	$1,268		
21493		Treat hyoid bone fracture	90	$201		
21494		Repair hyoid bone fracture	90	$993		
21495		Repair hyoid bone fracture	90	$754		
21497		Interdental wiring	90	$563		
21499		Head surgery procedure		BR		
21501		Drain neck/chest lesion	90	$397		
21502		Drain chest lesion	90	$808		
21510		Drainage of bone lesion	90	$663		
21550		Biopsy of neck/chest	10	$211		
21552		Exc neck les sc 3 cm/>		$927		
21554		Exc neck tum deep 5 cm/>		$1,517		
21555		Remove lesion neck/chest	90	$421		
21556		Remove lesion neck/chest	90	$689		
21557		Remove tumor, neck or chest	90	$1,308		
21558		Resect neck tum 5 cm/>		$2,807		
21600		Partial removal of rib	90	$825		
21610		Partial removal of rib	90	$1,025		
21615		Removal of rib.....	90	$1,532		
21616		Removal of rib and nerves	90	$1,407		
21620		Partial removal of sternum	90	$1,000		
21627		Sternal debridement	90	$850		
21630		Extensive sternum surgery.	90	$2,374		
21632		Extensive sternum surgery	90	$2,150		
21685		Hyoid myotomy & suspension		$2,118		
21700		Revision of neck muscle	90	$745		
21705		Revision of neck muscle/rib	90	$1,050		
21720		Revision of neck muscle	90	$694		
21725		Revision of neck muscle	90	$859		
21740		Reconstruction of sternum	90	$1,844		
21750		Repair of sternum separation	90	$1,333		
21800		Treatment of rib fracture	90	$124		
21805		Treatment of rib fracture	90	$293		
21810		Treatment of rib fracture(s)	90	$1,035		
21820		Treat sternum fracture	90	$194		
21825		Repair sternum fracture	90	$1,051		
21899		Neck/chest surgery procedure		BR		
21920		Biopsy soft tissue of back	10	$206		
21925		Biopsy soft tissue of back	90	$460		
21930		Remove lesion, back or flank	90	$691		
21931		Exc back les sc 3 cm/>		$976		
21932		Exc back tum deep < 5 cm		$1,371		
21933		Exc back tum deep 5 cm/>		$1,535		
21935		Remove tumor of back	90	$1,770		
21936		Resect back tum 5 cm/>		$2,919		
22010		I&d p-spine c/t/cerv-thor		$1,967		
22015		I&d p-spine l/s/ls		$1,930		
22100		Remove part of neck vertebra	90	$1,309		
22101		Remove part, thorax vertebra	90	$1,129		
22102		Remove part, lumbar vertebra	90	$976		
22103		Remove extra spine segment		$335		
22110		Remove part of neck vertebra	90	$1,708		
22112		Remove part, thorax vertebra	90	$1,637		
22114		Remove part, lumbar vertebra	90	$1,417		
22206		Cut spine 3 col thor		$4,913		
22207		Cut spine 3 col lumb		$4,981		
22208		Cut spine 3 col addl seg		$1,226		
22210		Revision of neck spine	90	$2,867		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
22212		Revision of thorax spine	90	$2,708		
22214		Revision of lumbar spine	90	$2,544		
22216		Revise, extra spine segment		$818		
22220		Revision of neck spine	90	$2,839		
22222		Revision of thorax spine	90	$2,502		
22224		Revision of lumbar spine	90	$2,653		
22226		Revise, extra spine segment		$819		
22305		Treat spine process fracture	90	$329		
22310		Treat spine fracture..	90	$426		
22315		Treat spine fracture..	90	$1,120		
22318		Treat odontoid fx w/o graft	90	$3,400		
22319		Treat odontoid fx w/ graft	90	$3,805		
22325		Treat spine fracture..	90	$2,061		
22326		Treat neck spine fracture	90	$2,678		
22327		Treat thorax spine fracture	90	$2,619		
22328		Treat each add spine fx		$656		
22505		Manipulation of spine	10	$230		
22520		Percut vertebroplasty thor		$4,580		
22521		Percut vertebroplasty lumb		$4,587		
22522		Percut vertebroplasty addl		$464		
22523		Percut kyphoplasty thor		$15,722		
22524		Percut kyphoplasty lumbar		$15,598		
22525		Percut kyphoplasty add-on		$9,755		
22526		Idet single level		$4,833		
22527		Idet 1 or more levels		$3,985		
22532		Lat thorax spine fusion		$3,715		
22533		Lat lumbar spine fusion		$3,502		
22534		Lat thor/lumb addl seg		$756		
22548		Neck spine fusion.....	90	$3,611		
22551		Neck spine fuse&remov bel c2		$3,574		
22552		Addl neck spine fusion		$820		
22554		Neck spine fusion.....	90	$2,850		
22556		Thorax spine fusion...	90	$3,348		
22558		Lumbar spine fusion...	90	$3,150		
22585		Additional spinal fusion		$798		
22590		Spine & skull spinal fusion	90	$3,102		
22595		Neck spinal fusion....	90	$3,021		
22600		Neck spine fusion.....	90	$2,531		
22610		Thorax spine fusion...	90	$2,485		
22612		Lumbar spine fusion...	90	$3,083		
22614		Spine fusion, extra segment		$884		
22630		Lumbar spine fusion...	90	$2,945		
22632		Spine fusion, extra segment		$745		
22633		Lumbar spine fusion combined		$3,842		
22634		Spine fusion extra segment		$1,037		
22800		Fusion of spine.....	90	$2,850		
22802		Fusion of spine.....	90	$4,383		
22804		Fusion of spine.....	90	$4,809		
22808		Fusion of spine.....	90	$3,368		
22810		Fusion of spine.....	90	$3,677		
22812		Fusion of spine.....	90	$4,352		
22818		Kyphectomy, 1-2 segments	90	$4,421		
22819		Kyphectomy, 3 or more	90	$4,781		
22830		Exploration of spinal fusion	90	$1,803		
22840		Insert spine fixation device		$1,408		
22841		Insert spine fixation device		BR		
22842		Insert spine fixation device		$1,457		
22843		Insert spine fixation device		$1,652		
22844		Insert spine fixation device		$2,015		
22845		Insert spine fixation device		$1,343		
22846		Insert spine fixation device		$1,524		
22847		Insert spine fixation device		$1,691		
22848		Insert pelv fixation device		$876		
22849		Reinsert spinal fixation	90	$1,882		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
22850		Remove spine fixation device	90	$1,391		
22851		Apply spine prosth device		$974		
22852		Remove spine fixation device	90	$1,400		
22855		Remove spine fixation device	90	$1,260		
22856		Cerv artific diskectomy		$3,470		
22857		Lumbar artif diskectomy		$3,413		
22861		Revise cerv artific disc		$4,137		
22862		Revise lumbar artif disc		$4,481		
22864		Remove cerv artif disc		$4,070		
22865		Remove lumb artif disc		$4,266		
22899		Spine surgery procedure		BR		
22900		Remove abdominal wall lesion	90	$721		
22901		Exc abdl tum deep 5 cm/>		$1,381		
22902		Exc abd les sc < 3 cm		$899		
22903		Exc abd les sc 3 cm/>		$903		
22904		Resect abd tum < 5 cm		$2,184		
22905		Resect abd tum 5 cm/>		$2,771		
22999		Abdomen surgery procedure		BR		
23000		Removal of calcium deposits	90	$619		
23020		Release shoulder joint	90	$1,249		
23030		Drain shoulder lesion	10	$402		
23031		Drain shoulder bursa	10	$230		
23035		Drain shoulder bone lesion	90	$1,237		
23040		Exploratory shoulder surgery	90	$1,424		
23044		Exploratory shoulder surgery	90	$1,103		
23065		Biopsy shoulder tissues	10	$212		
23066		Biopsy shoulder tissues	90	$374		
23071		Exc shoulder les sc 3 cm/>		$867		
23073		Exc shoulder tum deep 5 cm/>		$1,436		
23075		Removal of shoulder lesion	10	$339		
23076		Removal of shoulder lesion	90	$801		
23077		Remove tumor of shoulder	90	$1,657		
23078		Resect shoulder tum 5 cm/>		$2,949		
23100		Biopsy of shoulder joint	90	$992		
23101		Shoulder joint surgery	90	$924		
23105		Remove shoulder joint lining	90	$1,331		
23106		Incision of collarbone joint	90	$848		
23107		Explore,treat shoulder joint	90	$1,368		
23120		Partial removal, collarbone	90	$850		
23125		Removal of collarbone	90	$1,321		
23130		Remove shoulder bone, part	90	$1,135		
23140		Removal of bone lesion	90	$802		
23145		Removal of bone lesion	90	$1,274		
23146		Removal of bone lesion	90	$962		
23150		Removal of humerus lesion	90	$1,094		
23155		Removal of humerus lesion	90	$1,399		
23156		Removal of humerus lesion	90	$1,195		
23170		Remove collarbone lesion	90	$840		
23172		Remove shoulder blade lesion	90	$859		
23174		Remove humerus lesion	90	$1,308		
23180		Remove collar bone lesion	90	$1,098		
23182		Remove shoulder blade lesion	90	$1,222		
23184		Remove humerus lesion	90	$1,475		
23190		Partial removal of scapula	90	$980		
23195		Removal of head of humerus	90	$1,371		
23200		Removal of collarbone	90	$1,520		
23210		Removal of shoulder blade	90	$1,545		
23220		Partial removal of humerus.	90	$2,035		
23330		Remove shoulder foreign body	10	$172		
23331		Remove shoulder foreign body	90	$804		
23332		Remove shoulder foreign body	90	$1,632		
23350		Injection for shoulder X-ray	0	$112		
23395		Muscle transfer, shoulder/arm	90	$2,127		
23397		Muscle transfers	90	$2,233		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
23400		Fixation of shoulder blade	90	$1,733		
23405		Incision of tendon & muscle	90	$1,195		
23406		Incise tendon(s) & muscle(s)	90	$1,545		
23410		Repair of tendon(s)...	90	$1,776		
23412		Repair of tendon(s)	90	$1,998		
23415		Release of shoulder ligament	90	$1,099		
23420		Repair of shoulder....	90	$2,098		
23430		Repair biceps tendon..	90	$1,345		
23440		Remove/transplant tendon	90	$1,376		
23450		Repair shoulder capsule	90	$1,968		
23455		Repair shoulder capsule	90	$2,230		
23460		Repair shoulder capsule	90	$2,211		
23462		Repair shoulder capsule	90	$2,282		
23465		Repair shoulder capsule	90	$2,254		
23466		Repair shoulder capsule	90	$2,232		
23470		Reconstruct shoulder joint	90	$2,530		
23472		Reconstruct shoulder joint	90	$2,749		
23480		Revision of collarbone	90	$1,286		
23485		Revision of collarbone	90	$1,834		
23490		Reinforce clavicle	90	$1,564		
23491		Reinforce shoulder bones	90	$2,033		
23500		Treat clavicle fracture	90	$270		
23505		Treat clavicle fracture	90	$460		
23515		Repair clavicle fracture	90	$1,067		
23520		Treat clavicle dislocation	90	$255		
23525		Treat clavicle dislocation	90	$400		
23530		Repair clavicle dislocation	90	$1,027		
23532		Repair clavicle dislocation	90	$1,133		
23540		Treat clavicle dislocation	90	$272		
23545		Treat clavicle dislocation	90	$378		
23550		Repair clavicle dislocation	90	$1,176		
23552		Repair clavicle dislocation	90	$1,153		
23570		Treat shoulder blade fracture	90	$287		
23575		Treat shoulder blade fracture	90	$500		
23585		Repair scapula fracture	90	$1,232		
23600		Treat humerus fracture	90	$430		
23605		Treat humerus fracture	90	$714		
23615		Repair humerus fracture	90	$1,478		
23616		Repair humerus fracture	90	$3,238		
23620		Treat humerus fracture	90	$431		
23625		Treat humerus fracture	90	$571		
23630		Treat humerus fracture	90	$1,171		
23650		Treat shoulder dislocation	90	$395		
23655		Treat shoulder dislocation	90	$540		
23660		Repair shoulder dislocation	90	$1,244		
23665		Treat dislocation/ fracture	90	$637		
23670		Treat dislocation/ fracture	90	$1,278		
23675		Treat dislocation/fracture	90	$718		
23680		Repair dislocation/fracture	90	$1,686		
23700		Fixation of shoulder	10	$347		
23800		Fusion of shoulder joint	90	$2,233		
23802		Fusion of shoulder joint.	90	$2,317		
23900		Amputation of arm & girdle	90	$2,362		
23920		Amputation at shoulder joint	90	$2,123		
23921		Amputation follow-up surgery	90	$712		
23929		Shoulder surgery procedure		BR		
23930		Drainage of arm lesion	10	$328		
23931		Drainage of arm bursa	10	$240		
23935		Drain arm/elbow bone lesion	90	$781		
24000		Exploratory elbow surgery	90	$946		
24006		Release elbow joint	90	$1,204		
24065		Biopsy arm/elbow soft tissue	10	$207		
24066		Biopsy arm/elbow soft tissue	90	$639		
24071		Exc arm/elbow les sc 3 cm/>		$843		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
24073		Exc arm/elbow les sc 3 cm/>		$843		
24075		Ex arm/elbow tum deep 5 cm/>		$1,438		
24076		Remove arm/elbow lesion	90	$433		
24076		Remove arm/elbow lesion	90	$734		
24077		Remove tumor of arm/elbow	90	$1,617		
24079		Resect arm/elbow tum 5 cm/>		$2,761		
24100		Biopsy elbow joint lining.	90	$704		
24101		Explore/treat elbow joint	90	$1,071		
24102		Remove elbow joint lining	90	$1,279		
24105		Removal of elbow bursa	90	$555		
24110		Remove humerus lesion	90	$1,132		
24115		Remove/graft bone lesion	90	$1,267		
24116		Remove/graft bone lesion	90	$1,580		
24120		Remove elbow lesion	90	$946		
24125		Remove/graft bone lesion	90	$977		
24126		Remove/graft bone lesion	90	$1,159		
24130		Removal of head of radius	90	$974		
24134		Removal of arm bone lesion	90	$1,339		
24136		Remove radius bone lesion	90	$1,206		
24138		Remove elbow bone lesion	90	$1,048		
24140		Partial removal of arm bone	90	$1,451		
24145		Partial removal of radius	90	$1,116		
24147		Partial removal of elbow	90	$1,125		
24149		Radical resection of elbow	90	$1,992		
24150		Extensive humerus surgery	90	$2,035		
24151		Extensive humerus surgery	90	$2,165		
24152		Extensive radius surgery	90	$1,237		
24155		Removal of elbow joint	90	$1,669		
24160		Remove elbow joint implant	90	$925		
24164		Remove radius head implant	90	$865		
24200		Removal of arm foreign body	10	$166		
24201		Removal of arm foreign body	90	$621		
24220		Injection for elbow X-ray	0	$133		
24300		Manipulate elbow w/anesth		$853		
24301		Muscle/tendon transfer	90	$1,339		
24305		Arm tendon lengthening	90	$822		
24310		Revision of arm tendon	90	$726		
24320		Repair of arm tendon	90	$1,451		
24330		Revision of arm muscles	90	$1,370		
24331		Revision of arm muscles	90	$1,508		
24340		Repair of biceps tendon	90	$1,128		
24341		Repair arm tendon/muscle	90	$1,126		
24342		Repair of ruptured tendon	90	$1,571		
24343		Repr elbow lat ligmnt w/tiss		$1,466		
24344		Reconstruct elbow lat ligmnt		$2,293		
24345		Repr elbw med ligmnt w/tissu		$1,458		
24346		Reconstruct elbow med ligmnt		$2,278		
24358		Repair elbow w/deb open		$1,087		
24359		Repair elbow deb/attch open		$1,374		
24360		Reconstruct elbow joint	90	$1,923		
24361		Reconstruct elbow joint	90	$2,027		
24362		Reconstruct elbow joint	90	$2,007		
24363		Replace elbow joint...	90	$2,897		
24365		Reconstruct head of radius	90	$1,178		
24366		Reconstruct head of radius	90	$1,524		
24400		Revision of humerus	90	$1,441		
24410		Revision of humerus	90	$2,151		
24420		Revision of humerus	90	$1,926		
24430		Repair of humerus	90	$2,072		
24435		Repair humerus with graft	90	$2,220		
24470		Revision of elbow joint	90	$1,226		
24495		Decompression of forearm	90	$1,022		
24498		Reinforce humerus.....	90	$1,696		
24500		Treat humerus fracture	90	$418		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
24505		Treat humerus fracture	90	$711		
24515		Repair humerus fracture	90	$1,566		
24516		Repair humerus fracture	90	$1,566		
24530		Treat humerus fracture	90	$457		
24535		Treat humerus fracture	90	$859		
24538		Treat humerus fracture	90	$1,281		
24545		Repair humerus fracture	90	$1,502		
24546		Repair humerus fracture	90	$1,856		
24560		Treat humerus fracture	90	$360		
24565		Treat humerus fracture	90	$653		
24566		Treat humerus fracture	90	$1,005		
24575		Repair humerus fracture	90	$1,341		
24576		Treat humerus fracture	90	$364		
24577		Treat humerus fracture	90	$712		
24579		Repair humerus fracture	90	$1,456		
24582		Treat humerus fracture	90	$1,098		
24586		Repair elbow fracture	90	$2,226		
24587		Repair elbow fracture	90	$2,134		
24600		Treat elbow dislocation	90	$446		
24605		Treat elbow dislocation	90	$549		
24615		Repair elbow dislocation	90	$1,383		
24620		Treat elbow fracture	90	$777		
24635		Repair elbow fracture	90	$1,788		
24640		Treat elbow dislocation	10	$159		
24650		Treat radius fracture	90	$325		
24655		Treat radius fracture	90	$541		
24665		Repair radius fracture	90	$1,130		
24666		Repair radius fracture	90	$1,468		
24670		Treatment of ulna fracture	90	$327		
24675		Treatment of ulna fracture	90	$607		
24685		Repair ulna fracture	90	$1,279		
24800		Fusion of elbow joint	90	$1,614		
24802		Fusion/graft of elbow joint	90	$1,922		
24900		Amputation of upper arm	90	$1,263		
24920		Amputation of upper arm	90	$1,180		
24925		Amputation follow-up surgery	90	$965		
24930		Amputation follow-up surgery	90	$1,326		
24931		Amputate upper arm & implant	90	$1,750		
24935		Revision of amputation	90	$2,145		
24940		Revision of upper arm	90	BR		
24999		Upper arm/elbow surgery		BR		
25000		Incision of tendon sheath	90	$586		
25001		Incise flexor carpi radialis		$714		
25020		Decompression of forearm	90	$756		
25023		Decompression of forearm	90	$1,287		
25024		Decompress forearm 2 spaces		$1,632		
25025		Decompress forearm 2 spaces		$2,544		
25028		Drainage of forearm lesion	90	$516		
25031		Drainage of forearm bursa	90	$463		
25035		Treat forearm bone lesion	90	$1,156		
25040		Explore/treat wrist joint	90	$1,013		
25065		Biopsy forearm soft tissues	10	$229		
25066		Biopsy forearm soft tissues	90	$507		
25071		Exc forearm les sc 3 cm/>		$885		
25073		Exc forearm tum deep 3 cm/>		$1,106		
25075		Removal of forearm lesion	90	$437		
25076		Removal of forearm lesion	90	$652		
25077		Remove tumor, forearm/wrist	90	$1,373		
25078		Resect forarm/wrist tum 3cm>		$2,437		
25085		Incision of wrist capsule	90	$848		
25100		Biopsy of wrist joint	90	$666		
25101		Explore/treat wrist joint	90	$780		
25105		Remove wrist joint lining	90	$990		
25107		Remove wrist joint cartilage	90	$957		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
25109		Excise tendon forearm/wrist	90	$1,117		
25110		Remove wrist tendon lesion	90	$500		
25111		Remove wrist tendon lesion	90	$497		
25112		Reremove wrist tendon lesion	90	$621		
25115		Remove wrist/forearm lesion	90	$1,036		
25116		Remove wrist/forearm lesion	90	$1,132		
25118		Excise wrist tendon sheath	90	$762		
25119		Partial removal of ulna	90	$1,015		
25120		Removal of forearm lesion	90	$946		
25125		Remove/graft forearm lesion	90	$1,058		
25126		Remove/graft forearm lesion	90	$1,066		
25130		Removal of wrist lesion	90	$706		
25135		Remove & graft wrist lesion	90	$921		
25136		Remove & graft wrist lesion	90	$798		
25145		Remove forearm bone lesion	90	$898		
25150		Partial removal of ulna	90	$1,015		
25151		Partial removal of radius	90	$965		
25170		Extensive forearm surgery	90	$1,540		
25210		Removal of wrist bone	90	$795		
25215		Removal of wrist bones	90	$1,239		
25230		Partial removal of radius	90	$798		
25240		Partial removal of ulna	90	$862		
25246		Injection for wrist X-ray	0	$143		
25248		Remove forearm foreign body	90	$646		
25250		Removal of wrist prosthesis	90	$910		
25251		Removal of wrist prosthesis	90	$1,326		
25259		Manipulate wrist w/anesthes		$859		
25260		Repair forearm tendon/muscle	90	$901		
25263		Repair forearm tendon/muscle	90	$1,003		
25265		Repair forearm tendon/muscle	90	$1,337		
25270		Repair forearm tendon/muscle	90	$682		
25272		Repair forearm tendon/muscle	90	$761		
25274		Repair forearm tendon/muscle	90	$1,146		
25275		Repair forearm tendon sheath		$1,412		
25280		Revise wrist/forearm tendon	90	$831		
25290		Incise wrist/forearm tendon	90	$560		
25295		Release wrist/forearm tendon	90	$696		
25300		Fusion of tendons at wrist	90	$1,204		
25301		Fusion of tendons at wrist	90	$1,136		
25310		Transplant forearm tendon	90	$1,132		
25312		Transplant forearm tendon	90	$1,275		
25315		Revise palsy hand tendon(s)	90	$1,498		
25316		Revise palsy hand tendon(s)	90	$1,661		
25320		Repair/revise wrist joint	90	$1,500		
25332		Revise wrist joint....	90	$1,636		
25335		Realignment of hand	90	$1,776		
25337		Reconstruct ulna/radioulnar	90	$1,341		
25350		Revision of radius	90	$1,210		
25355		Revision of radius	90	$1,428		
25360		Revision of ulna	90	$1,082		
25365		Revise radius & ulna	90	$1,664		
25370		Revise radius or ulna	90	$1,842		
25375		Revise radius & ulna	90	$1,878		
25390		Shorten radius/ulna	90	$1,428		
25391		Lengthen radius/ulna	90	$1,836		
25392		Shorten radius & ulna	90	$1,949		
25393		Lengthen radius & ulna	90	$2,226		
25394		Repair carpal bone shorten		$1,623		
25400		Repair radius or ulna	90	$1,616		
25405		Repair/graft radius or ulna	90	$1,977		
25415		Repair radius & ulna	90	$1,839		
25420		Repair/graft radius & ulna	90	$2,288		
25425		Repair/graft radius or ulna	90	$1,864		
25426		Repair/graft radius & ulna	90	$2,037		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
25430		Vasc graft into carpal bone		$1,468		
25431		Repair nonunion carpal bone		$1,634		
25440		Repair/graft wrist bone	90	$1,452		
25441		Reconstruct wrist joint	90	$1,806		
25442		Reconstruct wrist joint	90	$1,318		
25443		Reconstruct wrist joint	90	$1,471		
25444		Reconstruct wrist joint	90	$1,589		
25445		Reconstruct wrist joint	90	$1,512		
25446		Wrist replacement	90	$2,751		
25447		Repair wrist joint(s)	90	$1,534		
25449		Remove wrist joint implant	90	$1,613		
25450		Revision of wrist joint	90	$1,145		
25455		Revision of wrist joint	90	$1,365		
25490		Reinforce radius	90	$1,362		
25491		Reinforce ulna	90	$1,426		
25492		Reinforce radius and ulna	90	$1,755		
25500		Treat fracture of radius	90	$349		
25505		Treat fracture of radius	90	$641		
25515		Repair fracture of radius	90	$1,237		
25520		Repair fracture of radius	90	$899		
25525		Repair fracture of radius	90	$1,746		
25526		Repair fracture of radius	90	$1,856		
25530		Treat fracture of ulna	90	$335		
25535		Treat fracture of ulna	90	$639		
25545		Repair fracture of ulna	90	$1,212		
25560		Treat fracture radius & ulna	90	$343		
25565		Treat fracture radius & ulna	90	$754		
25574		Treat fracture radius & ulna	90	$1,225		
25575		Repair fracture radius/ulna	90	$1,551		
25600		Treat fracture radius/ulna	90	$406		
25605		Treat fracture radius/ulna	90	$703		
25606		Treat fx distal radial		$1,372		
25607		Treat fx rad extra-articul		$1,528		
25608		Treat fx rad intra-articul		$1,712		
25609		Treat fx radial 3+ frag		$2,179		
25622		Treat wrist bone fracture	90	$357		
25624		Treat wrist bone fracture	90	$604		
25628		Repair wrist bone fracture	90	$1,140		
25630		Treat wrist bone fracture	90	$369		
25635		Treat wrist bone fracture	90	$569		
25645		Repair wrist bone fracture	90	$1,025		
25650		Repair wrist bone fracture	90	$417		
25651		Pin ulnar styloid fracture		$1,011		
25652		Treat fracture ulnar styloid		$1,293		
25660		Treat wrist dislocation	90	$468		
25670		Repair wrist dislocation	90	$1,113		
25671		Pin radioulnar dislocation		$1,098		
25675		Treat wrist dislocation	90	$500		
25676		Repair wrist dislocation	90	$1,131		
25680		Treat wrist fracture	90	$597		
25685		Repair wrist fracture	90	$1,378		
25690		Treat wrist dislocation	90	$763		
25695		Repair wrist dislocation	90	$1,144		
25800		Fusion of wrist joint.	90	$1,559		
25805		Fusion/graft of wrist joint	90	$1,806		
25810		Fusion/graft of wrist joint	90	$1,726		
25820		Fusion of hand bones..	90	$1,219		
25825		Fusion hand bones with graft	90	$1,545		
25830		Fusion, radioulnar jnt ulna	90	$1,520		
25900		Amputation of forearm	90	$1,171		
25905		Amputation of forearm	90	$1,179		
25907		Amputation follow-up surgery	90	$992		
25909		Amputation follow-up	90	$1,060		
25915		Amputation of forearm	90	$2,085		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
25920		Amputate hand at wrist	90	$1,153		
25922		Amputate hand at wrist	90	$958		
25924		Amputation follow-up surgery	90	$1,174		
25927		Amputation of hand	90	$1,117		
25929		Amputation follow-up surgery	90	$908		
25931		Amputation follow-up surgery	90	$906		
25999		Forearm or wrist surgery		BR		
26010		Drainage of finger abscess	10	$144		
26011		Drainage of finger abscess	10	$278		
26020		Drain hand tendon sheath	90	$753		
26025		Drainage of palm bursa	90	$809		
26030		Drainage of palm bursa(s)	90	$984		
26034		Treat hand bone lesion	90	$924		
26035		Decompress fingers/hand	90	$1,020		
26037		Decompress fingers/hand	90	$998		
26040		Release palm contracture	90	$583		
26045		Release palm contracture	90	$773		
26055		Incise finger tendon sheath	90	$509		
26060		Incision of finger tendon	90	$381		
26070		Explore/treat hand joint	90	$589		
26075		Explore/treat finger joint	90	$680		
26080		Explore/treat finger joint	90	$526		
26100		Biopsy hand joint lining	90	$563		
26105		Biopsy finger joint lining	90	$704		
26110		Biopsy finger joint lining	90	$484		
26111		Exc hand les sc 1.5 cm/>		$871		
26113		Exc hand tum deep 1.5 cm/>		$1,142		
26115		Removal of hand lesion	90	$427		
26116		Removal of hand lesion	90	$675		
26117		Remove tumor, hand/finger	90	$1,007		
26118		Exc hand tum ra 3 cm/>		$2,213		
26121		Release palm contracture	90	$1,298		
26123		Release palm contracture	90	$1,478		
26125		Release palm contracture		$543		
26130		Remove wrist joint lining	90	$780		
26135		Revise finger joint, each	90	$874		
26140		Revise finger joint, each	90	$782		
26145		Tendon excision, palm/finger	90	$970		
26160		Remove tendon sheath lesion	90	$405		
26170		Removal of palm tendon, each	90	$559		
26180		Removal of finger tendon	90	$754		
26185		Remove finger bone....	90	$751		
26200		Remove hand bone lesion	90	$740		
26205		Remove/graft bone lesion	90	$1,039		
26210		Removal of finger lesion	90	$674		
26215		Remove/graft finger lesion	90	$942		
26230		Partial removal of hand bone	90	$900		
26235		Partial removal, finger bone	90	$758		
26236		Partial removal, finger bone	90	$671		
26250		Extensive hand surgery	90	$1,125		
26260		Extensive finger surgery	90	$1,094		
26262		Partial removal of finger	90	$895		
26320		Removal of implant from hand	90	$556		
26340		Manipulate finger w/anesth		$694		
26341		Manipulat palm cord post inj		$203		
26350		Repair finger/hand tendon	90	$1,050		
26352		Repair/graft hand tendon	90	$1,059		
26356		Repair finger/hand tendon	90	$1,319		
26357		Repair finger/hand tendon	90	$1,127		
26358		Repair/graft hand tendon	90	$1,229		
26370		Repair finger/hand tendon	90	$1,212		
26372		Repair/graft hand tendon	90	$1,330		
26373		Repair finger/hand tendon	90	$1,330		
26390		Revise hand/finger tendon	90	$1,394		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
26392		Repair/graft hand tendon	90	$1,570		
26410		Repair hand tendon....	90	$746		
26412		Repair/graft hand tendon	90	$913		
26415		Excision, hand/finger tendon	90	$1,219		
26416		Graft hand or finger tendon	90	$1,469		
26418		Repair finger tendon..	90	$734		
26420		Repair/graft finger tendon	90	$921		
26426		Repair finger/hand tendon	90	$1,068		
26428		Repair/graft finger tendon	90	$1,109		
26432		Repair finger tendon..	90	$661		
26433		Repair finger tendon..	90	$761		
26434		Repair/graft finger tendon	90	$821		
26437		Realignment of tendons	90	$864		
26440		Release palm/finger tendon	90	$821		
26442		Release palm & finger tendon	90	$713		
26445		Release hand/finger tendon	90	$748		
26449		Release forearm/hand tendon	90	$1,125		
26450		Incision of palm tendon	90	$525		
26455		Incision of finger tendon	90	$496		
26460		Incise hand/finger tendon	90	$469		
26471		Fusion of finger tendons	90	$857		
26474		Fusion of finger tendons	90	$865		
26476		Tendon lengthening....	90	$738		
26477		Tendon shortening.....	90	$806		
26478		Lengthening of hand tendon	90	$883		
26479		Shortening of hand tendon	90	$941		
26480		Transplant hand tendon	90	$1,157		
26483		Transplant/graft hand tendon	90	$1,258		
26485		Transplant palm tendon	90	$1,249		
26489		Transplant/graft palm tendon	90	$915		
26490		Revise thumb tendon...	90	$1,315		
26492		Tendon transfer with graft	90	$1,479		
26494		Hand tendon/muscle tansfer	90	$1,172		
26496		Revise thumb tendon	90	$1,376		
26497		Finger tendon transfer	90	$1,459		
26498		Finger tendon transfer	90	$1,937		
26499		Revision of finger	90	$1,244		
26500		Hand tendon reconstruction	90	$846		
26502		Hand tendon reconstruction	90	$917		
26508		Release thumb contracture	90	$885		
26510		Thumb tendon transfer	90	$699		
26516		Fusion of knuckle joint	90	$974		
26517		Fusion of knuckle joints	90	$1,178		
26518		Fusion of knuckle joints	90	$1,151		
26520		Release knuckle contracture	90	$900		
26525		Release finger contracture	90	$852		
26530		Revise knuckle joint..	90	$1,057		
26531		Revise knuckle with implant	90	$1,271		
26535		Revise finger joint...	90	$811		
26536		Revise/implant finger joint	90	$1,148		
26540		Repair hand joint.....	90	$1,086		
26541		Repair hand joint with graft	90	$1,416		
26542		Repair hand joint with graft	90	$922		
26545		Reconstruct finger joint	90	$900		
26546		Repair nonunion hand..	90	$1,388		
26548		Reconstruct finger joint	90	$1,019		
26550		Construct thumb replacement	90	$3,377		
26551		Great toe-hand transfer	90	$6,628		
26553		Single transfer, toe- hand	90	$6,438		
26554		Double transfer, toe- hand	90	$7,744		
26555		Positional change of finger	90	$2,481		
26556		Toe joint transfer....	90	$6,561		
26560		Repair of web finger	90	$747		
26561		Repair of web finger	90	$1,484		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
26562		Repair of web finger	90	$1,488		
26565		Correct metacarpal flaw	90	$1,057		
26567		Correct finger deformity	90	$955		
26568		Lengthen metacarpal/finger	90	$1,405		
26580		Repair hand deformity	90	$3,197		
26587		Reconstruct extra finger	90	$1,895		
26590		Repair finger deformity	90	$2,635		
26591		Repair muscles of hand	90	$558		
26593		Release muscles of hand	90	$825		
26596		Excision constricting tissue	90	$1,291		
26597		Release of scar contracture	90	$1,328		
26600		Treat metacarpal fracture	90	$253		
26605		Treat metacarpal fracture	90	$377		
26607		Treat metacarpal fracture	90	$655		
26608		Treat metacarpal fracture	90	$655		
26615		Repair metacarpal fracture	90	$768		
26641		Treat thumb dislocation	90	$353		
26645		Treat thumb fracture	90	$479		
26650		Repair thumb fracture	90	$718		
26665		Repair thumb fracture	90	$1,035		
26670		Treat hand dislocation	90	$326		
26675		Treat hand dislocation	90	$665		
26676		Pin hand dislocation	90	$766		
26685		Repair hand dislocation	90	$935		
26686		Repair hand dislocation	90	$1,050		
26700		Treat knuckle dislocation	90	$320		
26705		Treat knuckle dislocation	90	$427		
26706		Pin knuckle dislocation	90	$733		
26715		Repair knuckle dislocation	90	$728		
26720		Treat finger fracture, each	90	$199		
26725		Treat finger fracture, each	90	$351		
26727		Treat finger fracture, each	90	$549		
26735		Repair finger fracture, each	90	$712		
26740		Treat finger fracture, each	90	$222		
26742		Treat finger fracture, each	90	$425		
26746		Repair finger fracture, each	90	$786		
26750		Treat finger fracture, each	90	$180		
26755		Treat finger fracture, each	90	$297		
26756		Pin finger fracture, each	90	$455		
26765		Repair finger fracture, each	90	$506		
26770		Treat finger dislocation	90	$264		
26775		Treat finger dislocation	90	$341		
26776		Pin finger dislocation	90	$497		
26785		Repair finger dislocation	90	$534		
26820		Thumb fusion with graft	90	$1,100		
26841		Fusion of thumb	90	$989		
26842		Thumb fusion with graft	90	$1,254		
26843		Fusion of hand joint	90	$1,039		
26844		Fusion/graft of hand joint	90	$1,188		
26850		Fusion of knuckle	90	$847		
26852		Fusion of knuckle with graft	90	$1,040		
26860		Fusion of finger joint	90	$671		
26861		Fusion of finger jnt, add-on		$275		
26862		Fusion/graft of finger joint	90	$926		
26863		Fuse/graft added joint		$538		
26910		Amputate metacarpal bone	90	$940		
26951		Amputation of finger/thumb	90	$551		
26952		Amputation of finger/thumb	90	$759		
26989		Hand/finger surgery		BR		
26990		Drainage of pelvis lesion	90	$735		
26991		Drainage of pelvis bursa	90	$577		
26992		Drainage of bone lesion	90	$1,633		
27000		Incision of hip tendon	90	$618		
27001		Incision of hip tendon	90	$760		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
27003		Incision of hip tendon	90	$1,018		
27005		Incision of hip tendon	90	$1,055		
27006		Incision of hip tendons	90	$1,138		
27025		Incision of hip/thigh fascia	90	$1,225		
27027		Buttock fasciotomy		$1,765		
27030		Drainage of hip joint	90	$1,851		
27033		Exploration of hip joint	90	$1,882		
27035		Denervation of hip joint	90	$2,197		
27036		Excision of hip joint/muscle	90	$1,851		
27040		Biopsy of soft tissues	10	$290		
27041		Biopsy of soft tissues	90	$988		
27043		Exc hip pelvis les sc 3 cm/>		$976		
27045		Exc hip/pelv tum deep 5 cm/>		$1,555		
27047		Remove hip/pelvis lesion	90	$765		
27048		Remove hip/pelvis lesion	90	$768		
27049		Remove tumor, hip/pelvis	90	$1,819		
27050		Biopsy of sacroiliac joint	90	$723		
27052		Biopsy of hip joint	90	$1,132		
27054		Removal of hip joint lining	90	$1,415		
27057		Buttock fasciotomy w/dbrdmt		$1,980		
27059		Resect hip/pelv tum 5 cm/>		$3,735		
27060		Removal of ischial bursa	90	$661		
27062		Remove femur lesion/bursa	90	$685		
27065		Removal of hip bone lesion	90	$812		
27066		Removal of hip bone lesion	90	$1,300		
27067		Remove/graft hip bone lesion	90	$1,855		
27070		Partial removal of hip bone	90	$1,519		
27071		Partial removal of hip bone	90	$1,654		
27075		Extensive hip surgery	90	$2,340		
27076		Extensive hip surgery	90	$2,613		
27077		Extensive hip surgery	90	$3,080		
27078		Extensive hip surgery	90	$1,609		
27080		Removal of tail bone	90	$798		
27086		Remove hip foreign body	10	$175		
27087		Remove hip foreign body	90	$968		
27090		Removal of hip prosthesis	90	$1,596		
27091		Removal of hip prosthesis	90	$3,108		
27093		Injection for hip X-ray	0	$158		
27095		Injection for hip X-ray	0	$182		
27096		Inject sacroiliac joint	0	BR		
27097		Revision of hip tendon	90	$1,263		
27098		Transfer tendon to pelvis	90	$1,268		
27100		Transfer of abdominal muscle	90	$1,393		
27105		Transfer of spinal muscle	90	$1,312		
27110		Transfer of iliopsoas muscle	90	$1,767		
27111		Transfer of iliopsoas muscle	90	$1,750		
27120		Reconstruction of hip socket	90	$2,653		
27122		Reconstruction of hip socket	90	$2,366		
27125		Partial hip replacement	90	$2,324		
27130		Total hip replacement	90	$3,500		
27132		Total hip replacement	90	$3,936		
27134		Revise hip joint replacement	90	$4,573		
27137		Revise hip joint replacement	90	$3,583		
27138		Revise hip joint replacement	90	$3,524		
27140		Transplant of femur ridge	90	$1,713		
27146		Incision of hip bone	90	$1,837		
27147		Revision of hip bone	90	$2,642		
27151		Incision of hip bones	90	$2,775		
27156		Revision of hip bones	90	$2,941		
27158		Revision of pelvis....	90	$2,620		
27161		Incision of neck of femur	90	$2,253		
27165		Incision/fixation of femur	90	$2,520		
27170		Repair/graft femur head/neck	90	$2,404		
27175		Treat slipped epiphysis	90	$609		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
27176		Treat slipped epiphysis	90	$1,627		
27177		Repair slipped epiphysis	90	$1,996		
27178		Repair slipped epiphysis	90	$1,613		
27179		Revise head/neck of femur	90	$1,746		
27181		Repair slipped epiphysis	90	$2,060		
27185		Revision of femur epiphysis	90	$845		
27187		Reinforce hip bones	90	$2,229		
27193		Treat pelvic ring fracture	90	$527		
27194		Treat pelvic ring fracture	90	$930		
27200		Treat tail bone fracture	90	$243		
27202		Repair tail bone fracture	90	$960		
27215		Pelvic fracture(s) treatment	90	$1,768		
27216		Treat pelvic ring fracture	90	$1,357		
27217		Treat pelvic ring fracture	90	$2,129		
27218		Treat pelvic ring fracture	90	$2,528		
27220		Treat hip socket fracture	90	$720		
27222		Treat hip socket fracture	90	$1,299		
27226		Treat hip wall fracture	90	$2,282		
27227		Treat hip fracture(s)	90	$2,711		
27228		Treat hip fracture(s)	90	$2,906		
27230		Treat fracture of thigh	90	$613		
27232		Treat fracture of thigh	90	$1,399		
27235		Repair of thigh fracture	90	$2,024		
27236		Repair of thigh fracture	90	$2,390		
27238		Treatment of thigh fracture	90	$756		
27240		Treatment of thigh fracture	90	$1,564		
27244		Repair of thigh fracture	90	$2,355		
27245		Repair of thigh fracture	90	$2,665		
27246		Treatment of thigh fracture	90	$626		
27248		Repair of thigh fracture	90	$1,720		
27250		Treat hip dislocation	90	$705		
27252		Treat hip dislocation	90	$1,027		
27253		Repair of hip dislocation	90	$1,928		
27254		Repair of hip dislocation	90	$2,338		
27256		Treatment of hip dislocation	10	$418		
27257		Treatment of hip dislocation	10	$720		
27258		Repair of hip dislocation	90	$2,150		
27259		Repair of hip dislocation	90	$2,693		
27265		Treatment of hip dislocation	90	$679		
27266		Treatment of hip dislocation	90	$913		
27267		Cltx thigh fx		$906		
27268		Cltx thigh fx w/mnpj		$1,115		
27269		Optx thigh fx		$2,585		
27275		Manipulation of hip joint	10	$296		
27280		Fusion of sacroiliac joint	90	$1,673		
27282		Fusion of pubic bones	90	$1,506		
27284		Fusion of hip joint...	90	$2,372		
27286		Fusion of hip joint	90	$2,344		
27290		Amputation of leg at hip	90	$3,665		
27295		Amputation of leg at hip	90	$2,605		
27299		Pelvis/hip joint surgery		BR		
27301		Drain thigh/knee lesion	90	$793		
27303		Drainage of bone lesion	90	$1,171		
27305		Incise thigh tendon & fascia	90	$701		
27306		Incision of thigh tendon	90	$555		
27307		Incision of thigh tendons	90	$715		
27310		Exploration of knee joint	90	$1,434		
27323		Biopsy thigh soft tissues	10	$263		
27324		Biopsy, thigh soft tissues.	90	$608		
27325		Neurectomy hamstring		$1,050		
27326		Neurectomy popliteal		$1,063		
27327		Removal of thigh lesion	90	$497		
27328		Removal of thigh lesion	90	$717		
27329		Remove tumor, thigh/knee	90	$1,810		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
27330		Biopsy, knee joint lining	90	$819		
27331		Explore/treat knee joint	90	$975		
27332		Removal of knee cartilage	90	$1,320		
27333		Removal of knee cartilage	90	$1,613		
27334		Remove knee joint lining	90	$1,397		
27335		Remove knee joint lining	90	$1,634		
27337		Exc thigh/knee les sc 3 cm/>		$872		
27339		Exc thigh/knee tum dep 5cm/>		$1,556		
27340		Removal of kneecap bursa	90	$594		
27345		Removal of knee cyst..	90	$896		
27347		Remove knee cyst.....	90	$630		
27350		Removal of kneecap	90	$1,307		
27355		Remove femur lesion	90	$1,123		
27356		Remove femur lesion/graft	90	$1,284		
27357		Remove femur lesion/graft	90	$1,407		
27358		Remove femur lesion/fixation		$678		
27360		Partial removal, leg bone(s)	90	$1,583		
27364		Resect thigh/knee tum 5 cm/>		$3,238		
27365		Extensive leg surgery	90	$2,285		
27370		Injection for knee X-ray	0	$115		
27372		Removal of foreign body	90	$621		
27380		Repair of kneecap tendon	90	$1,123		
27381		Repair/graft kneecap tendon	90	$1,611		
27385		Repair of thigh muscle tendon	90	$1,235		
27386		Repair/graft of thigh muscle	90	$1,712		
27390		Incision of thigh tendon	90	$770		
27391		Incision of thigh tendons	90	$989		
27392		Incision of thigh tendons	90	$1,308		
27393		Lengthening of thigh tendon	90	$947		
27394		Lengthening of thigh	90	$1,124		
27395		Lengthening of thigh tendon	90	$1,701		
27396		Transplant of thigh tendon	90	$1,160		
27397		Transplants of thigh tendon	90	$1,548		
27400		Revise thigh muscles/tendon	90	$1,293		
27403		Repair of knee cartilage	90	$1,294		
27405		Repair of knee ligament	90	$1,403		
27407		Repair of knee ligament	90	$1,398		
27409		Repair of knee ligaments	90	$2,080		
27412		Autochondrocyte implant knee		$3,438		
27415		Osteochondral knee allograft		$2,854		
27416		Osteochondral knee autograft		$2,034		
27418		Repair degenerated kneecap	90	$1,708		
27420		Revision of unstable kneecap	90	$1,549		
27422		Revision of unstable kneecap	90	$1,547		
27424		Revision/removal of kneecap	90	$1,607		
27425		Lateral retinacular release	90	$891		
27427		Reconstruction, knee	90	$1,676		
27428		Reconstruction, knee	90	$2,014		
27429		Reconstruction, knee	90	$1,767		
27430		Revision of thigh muscles	90	$1,437		
27435		Incision of knee joint	90	$1,269		
27437		Revise kneecap	90	$1,360		
27438		Revise kneecap with implant	90	$1,809		
27440		Revision of knee joint	90	$1,658		
27441		Revision of knee joint	90	$1,449		
27442		Revision of knee joint	90	$1,924		
27443		Revision of knee joint	90	$2,219		
27445		Revision of knee joint	90	$2,810		
27446		Revision of knee joint	90	$2,907		
27447		Total knee replacement	90	$3,735		
27448		Incision of thigh	90	$1,784		
27450		Incision of thigh	90	$2,144		
27454		Realignment of thigh bone	90	$2,521		
27455		Realignment of knee	90	$1,838		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
27457		Realignment of knee	90	$1,985		
27465		Shortening of thigh bone	90	$1,917		
27466		Lengthening of thigh bone	90	$2,180		
27468		Shorten/lengthen thighs	90	$2,637		
27470		Repair of thigh	90	$2,413		
27472		Repair/graft of thigh	90	$2,791		
27475		Surgery to stop leg growth	90	$1,244		
27477		Surgery to stop leg growth	90	$1,879		
27479		Surgery to stop leg growth	90	$1,820		
27485		Surgery to stop leg growth	90	$1,286		
27486		Revise knee joint replace	90	$3,198		
27487		Revise/replace knee joint	90	$3,983		
27488		Removal of knee prosthesis	90	$2,382		
27495		Reinforce thigh	90	$2,457		
27496		Decompression of thigh/knee	90	$710		
27497		Decompression of thigh/knee	90	$868		
27498		Decompression of thigh/knee	90	$990		
27499		Decompression of thigh/knee	90	$1,140		
27500		Treatment of thigh fracture	90	$816		
27501		Treatment of thigh fracture	90	$816		
27502		Treatment of thigh fracture	90	$1,302		
27503		Treatment of thigh fracture	90	$1,302		
27506		Repair of thigh fracture	90	$2,443		
27507		Treatment of thigh fracture	90	$2,225		
27508		Treatment of thigh fracture	90	$714		
27509		Treatment of thigh fracture	90	$825		
27510		Treatment of thigh fracture	90	$1,140		
27511		Treatment of thigh fracture	90	$2,199		
27513		Treatment of thigh fracture	90	$2,504		
27514		Repair of thigh fracture	90	$2,427		
27516		Repair of thigh growth plate	90	$740		
27517		Repair of thigh growth plate	90	$1,225		
27519		Repair of thigh growth plate	90	$2,021		
27520		Treat kneecap fracture	90	$437		
27524		Repair of kneecap fracture	90	$1,513		
27530		Treatment of knee fracture	90	$507		
27532		Treatment of knee fracture	90	$949		
27535		Treatment of knee fracture	90	$1,694		
27536		Repair of knee fracture	90	$1,988		
27538		Treat knee fracture(s)	90	$604		
27540		Repair of knee fracture	90	$1,775		
27550		Treat knee dislocation	90	$599		
27552		Treat knee dislocation	90	$804		
27556		Repair of knee dislocation	90	$1,975		
27557		Repair of knee dislocation	90	$2,324		
27558		Repair of knee dislocation	90	$2,392		
27560		Treat kneecap dislocation	90	$371		
27562		Treat kneecap dislocation	90	$809		
27566		Repair kneecap dislocation	90	$1,680		
27570		Fixation of knee joint	10	$262		
27580		Fusion of knee.....	90	$2,659		
27590		Amputate leg at thigh	90	$1,497		
27591		Amputate leg at thigh	90	$1,767		
27592		Amputate leg at thigh	90	$1,308		
27594		Amputation follow-up surgery	90	$753		
27596		Amputation follow-up surgery	90	$1,305		
27598		Amputate lower leg at knee	90	$1,514		
27599		Leg surgery procedure		BR		
27600		Decompression of lower leg	90	$642		
27601		Decompression of lower leg	90	$640		
27602		Decompression of lower leg	90	$810		
27603		Drain lower leg lesion	90	$510		
27604		Drain lower leg bursa	90	$382		
27605		Incision of achilles tendon	10	$438		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
27606		Incision of achilles tendon	10	$448		
27607		Treat lower leg bone lesion	90	$1,154		
27610		Explore/treat ankle joint	90	$1,220		
27612		Exploration of ankle joint	90	$1,157		
27613		Biopsy lower leg soft tissue	10	$205		
27614		Biopsy lower leg soft tissue	90	$686		
27615		Remove tumor, lower leg	90	$1,518		
27616		Resect leg/ankle tum 5 cm/>		$2,641		
27618		Remove lower leg lesion	90	$636		
27619		Remove lower leg lesion	90	$1,023		
27620		Explore, treat ankle joint	90	$898		
27625		Remove ankle joint lining	90	$1,285		
27626		Remove ankle joint lining	90	$1,458		
27630		Removal of tendon lesion	90	$581		
27632		Exc leg/ankle les sc 3 cm/>		$868		
27634		Exc leg/ankle tum dep 5 cm/>		$1,430		
27635		Remove lower leg bone lesion	90	$1,175		
27637		Remove/graft leg bone lesion	90	$1,346		
27638		Remove/graft leg bone lesion	90	$1,456		
27640		Partial removal of tibia	90	$1,690		
27641		Partial removal of fibula	90	$1,180		
27645		Extensive lower leg surgery	90	$2,012		
27646		Extensive lower leg surgery	90	$1,710		
27647		Extensive ankle/heel surgery	90	$1,593		
27648		Injection for ankle X-ray	0	$109		
27650		Repair achilles tendon	90	$1,378		
27652		Repair/graft achilles tendon	90	$1,529		
27654		Repair of achilles tendon	90	$1,560		
27656		Repair leg fascia defect	90	$570		
27658		Repair of leg tendon, each	90	$733		
27659		Repair of leg tendon, each	90	$971		
27664		Repair of leg tendon, each	90	$722		
27665		Repair of leg tendon, each	90	$867		
27675		Repair lower leg tendons	90	$1,000		
27676		Repair lower leg tendons	90	$1,173		
27680		Release of lower leg tendon	90	$778		
27681		Release of lower leg tendons	90	$986		
27685		Revision of lower leg tendons	90	$811		
27686		Revise lower leg tendons	90	$1,073		
27687		Revision of calf tendon	90	$853		
27690		Revise lower leg tendon	90	$1,113		
27691		Revise lower leg tendon	90	$1,374		
27692		Revise additional leg tendons		$283		
27695		Repair of ankle ligament	90	$1,065		
27696		Repair of ankle ligaments	90	$1,129		
27698		Repair of ankle ligament	90	$1,481		
27700		Revision of ankle joint	90	$1,517		
27702		Reconstruct ankle joint	90	$2,702		
27703		Reconstruction, ankle joint	90	$2,193		
27704		Removal of ankle implant	90	$993		
27705		Incision of tibia	90	$1,567		
27707		Incision of fibula	90	$655		
27709		Incision of tibia & fibula	90	$1,659		
27712		Realignment of lower leg	90	$1,913		
27715		Revision of lower leg	90	$2,049		
27720		Repair of tibia	90	$1,924		
27722		Repair/graft of tibia	90	$1,633		
27724		Repair/graft of tibia	90	$2,212		
27725		Repair of lower leg	90	$1,629		
27726		Repair fibula nonunion		$2,021		
27727		Repair of lower leg	90	$1,706		
27730		Repair of tibia epiphysis	90	$1,029		
27732		Repair of fibula epiphysis	90	$757		
27734		Repair lower leg epiphyses	90	$1,179		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
27740		Repair of leg epiphyses	90	$1,261		
27742		Repair of leg epiphyses	90	$1,454		
27745		Reinforce tibia	90	$1,398		
27750		Treatment of tibia fracture	90	$486		
27752		Treatment of tibia fracture	90	$784		
27756		Repair of tibia fracture	90	$1,199		
27758		Repair of tibia fracture	90	$1,854		
27759		Repair of tibia fracture	90	$2,021		
27760		Treatment of ankle fracture	90	$408		
27762		Treatment of ankle fracture	90	$614		
27766		Repair of ankle fracture	90	$1,185		
27767		Cltx post ankle fx		$589		
27768		Cltx post ankle fx w/mnpj		$912		
27769		Optx post ankle fx		$1,529		
27780		Treatment of fibula fracture	90	$333		
27781		Treatment of fibula fracture	90	$566		
27784		Repair of fibula fracture	90	$914		
27786		Treatment of ankle fracture	90	$394		
27788		Treatment of ankle fracture	90	$569		
27792		Repair of ankle fracture	90	$1,104		
27808		Treatment of ankle fracture	90	$411		
27810		Treatment of ankle fracture	90	$756		
27814		Repair of ankle fracture	90	$1,520		
27816		Treatment of ankle fracture	90	$483		
27818		Treatment of ankle fracture	90	$896		
27822		Repair of ankle fracture	90	$1,497		
27823		Repair of ankle fracture	90	$1,822		
27824		Treat lower leg fracture	90	$483		
27825		Treat lower leg fracture	90	$896		
27826		Treat lower leg fracture	90	$1,412		
27827		Treat lower leg fracture	90	$1,663		
27828		Treat lower leg fracture	90	$1,923		
27829		Treat lower leg joint	90	$985		
27830		Treat lower leg dislocation	90	$511		
27831		Treat lower leg dislocation	90	$626		
27832		Repair lower leg dislocation	90	$889		
27840		Treat ankle dislocation	90	$450		
27842		Treat ankle dislocation	90	$586		
27846		Repair ankle dislocation	90	$1,346		
27848		Repair ankle dislocation	90	$1,425		
27860		Fixation of ankle joint	10	$278		
27870		Fusion of ankle joint	90	$1,839		
27871		Fusion of tibiofibular joint	90	$1,243		
27880		Amputation of lower leg	90	$1,462		
27881		Amputation of lower leg	90	$1,669		
27882		Amputation of lower leg	90	$1,174		
27884		Amputation follow-up surgery	90	$806		
27886		Amputation follow-up surgery	90	$1,193		
27888		Amputation of foot at ankle	90	$1,461		
27889		Amputation of foot at ankle	90	$1,331		
27892		Decompression of leg	90	$713		
27893		Decompression of leg	90	$712		
27894		Decompression of leg	90	$882		
27899		Leg/ankle surgery procedure		BR		
28001		Drainage of bursa of foot	10	$291		
28002		Treatment of foot infection	10	$553		
28003		Treatment of foot infection	90	$820		
28005		Treat foot bone lesion	90	$1,019		
28008		Incision of foot fascia	90	$507		
28010		Incision of toe tendon	90	$506		
28011		Incision of toe tendons	90	$509		
28020		Exploration of foot joint	90	$753		
28022		Exploration of a foot joint	90	$528		
28024		Exploration of a toe joint	90	$479		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
28035		Decompression of tibia nerve	90	$860		
28039		Exc foot/toe tum sc 1.5 cm/>		$1,097		
28041		Exc foot/toe tum dep 1.5cm/>		$980		
28043		Excision of foot lesion	90	$446		
28045		Excision of foot lesion	90	$631		
28046		Resection of tumor, foot	90	$1,101		
28047		Resect foot/toe tumor 3 cm/>		$2,147		
28050		Biopsy of foot joint lining	90	$650		
28052		Biopsy of foot joint lining	90	$563		
28054		Biopsy of toe joint lining	90	$406		
28055		Neurectomy foot		$781		
28060		Partial removal, foot fascia	90	$736		
28062		Removal of foot fascia	90	$1,002		
28070		Removal of foot joint lining	90	$686		
28072		Removal of foot joint lining	90	$563		
28080		Removal of foot lesion	90	$596		
28086		Excise foot tendon sheath	90	$574		
28088		Excise foot tendon sheath	90	$541		
28090		Removal of foot lesion	90	$591		
28092		Removal of toe lesions	90	$481		
28100		Removal of ankle/heel lesion	90	$745		
28102		Remove/graft foot lesion	90	$1,062		
28103		Remove/graft foot lesion	90	$878		
28104		Removal of foot lesion	90	$686		
28106		Remove/graft foot lesion	90	$988		
28107		Remove/graft foot lesion	90	$744		
28108		Removal of toe lesions	90	$608		
28110		Part removal of metatarsal	90	$544		
28111		Part removal of metatarsal	90	$732		
28112		Part removal of metatarsal	90	$612		
28113		Part removal of metatarsal	90	$639		
28114		Removal of metatarsal heads	90	$1,450		
28116		Revision of foot	90	$866		
28118		Removal of heel bone	90	$845		
28119		Removal of heel spur	90	$787		
28120		Part removal of ankle/heel	90	$843		
28122		Partial removal of foot bone	90	$927		
28124		Partial removal of toe	90	$699		
28126		Partial removal of toe	90	$586		
28130		Removal of ankle bone	90	$1,079		
28140		Removal of metatarsal	90	$850		
28150		Removal of toe.....	90	$596		
28153		Partial removal of toe	90	$595		
28160		Partial removal of toe	90	$613		
28171		Extensive foot surgery	90	$1,286		
28173		Extensive foot surgery	90	$1,038		
28175		Extensive foot surgery	90	$818		
28190		Removal of foot foreign body	10	$176		
28192		Removal of foot foreign body	90	$473		
28193		Removal of foot foreign body	90	$575		
28200		Repair of foot tendon	90	$732		
28202		Repair/graft of foot tendon	90	$918		
28208		Repair of foot tendon	90	$573		
28210		Repair/graft of foot tendon	90	$861		
28220		Release of foot tendon	90	$654		
28222		Release of foot tendons	90	$891		
28225		Release of foot tendon	90	$493		
28226		Release of foot tendons	90	$629		
28230		Incision of foot tendon(s)	90	$540		
28232		Incision of toe tendon	90	$428		
28234		Incision of foot tendon	90	$425		
28238		Revision of foot tendon	90	$1,120		
28240		Release of big toe	90	$459		
28250		Revision of foot fascia	90	$798		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
28260		Release of midfoot joint	90	$879		
28261		Revision of foot tendon	90	$1,092		
28262		Revision of foot and ankle	90	$2,038		
28264		Release of midfoot joint	90	$1,469		
28270		Release of foot contracture	90	$596		
28272		Release of toe joint, each	90	$479		
28280		Fusion of toes.....	90	$620		
28285		Repair of hammertoe...	90	$691		
28286		Repair of hammertoe...	90	$644		
28288		Partial removal of foot bone	90	$673		
28289		Repair hallux rigidus	90	$717		
28290		Correction of bunion..	90	$849		
28292		Correction of bunion	90	$994		
28293		Correction of bunion	90	$1,330		
28294		Correction of bunion..	90	$1,296		
28296		Correction of bunion	90	$1,309		
28297		Correction of bunion	90	$1,328		
28298		Correction of bunion	90	$1,218		
28299		Correction of bunion	90	$1,393		
28300		Incision of heel bone.	90	$1,292		
28302		Incision of ankle bone	90	$1,355		
28304		Incision of midfoot bones	90	$1,186		
28305		Incise/graft midfoot bones	90	$1,617		
28306		Incision of metatarsal	90	$798		
28307		Incision of metatarsal	90	$916		
28308		Incision of metatarsal	90	$814		
28309		Incision of metatarsals	90	$1,486		
28310		Revision of big toe...	90	$745		
28312		Revision of toe	90	$659		
28313		Repair deformity of toe	90	$625		
28315		Removal of sesamoid bone	90	$655		
28320		Repair of foot bones..	90	$1,324		
28322		Repair of metatarsals	90	$936		
28340		Resect enlarged toe tissue	90	$979		
28341		Resect enlarged toe	90	$1,167		
28344		Repair extra toe(s)	90	$580		
28345		Repair webbed toe(s)	90	$821		
26590		Repair finger deformity	90	$2,635		
28400		Treatment of heel fracture	90	$353		
28405		Treatment of heel fracture	90	$621		
28406		Treatment of heel fracture	90	$909		
28415		Repair of heel fracture	90	$1,678		
28420		Repair/graft heel fracture	90	$2,005		
28430		Treatment of ankle fracture	90	$337		
28435		Treatment of ankle fracture	90	$504		
28436		Treatment of ankle fracture	90	$657		
28445		Repair of ankle fracture	90	$1,344		
28446		Osteochondral talus autogrft		$2,544		
28450		Treat midfoot fracture, each	90	$276		
28455		Treat midfoot fracture, each	90	$412		
28456		Repair midfoot fracture	90	$357		
28465		Repair midfoot fracture, each	90	$913		
28470		Treat metatarsal fracture	90	$269		
28475		Treat metatarsal fracture	90	$381		
28476		Repair metatarsal fracture	90	$494		
28485		Repair metatarsal fracture	90	$750		
28490		Treat big toe fracture	90	$143		
28495		Treat big toe fracture	90	$194		
28496		Repair big toe fracture	90	$322		
28505		Repair big toe fracture	90	$493		
28510		Treatment of toe fracture	90	$141		
28515		Treatment of toe fracture	90	$184		
28525		Repair of toe fracture	90	$384		
28530		Treat sesamoid bone fracture	90	$150		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
28531		Treat sesamoid bone fracture	90	$300		
28540		Treat foot dislocation	90	$181		
28545		Treat foot dislocation	90	$257		
28546		Treat foot dislocation	90	$430		
28555		Repair foot dislocation	90	$860		
28570		Treat foot dislocation	90	$236		
28575		Treat foot dislocation	90	$432		
28576		Treat foot dislocation	90	$491		
28585		Repair foot dislocation	90	$919		
28600		Treat foot dislocation	90	$179		
28605		Treat foot dislocation	90	$356		
28606		Treat foot dislocation	90	$604		
28615		Repair foot dislocation	90	$770		
28630		Treat toe dislocation	10	$198		
28635		Treat toe dislocation	10	$248		
28636		Treat toe dislocation	10	$400		
28645		Repair toe dislocation	90	$537		
28660		Treat toe dislocation	10	$133		
28665		Treat toe dislocation	10	$210		
28666		Treat toe dislocation	10	$383		
28675		Repair of toe dislocation	90	$431		
28705		Fusion of foot bones..	90	$2,250		
28715		Fusion of foot bones..	90	$1,912		
28725		Fusion of foot bones..	90	$1,590		
28730		Fusion of foot bones	90	$1,433		
28735		Fusion of foot bones..	90	$1,542		
28737		Revision of foot bones	90	$1,388		
28740		Fusion of foot bones	90	$854		
28750		Fusion of big toe joint	90	$773		
28755		Fusion of big toe joint	90	$611		
28760		Fusion of big toe joint	90	$1,006		
28800		Amputation of midfoot	90	$1,141		
28805		Amputation thru metatarsal	90	$1,067		
28810		Amputation toe & metatarsal	90	$721		
28820		Amputation of toe	90	$468		
28825		Partial amputation of toe	90	$420		
28890		High energy eswt plantar f			$696	$467
28899		Foot/toes surgery procedure		BR		
29000		Application of body cast	0	$305		
29010		Application of body cast	0	$335		
29015		Application of body cast	0	$360		
29020		Application of body cast	0	$294		
29025		Application of body cast	0	$234		
29035		Application of body cast	0	$286		
29040		Application of body cast	0	$321		
29044		Application of body cast	0	$322		
29046		Application of body cast	0	$354		
29049		Application of shoulder cast	0	$97		
29055		Application of shoulder cast	0	$223		
29058		Application of shoulder cast	0	$145		
29065		Application of long arm cast	0	$128		
29075		Application of forearm cast	0	$105		
29085		Apply hand/wrist cast	0	$103		
29086		Apply finger cast			$163	$107
29105		Apply long arm splint	0	$103		
29125		Apply forearm splint	0	$72		
29126		Apply forearm splint	0	$87		
29130		Application of finger splint	0	$49		
29131		Application of finger splint	0	$71		
29200		Strapping of chest	0	$68		
29220		Strapping of low back	0	$76		
29240		Strapping of shoulder	0	$72		
29260		Strapping of elbow or wrist	0	$58		
29280		Strapping of hand or finger	0	$53		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
29305		Application of hip cast	0	$299		
29325		Application of hip casts	0	$322		
29345		Application of long leg cast	0	$183		
29355		Application of long leg cast	0	$199		
29358		Apply long leg cast brace	0	$259		
29365		Application of long leg cast	0	$154		
29405		Apply short leg cast	0	$126		
29425		Apply short leg cast	0	$150		
29435		Apply short leg cast	0	$180		
29440		Addition of walker to cast	0	$59		
29445		Apply rigid leg cast	0	$263		
29450		Application of leg cast	0	$103		
29505		Application long leg splint	0	$95		
29515		Application lower leg splint	0	$90		
29520		Strapping of hip	0	$66		
29530		Strapping of knee	0	$69		
29540		Strapping of ankle	0	$60		
29550		Strapping of toes	0	$56		
29580		Application of paste boot	0	$100		
29581		Apply multlay comprs lwr leg			$126	$26
29582		Apply multlay comprs upr leg			$143	$32
29583		Apply multlay comprs upr arm			$89	$23
29584		Appl multlay comprs arm/hand			$143	$32
29590		Application of foot splint	0	$76		
29700		Removal/revision of cast	0	$89		
29705		Removal/revision of cast	0	$108		
29710		Removal/revision of cast	0	$132		
29715		Removal/revision of cast	0	$136		
29720		Repair of body cast	0	$68		
29730		Windowing of cast	0	$75		
29740		Wedging of cast	0	$110		
29750		Wedging of clubfoot cast	0	$130		
29799		Casting/strapping procedure		BR		
29800		Jaw arthroscopy/surgery	90	$691		
29804		Jaw arthroscopy/surgery	90	$1,635		
29805		Shoulder arthroscopy dx		$981		
29806		Shoulder arthroscopy/surgery		$2,210		
29807		Shoulder arthroscopy/surgery		$2,152		
29819		Shoulder arthroscopy/surgery	90	$1,329		
29820		Shoulder arthroscopy/surgery	90	$1,282		
29821		Shoulder arthroscopy/surgery	90	$1,515		
29822		Shoulder arthroscopy/surgery	90	$1,328		
29823		Shoulder arthroscopy/surgery	90	$1,622		
29824		Shoulder arthroscopy/surgery		$1,412		
29825		Shoulder arthroscopy/surgery	90	$1,466		
29826		Shoulder arthroscopy/surgery	90	$1,687		
29827		Arthroscop rotator cuff repr		$2,241		
29828		Arthroscopy biceps tenodesis		$1,926		
29830		Elbow arthroscopy	90	$834		
29834		Elbow arthroscopy/surgery	90	$916		
29835		Elbow arthroscopy/surgery	90	$945		
29836		Elbow arthroscopy/surgery	90	$1,101		
29837		Elbow arthroscopy/surgery	90	$1,004		
29838		Elbow arthroscopy/surgery	90	$1,105		
29840		Wrist arthroscopy	90	$654		
29843		Wrist arthroscopy/surgery	90	$876		
29844		Wrist arthroscopy/surgery	90	$903		
29845		Wrist arthroscopy/surgery	90	$1,097		
29846		Wrist arthroscopy/surgery	90	$1,391		
29847		Wrist arthroscopy/surgery	90	$1,040		
29848		Wrist endoscopy/ surgery	90	$756		
29850		Knee arthroscopy/surgery	90	$1,409		
29851		Knee arthroscopy/surgery	90	$1,775		
29855		Tibial arthroscopy/surgery	90	$1,632		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
29856		Tibial arthroscopy/surgery	90	$1,901		
29860		Hip arthroscopy, dx...	90	$996		
29861		Hip arthroscopy/ surgery	90	$1,402		
29862		Hip arthroscopy/ surgery	90	$1,536		
29863		Hip arthroscopy/ surgery	90	$1,431		
29866		Autgrft implnt knee w/scope		$2,181		
29867		Allgrft implnt knee w/scope		$2,657		
29868		Meniscal trnspl knee w/scpe		$3,481		
29870		Knee arthroscopy, diagnostic	90	$679		
29871		Knee arthroscopy/drainage	90	$993		
29873		Knee arthroscopy/surgery		$1,089		
29874		Knee arthroscopy/surgery	90	$1,229		
29875		Knee arthroscopy/surgery	90	$1,193		
29876		Knee arthroscopy/surgery	90	$1,443		
29877		Knee arthroscopy/surgery	90	$1,348		
29879		Knee arthroscopy/ surgery	90	$1,315		
29880		Knee arthroscopy/surgery	90	$1,606		
29881		Knee arthroscopy/surgery	90	$1,387		
29882		Knee arthroscopy/surgery	90	$1,488		
29883		Knee arthroscopy/surgery	90	$1,905		
29884		Knee arthroscopy/surgery	90	$1,235		
29885		Knee arthroscopy/surgery	90	$1,289		
29886		Knee arthroscopy/surgery	90	$1,066		
29887		Knee arthroscopy/surgery	90	$1,474		
29888		Knee arthroscopy/surgery	90	$2,463		
29889		Knee arthroscopy/surgery	90	$1,607		
29891		Ankle arthroscopy/ surgery	90	$1,323		
29892		Ankle arthroscopy/ surgery	90	$1,370		
29893		Scope, plantar fasciotomy	90	$764		
29894		Ankle arthroscopy/surgery	90	$1,285		
29895		Ankle arthroscopy/surgery	90	$1,221		
29897		Ankle arthroscopy/surgery	90	$1,316		
29898		Ankle arthroscopy/surgery	90	$1,510		
29899		Ankle arthroscopy/surgery		$2,165		
29900		Mcp joint arthroscopy dx		$1,000		
29901		Mcp joint arthroscopy surg		$1,133		
29902		Mcp joint arthroscopy surg		$1,253		
29904		Subtalar arthro w/fb rmvl		$1,324		
29905		Subtalar arthro w/exc		$1,434		
29906		Subtalar arthro w/deb		$1,509		
29907		Subtalar arthro w/fusion		$1,820		
29914		Hip arthro w/femoroplasty		$2,112		
29915		Hip arthro acetabuloplasty		$2,152		
29916		Hip arthro w/labral repair		$2,152		
30000		Drainage of nose lesion	10	$143		
30020		Drainage of nose lesion	10	$145		
30100		Intranasal biopsy	0	$122		
30110		Removal of nose polyp(s)	10	$213		
30115		Removal of nose polyp(s)	90	$521		
30117		Removal of intranasal lesion	90	$439		
30118		Removal of intranasal lesion	90	$1,286		
30120		Revision of nose	90	$901		
30124		Removal of nose lesion	90	$318		
30125		Removal of nose lesion	90	$926		
30130		Removal of turbinate bones	90	$413		
30140		Removal of turbinate bones	90	$511		
30150		Partial removal of nose	90	$1,237		
30160		Removal of nose	90	$1,573		
30200		Injection treatment of nose	0	$84		
30210		Nasal sinus therapy	10	$94		
30220		Insert nasal septal button	10	$224		
30300		Remove nasal foreign body	10	$107		
30310		Remove nasal foreign body	10	$263		
30320		Remove nasal foreign body	90	$645		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
30400		Reconstruction of nose	90	$2,146		
30410		Reconstruction of nose	90	$2,763		
30420		Reconstruction of nose	90	$2,904		
30430		Revision of nose	90	$1,976		
30435		Revision of nose	90	$2,365		
30450		Revision of nose	90	$3,177		
30460		Revision of nose	90	$1,345		
30462		Revision of nose	90	$2,691		
30465		Repair nasal stenosis		$2,084		
30520		Repair of nasal septum	90	$1,022		
30540		Repair nasal defect	90	$1,047		
30545		Repair nasal defect	90	$1,603		
30560		Release of nasal adhesions	10	$129		
30580		Repair upper jaw fistula	90	$942		
30600		Repair mouth/nose fistula	90	$708		
30620		Intranasal reconstruction	90	$1,082		
30630		Repair nasal septum defect	90	$976		
30801		Cauterization inner nose	10	$110		
30802		Cauterization inner nose	10	$215		
30901		Control of nosebleed	0	$130		
30903		Control of nosebleed	0	$175		
30905		Control of nosebleed	0	$278		
30906		Repeat control of nosebleed	0	$258		
30915		Ligation nasal sinus artery	90	$863		
30920		Ligation upper jaw artery	90	$1,404		
30930		Therapy fracture of nose	10	$142		
30999		Nasal surgery procedure		BR		
31000		Irrigation maxillary sinus	10	$112		
31002		Irrigation sphenoid sinus	10	$168		
31020		Exploration maxillary sinus	90	$408		
31030		Exploration maxillary sinus	90	$989		
31032		Explore sinus, remove polyps	90	$1,118		
31040		Exploration behind upper jaw	90	$1,251		
31050		Exploration sphenoid sinus	90	$827		
31051		Sphenoid sinus surgery	90	$1,120		
31070		Exploration of frontal sinus	90	$654		
31075		Exploration of frontal sinus	90	$1,429		
31080		Removal of frontal sinus	90	$1,491		
31081		Removal of frontal sinus	90	$1,666		
31084		Removal of frontal sinus	90	$2,060		
31085		Removal of frontal sinus	90	$2,180		
31086		Removal of frontal sinus	90	$1,699		
31087		Removal of frontal sinus	90	$1,689		
31090		Exploration of sinuses	90	$1,529		
31200		Removal of ethmoid sinus	90	$693		
31201		Removal of ethmoid sinus	90	$1,110		
31205		Removal of ethmoid sinus	90	$1,309		
31225		Removal of upper jaw	90	$2,620		
31230		Removal of upper jaw	90	$3,205		
31231		Nasal endoscopy, dx	0	$129		
31233		Nasal/sinus endoscopy, dx	0	$268		
31235		Nasal/sinus endoscopy, dx	0	$469		
31237		Nasal/sinus endoscopy, surg	0	$322		
31238		Nasal/sinus endoscopy, surg	0	$559		
31239		Nasal/sinus endoscopy, surg	10	$1,455		
31240		Nasal/sinus endoscopy, surg	0	$448		
31254		Revision of ethmoid sinus	0	$790		
31255		Removal of ethmoid sinus	0	$1,191		
31256		Exploration maxillary sinus	0	$523		
31267		Endoscopy, maxillary sinus	0	$805		
31276		Sinus surgical endoscopy	0	$1,041		
31287		Nasal/sinus endoscopy, surg	0	$671		
31288		Nasal/sinus endoscopy, surg	0	$784		
31290		Nasal/sinus endoscopy, surg	10	$2,204		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
31291		Nasal/sinus endoscopy, surg	10	$2,315		
31292		Nasal/sinus endoscopy, surg	10	$1,790		
31293		Nasal/sinus endoscopy, surg	10	$1,958		
31294		Nasal/sinus endoscopy, surg	10	$2,238		
31295		Sinus endo w/balloon dil			$4,436	$353
31296		Sinus endo w/balloon dil			$4,496	$420
31297		Sinus endo w/balloon dil			$4,422	$346
31299		Sinus surgery procedure		BR		
31300		Removal of larynx lesion	90	$1,851		
31320		Diagnostic incision larynx	90	$630		
31360		Removal of larynx	90	$2,601		
31365		Removal of larynx	90	$3,685		
31367		Partial removal of larynx	90	$2,695		
31368		Partial removal of larynx	90	$3,790		
31370		Partial removal of larynx	90	$2,659		
31375		Partial removal of larynx	90	$2,471		
31380		Partial removal of larynx	90	$2,665		
31382		Partial removal of larynx	90	$2,573		
31390		Removal of larynx & pharynx	90	$4,009		
31395		Reconstruct larynx & pharynx	90	$4,622		
31400		Revision of larynx	90	$1,259		
31420		Removal of epiglottis	90	$1,273		
31500		Insert emergency airway	0	$256		
31502		Change of windpipe airway	0	$93		
31505		Diagnostic laryngoscopy	0	$95		
31510		Laryngoscopy with biopsy	0	$180		
31511		Remove foreign body, larynx	0	$228		
31512		Removal of larynx lesion	0	$287		
31513		Injection into vocal cord	0	$396		
31515		Laryngoscopy for Aspiration	0	$217		
31520		Diagnostic laryngoscopy	0	$311		
31525		Diagnostic laryngoscopy	0	$358		
31526		Diagnostic laryngoscopy	0	$442		
31527		Laryngoscopy for treatment	0	$465		
31528		Laryngoscopy and dilatation	0	$378		
31529		Laryngoscopy and dilatation	0	$382		
31530		Operative laryngoscopy	0	$525		
31531		Operative laryngoscopy	0	$671		
31535		Operative laryngoscopy	0	$539		
31536		Operative laryngoscopy	0	$619		
31540		Operative laryngoscopy	0	$711		
31541		Operative laryngoscopy	0	$737		
31545		Remove vc lesion w/scope		$776		
31546		Remove vc lesion scope/graft		$1,179		
31560		Operative laryngoscopy	0	$777		
31561		Operative laryngoscopy	0	$1,044		
31570		Laryngoscopy with injection	0	$690		
31571		Laryngoscopy with injection	0	$702		
31575		Diagnostic laryngoscopy	0	$201		
31576		Laryngoscopy with biopsy	0	$357		
31577		Remove foreign body, larynx	0	$440		
31578		Removal of larynx lesion	0	$531		
31579		Diagnostic laryngoscopy.	0	$346		
31580		Revision of larynx	90	$1,911		
31582		Revision of larynx	90	BR		
31584		Repair of larynx fracture	90	$2,305		
31587		Revision of larynx	90	$1,132		
31588		Revision of larynx	90	$2,430		
31590		Reinnervate larynx	90	$1,904		
31595		Larynx nerve surgery	90	$1,074		
31599		Larynx surgery procedure		BR		
31600		Incision of windpipe	0	$588		
31601		Incision of windpipe	0	$719		
31603		Incision of windpipe	0	$641		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
31605		Incision of windpipe	0	$586		
31610		Incision of windpipe	90	$1,095		
31611		Surgery/speech prosthesis	90	$1,020		
31612		Puncture/clear windpipe	0	$161		
31613		Repair windpipe opening	90	$476		
31614		Repair windpipe opening	90	$962		
31615		Visualization of windpipe	0	$301		
31620		Endobronchial us add-on			$574	$139
31622		Dx bronchoscope/wash..	0	$435		
31623		Dx bronchoscope/brush	0	$465		
31624		Dx bronchoscope/lavage	0	$468		
31625		Bronchoscopy with biopsy	0	$535		
31626		Bronchoscopy w/markers			$928	$425
31627		Navigational bronchoscopy			$2,700	$196
31628		Bronchoscopy with biopsy	0	$642		
31629		Bronchoscopy with biopsy	0	$568		
31630		Bronchoscopy with repair	0	$570		
31631		Bronchoscopy with dilation	0	$623		
31632		Bronchoscopy/lung bx addl			$148	$102
31633		Bronchoscopy/needle bx addl			$181	$131
31634		Bronch w/balloon occlusion		$4,535		
31634		Bronch w/balloon occlusion			$4,534	$443
31635		Remove foreign body, airway	0	$619		
31636		Bronchoscopy bronch stents		$469		
31637		Bronchoscopy stent add-on		$159		
31638		Bronchoscopy revise stent		$540		
31640		Bronchoscopy & remove lesion	0	$753		
31641		Bronchoscopy, treat blockage	0	$928		
31643		Diag bronchoscope/catheter	0	$498		
31645		Bronchoscopy, clear airways	0	$502		
31646		Bronchoscopy,reclear airways	0	$428		
31656		Bronchoscopy, inject for X-ray	0	$393		
31715		Injection for bronchus x-ray	0	$116		
31717		Bronchial brush biopsy	0	$206		
31720		Clearance of airways..	0	$155		
31725		Clearance of airways	0	$250		
31730		Intro windpipe wire/tube	0	$393		
31750		Repair of windpipe	90	$1,347		
31755		Repair of windpipe	90	BR		
31755		Repair of windpipe		$3,686		
31760		Repair of windpipe	90	$2,432		
31766		Reconstruction of windpipe	90	$3,421		
31770		Repair/graft of bronchus	90	$2,712		
31775		Reconstruct bronchus	90	$2,863		
31780		Reconstruct windpipe	90	$2,516		
31781		Reconstruct windpipe	90	$2,905		
31785		Remove windpipe lesion	90	$1,857		
31786		Remove windpipe lesion	90	$2,695		
31800		Repair of windpipe injury	90	$1,023		
31805		Repair of windpipe injury	90	$1,687		
31820		Closure of windpipe lesion	90	$577		
31825		Repair of windpipe defect	90	$843		
31830		Revise windpipe scar	90	$591		
31899		Airways surgical procedure		BR		
32035		Exploration of chest	90	$1,031		
32036		Exploration of chest	90	$1,133		
32096		Open wedge/bx lung infiltr		$1,703		
32097		Open wedge/bx lung nodule		$1,703		
32098		Open biopsy of lung pleura		$1,601		
32100		Exploration/biopsy of chest	90	$1,657		
32110		Explore/repair chest	90	$1,790		
32120		Re-exploration of chest	90	$1,473		
32124		Explore chest, free adhesions	90	$1,704		
32140		Removal of lung lesion(s)	90	$1,907		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
32141		Remove/treat lung lesions	90	$1,989		
32150		Removal of lung lesion(s)	90	$1,754		
32151		Remove lung foreign body	90	$1,624		
32160		Open chest heart massage	90	$1,273		
32200		Drain, open, lung lesion	90	$1,760		
32201		Drain, percut, lung lesion	0	$653		
32215		Treat chest lining	90	$1,342		
32220		Release of lung	90	$2,580		
32225		Partial release of lung	90	$1,856		
32310		Removal of chest lining	90	$1,945		
32320		Free/remove chest lining	90	$2,877		
32400		Needle biopsy chest lining	0	$238		
32405		Biopsy, lung or mediastinum	0	$299		
32420		Puncture/clear lung	0	$270		
32421		Thoracentesis for aspiration			$308	$155
32422		Thoracentesis w/tube insert			$391	$249
32440		Removal of lung	90	$2,921		
32442		Sleeve pneumonectomy	90	$3,265		
32445		Removal of lung	90	$3,377		
32480		Partial removal of lung	90	$2,635		
32482		Bilobectomy	90	$2,756		
32484		Segmentectomy	90	$2,825		
32486		Sleeve lobectomy	90	$3,010		
32488		Completion pneumonectomy	90	$3,229		
32491		Lung volume reduction	90	$2,823		
32501		Repair bronchus add-on		$642		
32503		Resect apical lung tumor		$3,845		
32504		Resect apical lung tum/chest		$4,313		
32505		Wedge resect of lung initial		$1,965		
32506		Wedge resect of lung add-on		$332		
32507		Wedge resect of lung diag		$332		
32520		Remove lung & revise chest	90	$3,116		
32522		Remove lung & revise chest	90	$3,400		
32525		Remove lung & revise chest	90	$3,712		
32540		Removal of lung lesion	90	$1,914		
32550		Insert pleural cath			$1,624	$461
32551		Insertion of chest tube		$354		
32552		Remove lung catheter			$396	$344
32553		Ins mark thor for rt perq			$1,209	$428
32560		Treat pleurodesis w/agent			$507	$163
32561		Lyse chest fibrin init day			$194	$146
32562		Lyse chest fibrin subq day			$175	$131
32601		Thoracoscopy, diagnostic	0	$673		
32604		Thoracoscopy, diagnostic	0	$941		
32606		Thoracoscopy, diagnostic	0	$914		
32607		Thoracoscopy w/bx infiltrate		$653		
32608		Thoracoscopy w/bx nodule		$802		
32609		Thoracoscopy w/bx pleura		$554		
32653		Thoracoscopy, surgical	90	$1,754		
32654		Thoracoscopy, surgical	90	$1,790		
32655		Thoracoscopy, surgical	90	$2,009		
32656		Thoracoscopy, surgical	90	$1,970		
32657		Thoracoscopy, surgical	90	$2,063		
32658		Thoracoscopy, surgical	90	$1,902		
32659		Thoracoscopy, surgical	90	$1,946		
32661		Thoracoscopy, surgical	90	$1,658		
32662		Thoracoscopy, surgical	90	$2,340		
32663		Thoracoscopy, surgical	90	$2,677		
32664		Thoracoscopy, surgical	90	$1,858		
32665		Thoracoscopy, surgical	90	$2,244		
32666		Thoracoscopy w/wedge resect		$1,837		
32667		Thoracoscopy w/w resect addl		$332		
32668		Thoracoscopy w/w resect diag		$334		
32669		Thoracoscopy remove segment		$2,831		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
32670		Thoracoscopy bilobectomy		$3,379		
32671		Thoracoscopy pneumonectomy		$3,751		
32672		Thoracoscopy for lvrs		$3,208		
32673		Thoracoscopy w/thymus resect		$2,530		
32674		Thoracoscopy lymph node exc		$455		
32900		Removal of rib(s)	90	$1,999		
32905		Revise & repair chest wall	90	$2,441		
32906		Revise & repair chest wall	90	$3,080		
32940		Revision of lung	90	$2,213		
32960		Therapeutic pneumothorax	0	$206		
32997		Total lung lavage.....	0	$741		
32998		Perq rf ablate tx pul tumor		$5,948		
32999		Chest surgery procedure		BR		
33010		Drainage of heart sac	0	$278		
33011		Repeat drainage of heart sac	0	$245		
33015		Incision of heart sac	90	$745		
33020		Incision of heart sac	90	$1,902		
33025		Incision of heart sac	90	$1,946		
33030		Partial removal of heart sac	90	$2,985		
33031		Partial removal of heart sac	90	$2,506		
33050		Removal of heart sac lesion	90	$1,658		
33120		Removal of heart lesion	90	$4,009		
33130		Removal of heart lesion	90	$2,495		
33140		Heart revascularize (tmr)	90	$3,348		
33141		Heart tmr w/other procedure		$280		
33202		Insert epicard eltrd open		$1,635		
33203		Insert epicard eltrd endo		$1,686		
33206		Insertion of heart pacemaker	90	$1,101		
33207		Insertion of heart pacemaker	90	$1,247		
33208		Insertion of heart pacemaker	90	$1,377		
33210		Insertion of heart electrode	0	$487		
33211		Insertion of heart electrode	0	$494		
33212		Insertion of pulse generator	90	$812		
33213		Insertion of pulse generator	90	$879		
33214		Upgrade of pacemaker system	90	$983		
33215		Reposition pacing-defib lead	90	$619		
33216		Revise eltrd pacing- defib	90	$769		
33217		Revise eltrd pacing- defib	90	$806		
33218		Revise eltrd pacing- defib	90	$748		
33220		Revise eltrd pacing- defib	90	$760		
33221		Insert pulse gen mult leads		$739		
33222		Pacemaker aicd pocket	90	$800		
33223		Revise pocket, pacing-defib	90	$928		
33224		Insert pacing lead & connect		$1,034		
33225		L ventric pacing lead add-on		$928		
33226		Reposition l ventric lead		$995		
33227		Remove&replace pm gen singl		$705		
33228		Remv&replc pm gen dual lead		$735		
33229		Remv&replc pm gen mult leads		$766		
33230		Insrt pulse gen w/dual leads		$795		
33231		Insrt pulse gen w/mult leads		$825		
33233		Removal of pacemaker system	90	$440		
33234		Removal of pacemaker system	90	$814		
33235		Removal pacemaker electrode	90	$960		
33236		Remove electrode/thoracotomy	90	$1,155		
33237		Removeelectrode/thoracotomy	90	$1,680		
33238		Remove electrode/thoracotomy	90	$1,872		
33240		Insert pulse generator	90	$986		
33241		Remove pulse generator	90	$436		
33243		Remove eltrd/ thoracotomy	90	$2,408		
33244		Remove eltrd, transven	90	$1,333		
33249		Eltrd/insert pace- defib	90	$2,100		
33250		Ablate heart dysrhythm focus	90	$2,263		
33251		Ablate heart dysrhythm focus	90	$2,987		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
33254		Ablate atria lmtd		$2,902		
33255		Ablate atria w/o bypass ext		$3,473		
33256		Ablate atria w/bypass exten		$4,150		
33257		Ablate atria lmtd add-on		$1,237		
33258		Ablate atria x10sv add-on		$1,387		
33259		Ablate atria w/bypass add-on		$1,796		
33261		Ablate heart dysrhythm focus	90	$3,134		
33262		Remv&replc cvd gen sing lead		$766		
33263		Remv&replc cvd gen dual lead		$797		
33264		Remv&replc cvd gen mult lead		$827		
33265		Ablate atria lmtd endo		$2,870		
33266		Ablate atria x10sv endo		$3,914		
33282		Implant pat-active ht record	90	$650		
33284		Remove pat-active ht record	90	$465		
33300		Repair of heart wound	90	$2,347		
33305		Repair of heart wound	90	$2,809		
33310		Exploratory heart surgery	90	$2,147		
33315		Exploratory heart surgery	90	$2,633		
33320		Repair major blood vessel(s)	90	$2,382		
33321		Repair major vessel	90	$3,087		
33322		Repair major blood vessel(s)	90	$3,097		
33330		Insert major vessel graft	90	$2,651		
33332		Insert major vessel graft	90	$2,797		
33335		Insert major vessel graft	90	$3,195		
33400		Repair of aortic valve	90	$3,695		
33401		Valvuloplasty, open	90	$2,971		
33403		Valvuloplasty, w/cp bypass	90	$3,100		
33404		Prepare heart-aorta conduit	90	$3,522		
33405		Replacement of aortic valve	90	$4,607		
33406		Replacement, aortic valve	90	$4,746		
33410		Replacement of aortic valve	90	$5,396		
33411		Replacement of aortic valve	90	$5,413		
33412		Replacement of aortic valve	90	$4,217		
33413		Replacement, aortic valve	90	$4,521		
33414		Repair, aortic valve	90	$3,874		
33415		Revision, subvalvular tissue	90	$3,262		
33416		Revise ventricle muscle	90	$4,341		
33417		Repair of aortic valve	90	$3,521		
33420		Revision of mitral valve	90	$3,041		
33422		Revision of mitral valve	90	$4,387		
33425		Repair of mitral valve	90	$4,407		
33426		Repair of mitral valve	90	$4,518		
33427		Repair of mitral valve	90	$5,173		
33430		Replacement of mitral valve	90	$4,982		
33460		Revision of tricuspid valve	90	$3,709		
33463		Valvuloplasty, tricuspid	90	$3,197		
33464		Valvuloplasty, tricuspid	90	$3,423		
33465		Replace tricuspid valve	90	$4,615		
33468		Revision of tricuspid valve	90	$3,664		
33470		Revision of pulmonary valve	90	$2,610		
33471		Valvotomy, pulmonary valve	90	$2,797		
33472		Revision of pulmonary valve	90	$2,865		
33474		Revision of pulmonary valve	90	$2,539		
33475		Replacement, pulmonary valve	90	$3,617		
33476		Revision of heart chamber	90	$3,237		
33478		Revision of heart chamber	90	$3,345		
33496		Repair, prosth valve clot	90	$4,301		
33500		Repair heart vessel fistula	90	$2,993		
33501		Repair heart vessel fistula	90	$2,443		
33502		Coronary artery correction	90	$2,474		
33503		Coronary artery graft	90	$2,460		
33504		Coronary artery graft	90	$2,777		
33505		Repair artery w/tunnel	90	$3,357		
33506		Repair artery, translocation	90	$3,357		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
33507		Repair art intramural		$3,634		
33508		Endoscopic vein harvest		$34		
33510		Cabg, vein, single	90	$4,109		
33511		Cabg, vein, two	90	$4,510		
33512		Cabg, vein, three	90	$4,912		
33513		Cabg, vein, four	90	$5,312		
33514		Cabg, vein, five	90	$5,713		
33516		Cabg, vein, six+	90	$6,114		
33517		Cabg, artery-vein, single		$402		
33518		Cabg, artery-vein, two		$803		
33519		Cabg, artery-vein, three		$1,204		
33521		Cabg, artery-vein, four		$1,605		
33522		Cabg, artery-vein, five		$2,007		
33523		Cabg, artery-vein, six+		$2,408		
33530		Coronary artery, bypass/reop		$1,305		
33533		Cabg, arterial, single	90	$4,234		
33534		Cabg, arterial, two	90	$4,761		
33535		Cabg, arterial, three	90	$5,288		
33536		Cabg, arterial, four+	90	$5,815		
33542		Removal of heart lesion	90	$4,448		
33545		Repair of heart damage	90	$5,320		
33548		Restore/remodel ventricle		$6,318		
33572		Open coronary endarterectomy		$582		
33600		Closure of valve	90	$3,746		
33602		Closure of valve	90	$3,617		
33606		Anastomosis/artery-aorta	90	$3,874		
33608		Repair anomaly w/conduit	90	$3,972		
33610		Repair by enlargement	90	$3,874		
33611		Repair double ventricle	90	$4,133		
33612		Repair double ventricle	90	$4,243		
33615		Repair (simple fontan)	90	$4,035		
33617		Repair by modified fontan	90	$4,262		
33619		Repair single ventricle	90	$4,682		
33620		Apply r&l pulm art bands		$3,513		
33621		Transthor cath for stent		$1,888		
33622		Redo compl cardiac anomaly		$7,398		
33641		Repair heart septum defect	90	$3,574		
33645		Revision of heart veins	90	$2,978		
33647		Repair heart septum defects	90	$3,868		
33660		Repair of heart defects	90	$3,739		
33665		Repair of heart defects	90	$4,074		
33670		Repair of heart chambers	90	$4,208		
33675		Close mult vsd		$4,197		
33676		Close mult vsd w/resection		$4,483		
33677		Cl mult vsd w/rem pul band		$4,659		
33681		Repair heart septum defect	90	$3,891		
33684		Repair heart septum defect	90	$4,029		
33688		Repair heart septum defect	90	$4,018		
33690		Reinforce pulmonary artery	90	$2,531		
33692		Repair of heart defects	90	$3,874		
33694		Repair of heart defects	90	BR		
33694		Repair of heart defects		$4,153		
33697		Repair of heart defects.	90	$5,344		
33702		Repair of heart defects	90	$3,269		
33710		Repair of heart defects	90	$4,327		
33720		Repair of heart defect	90	$3,269		
33722		Repair of heart defect	90	$3,617		
33724		Repair venous anomaly		$3,253		
33726		Repair pul venous stenosis		$4,343		
33730		Repair heart-vein defect(s)	90	$4,343		
33732		Repair heart-vein defect	90	$3,584		
33735		Revision of heart chamber	90	$2,706		
33736		Revision of heart chamber	90	$2,643		
33737		Revision of heart chamber	90	$2,813		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
33750		Major vessel shunt	90	$2,841		
33755		Major vessel shunt	90	$2,825		
33762		Major vessel shunt	90	$2,879		
33764		Major vessel shunt and graft	90	$2,754		
33766		Major vessel shunt	90	$2,842		
33767		Atrial septectomy/septostomy	90	$3,100		
33768		Cavopulmonary shunting		$930		
33770		Repair great vessels defect	90	$4,229		
33771		Repair great vessels defect	90	$4,392		
33774		Repair great vessels defect	90	$3,836		
33775		Repair great vessels defect	90	$4,076		
33776		Repair great vessels defect	90	$4,306		
33777		Repair great vessels defect	90	$4,175		
33778		Repair great vessels defect	90	$5,008		
33779		Repair great vessels defect	90	$5,173		
33780		Repair great vessels defect	90	$5,263		
33781		Repair great vessels defect	90	$4,933		
33782		Nikaidoh proc		$6,807		
33783		Nikaidoh proc w/ostia implt		$7,371		
33786		Repair arterial trunk	90	$4,933		
33788		Revision of pulmonary	90	$3,261		
33800		Aortic suspension	90	$2,009		
33802		Repair vessel defect	90	$2,312		
33803		Repair vessel defect	90	$2,565		
33813		Repair septal defect	90	$2,622		
33814		Repair septal defect	90	$3,417		
33820		Revise major vessel	90	$2,062		
33822		Revise major vessel	90	$2,236		
33824		Revise major vessel	90	$2,489		
33840		Remove aorta constriction	90	$2,705		
33845		Remove aorta constriction	90	$2,844		
33851		Remove aorta constriction	90	$2,854		
33852		Repair septal defect	90	$2,938		
33853		Repair septal defect	90	$4,004		
33860		Ascending aorta graft	90	$5,106		
33863		Ascending aorta graft	90	$5,382		
33864		Ascending aortic graft		$6,833		
33870		Transverse aortic arch graft	90	$6,376		
33875		Thoracic aorta graft	90	$4,515		
33877		Thoracoabdominal graft	90	$6,567		
33880		Endovasc taa repr incl subcl		$3,852		
33881		Endovasc taa repr w/o subcl		$3,319		
33884		Endovasc prosth taa add-on		$879		
33886		Endovasc prosth delayed		$2,087		
33889		Artery transpose/endovas taa		$1,715		
33910		Remove lung artery emboli	90	$2,780		
33915		Remove lung artery emboli	90	$2,341		
33916		Surgery of great vessel	90	$3,198		
33917		Repair pulmonary artery	90	$3,100		
33920		Repair pulmonary atresia	90	$4,067		
33922		Transect pulmonary artery	90	$2,971		
33924		Remove pulmonary shunt		$700		
33925		Rpr pul art unifocal w/o cpb		$3,622		
33926		Repr pul art unifocal w/cpb		$5,187		
33930		Removal of donorheart/lung		BR		
33935		Transplantation, heart/lung	90	$10,589		
33940		Removal of donor heart		BR		
33945		Transplantation of heart	90	BR		
33960		External circulation assist		$1,934		
33961		External circulation assist.		$1,378		
33967		Insert ia percut device		$539		
33968		Remove aortic assist device	90	$71		
33970		Aortic circulation assist	0	$1,174		
33971		Aortic circulation assist	90	$717		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
33973		Insert balloon device	0	$1,295		
33974		Remove intra-aortic balloon	90	$1,356		
33975		Implant ventricular device		$2,583		
33976		Implant ventricular device		$3,519		
33977		Remove ventricular device	90	$2,260		
33978		Remove ventricular device	90	$2,583		
33979		Insert intracorporeal device		$4,139		
33980		Remove intracorporeal device		$3,791		
33981		Replace vad pump ext		$1,784		
33982		Replace vad intra w/o bp		$4,175		
33983		Replace vad intra w/bp		$4,902		
33999		Cardiac surgery procedure		BR		
34001		Removal of artery clot	90	$1,638		
34051		Removal of artery clot	90	$1,701		
34101		Removal of artery clot	90	$1,330		
34111		Removal of arm artery clot	90	$1,158		
34151		Removal of artery clot	90	$2,094		
34201		Removal of artery clot	90	$1,326		
34203		Removal of leg artery clot	90	$1,516		
34401		Removal of vein clot	90	$1,494		
34421		Removal of vein clot	90	$1,264		
34451		Removal of vein clot	90	$1,838		
34471		Removal of vein clot	90	$934		
34490		Removal of vein clot	90	$1,085		
34501		Repair valve, femoral vein	90	$1,947		
34502		Reconstruct, vena cava	90	$3,394		
34510		Transposition of vein valve	90	$2,493		
34520		Cross-over vein graft	90	$1,046		
34530		Leg vein fusion	90	$1,502		
34800		Endovas aaa repr w/sm tube		$2,424		
34802		Endovas aaa repr w/2-p part		$2,684		
34803		Endovas aaa repr w/3-p part		$2,766		
34804		Endovas aaa repr w/1-p part		$2,684		
34805		Endovas aaa repr w/long tube		$2,573		
34806		Aneurysm press sensor add-on		$220		
34808		Endovas iliac a device addon		$442		
34812		Xpose for endoprosth femorl		$727		
34813		Femoral endovas graft add-on		$511		
34820		Xpose for endoprosth iliac		$1,046		
34825		Endovasc extend prosth init		$1,502		
34826		Endovasc exten prosth addl		$441		
34830		Open aortic tube prosth repr		$3,839		
34831		Open aortoiliac prosth repr		$4,128		
34832		Open aortofemor prosth repr		$4,128		
34833		Xpose for endoprosth iliac		$1,312		
34834		Xpose endoprosth brachial		$591		
34900		Endovasc iliac repr w/graft		$1,917		
35001		Repair defect of artery	90	$2,625		
35002		Repair artery rupture, neck	90	$2,441		
35005		Repair defect of artery	90	$2,123		
35011		Repair defect of artery	90	$1,803		
35013		Repair artery rupture, arm	90	$2,385		
35021		Repair defect of artery	90	$2,763		
35022		Repair artery rupture, chest	90	$2,742		
35045		Repair defect of arm artery	90	$1,737		
35081		Repair defect of artery	90	$3,651		
35082		Repair artery rupture, aorta	90	$3,986		
35091		Repair defect of artery	90	$4,299		
35092		Repair artery rupture, aorta	90	$4,781		
35102		Repair defect of artery	90	$3,912		
35103		Repair artery rupture, groin	90	$4,437		
35111		Repair defect of artery	90	$2,514		
35112		Repair artery rupture,	90	$2,127		
35121		Repair defect of artery	90	$3,334		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
35122		Repair artery rupture, belly	90	$3,820		
35131		Repair defect of artery	90	$2,553		
35132		Repair artery rupture, groin	90	$3,020		
35141		Repair defect of artery	90	$2,146		
35142		Repair artery rupture, thigh	90	$2,404		
35151		Repair defect of artery	90	$2,393		
35152		Repair artery rupture, knee	90	$1,888		
35180		Repair blood vessel lesion	90	$1,488		
35182		Repair blood vessel lesion	90	$2,009		
35184		Repair blood vessel lesion	90	$1,592		
35188		Repair blood vessel lesion	90	$1,615		
35189		Repair blood vessel lesion	90	$2,170		
35190		Repair blood vessel lesion	90	$1,718		
35201		Repair blood vessel lesion	90	$1,480		
35206		Repair blood vessel lesion	90	$1,463		
35207		Repair blood vessel lesion	90	$1,543		
35211		Repair blood vessel lesion	90	$2,557		
35216		Repair blood vessel lesion	90	$2,115		
35221		Repair blood vessel lesion	90	$2,010		
35226		Repair blood vessel lesion	90	$1,444		
35231		Repair blood vessel lesion	90	$2,009		
35236		Repair blood vessel lesion	90	$1,697		
35241		Repair blood vessel lesion	90	$2,637		
35246		Repair blood vessel lesion	90	$2,636		
35251		Repair blood vessel lesion	90	$1,953		
35256		Repair blood vessel lesion	90	$1,765		
35261		Repair blood vessel lesion	90	$1,856		
35266		Repair blood vessel lesion	90	$1,633		
35271		Repair blood vessel lesion	90	$2,495		
35276		Repair blood vessel lesion	90	$2,140		
35286		Repair blood vessel lesion	90	$1,757		
35301		Rechanneling of artery	90	$2,352		
35302		Rechanneling of artery		$2,457		
35303		Rechanneling of artery		$2,704		
35304		Rechanneling of artery		$2,779		
35305		Rechanneling of artery		$2,684		
35306		Rechanneling of artery		$971		
35311		Rechanneling of artery	90	$3,489		
35321		Rechanneling of artery	90	$1,892		
35331		Rechanneling of artery	90	$2,701		
35341		Rechanneling of artery	90	$3,155		
35351		Rechanneling of artery	90	$2,624		
35355		Rechanneling of artery	90	$2,373		
35361		Rechanneling of artery	90	$3,214		
35363		Rechanneling of artery	90	$3,563		
35371		Rechanneling of artery	90	$1,806		
35372		Rechanneling of artery	90	$1,824		
35381		Rechanneling of artery	90	$2,186		
35390		Reoperation, carotid add-on		$366		
35400		Angioscopy.....		$378		
35450		Repair arterial blockage	0	$1,723		
35452		Repair arterial blockage	0	$841		
35458		Repair arterial blockage	0	$1,424		
35460		Repair venous blockage	0	$705		
35471		Repair arterial blockage	0	$1,723		
35472		Repair arterial blockage	0	$805		
35475		Repair arterial blockage	0	$1,424		
35476		Repair venous blockage	0	$705		
35500		Harvest vein for bypass		$693		
35501		Artery bypass graft	90	$2,908		
35506		Artery bypass graft	90	$2,905		
35508		Artery bypass graft	90	$2,743		
35509		Artery bypass graft	90	$2,798		
35510		Artery bypass graft		$2,681		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
35511		Artery bypass graft	90	$1,962		
35512		Artery bypass graft		$2,630		
35515		Artery bypass graft	90	$2,157		
35516		Artery bypass graft	90	$2,534		
35518		Artery bypass graft	90	$2,471		
35521		Artery bypass graft	90	$2,525		
35522		Artery bypass graft		$2,551		
35523		Artery bypass graft		$2,776		
35526		Artery bypass graft	90	$2,408		
35531		Artery bypass graft	90	$3,421		
35533		Artery bypass graft	90	$3,158		
35535		Artery bypass graft		$3,730		
35536		Artery bypass graft	90	$3,341		
35537		Artery bypass graft		$4,543		
35538		Artery bypass graft		$5,086		
35539		Artery bypass graft		$4,778		
35540		Artery bypass graft		$5,573		
35556		Artery bypass graft	90	$2,682		
35558		Artery bypass graft	90	$2,298		
35560		Artery bypass graft	90	$3,275		
35563		Artery bypass graft	90	$1,688		
35565		Artery bypass graft	90	$2,480		
35566		Artery bypass graft	90	$3,179		
35570		Artery bypass graft		$3,014		
35571		Artery bypass graft	90	$2,824		
35572		Harvest femoropopliteal vein		$747		
35583		Vein bypass graft	90	$2,870		
35585		Vein bypass graft	90	$3,301		
35587		Vein bypass graft	90	$3,024		
35600		Harvest art for cabg add-on		$546		
35601		Artery bypass graft	90	$2,715		
35606		Artery bypass graft	90	$2,723		
35612		Artery bypass graft	90	$2,439		
35616		Artery bypass graft	90	$2,450		
35621		Artery bypass graft	90	$2,454		
35623		Bypass graft, not vein	90	$1,795		
35626		Artery bypass graft	90	$3,317		
35631		Artery bypass graft	90	$3,157		
35632		Artery bypass graft		$3,542		
35633		Artery bypass graft		$3,919		
35634		Artery bypass graft		$3,574		
35636		Artery bypass graft...	90	$2,677		
35637		Artery bypass graft		$3,776		
35638		Artery bypass graft		$3,848		
35642		Artery bypass graft	90	$2,069		
35645		Artery bypass graft	90	$2,080		
35646		Artery bypass graft	90	$3,717		
35647		Artery bypass graft		$3,369		
35650		Artery bypass graft	90	$2,359		
35654		Artery bypass graft	90	$3,125		
35656		Artery bypass graft	90	$2,491		
35661		Artery bypass graft	90	$2,165		
35663		Artery bypass graft	90	$2,373		
35665		Artery bypass graft	90	$2,507		
35666		Artery bypass graft	90	$2,833		
35671		Artery bypass graft	90	$2,484		
35681		Composite bypass graft		$854		
35682		Composite bypass graft		$1,260		
35683		Composite bypass graft		$1,360		
35685		Bypass graft patency/patch		$432		
35686		Bypass graft/av fist patency		$359		
35691		Arterial transposition	90	$2,841		
35693		Arterial transposition	90	$1,792		
35694		Arterial transposition	90	$2,075		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
35695		Arterial transposition	90	$2,075		
35697		Reimplant artery each		$321		
35700		Reoperation, bypass graft		$359		
35701		Exploration, carotid artery	90	$851		
35721		Exploration, femoral artery	90	$794		
35741		Exploration popliteal artery	90	$808		
35761		Exploration of artery/vein	90	$813		
35800		Explore neck vessels	90	$871		
35820		Explore chest vessels	90	$1,487		
35840		Explore abdominal vessels	90	$1,225		
35860		Explore limb vessels	90	$814		
35870		Repair vessel graft defect	90	$2,711		
35875		Removal of clot in graft	90	$1,369		
35876		Removal of clot in graft	90	$1,612		
35879		Revise graft w/vein...	90	BR		
35879		Revise graft w/vein		$2,022		
35881		Revise graft w/vein...	90	$2,231		
35883		Revise graft w/nonauto graft		$2,634		
35884		Revise graft w/vein		$2,704		
35901		Excision, graft, neck	90	$1,125		
35903		Excision, graft, extremity	90	$1,223		
35905		Excision, graft, thorax	90	$1,808		
35907		Excision, graft, abdomen	90	$1,864		
36000		Place needle in vein		$44		
36002		Pseudoaneurysm injection trt			$331	$220
36005		Injection, venography	0	$104		
36010		Place catheter in vein		$343		
36011		Place catheter in vein		$372		
36012		Place catheter in vein		$461		
36013		Place catheter in artery		$350		
36014		Place catheter in artery		$395		
36015		Place catheter in artery		$461		
36100		Establish access to artery		$420		
36120		Establish access to artery		$328		
36140		Establish access to artery		$259		
36147		Access av dial grft for eval			$1,800	$387
36148		Access av dial grft for proc			$554	$102
36160		Establish access to aorta		$368		
36200		Place catheter in aorta		$427		
36215		Place catheter in artery		$530		
36216		Place catheter in artery		$626		
36217		Place catheter in artery		$746		
36218		Place catheter in artery.		$136		
36245		Place catheter in artery		$601		
36246		Place catheter in artery		$626		
36247		Place catheter in artery		$746		
36248		Place catheter in artery.		$136		
36251		Ins cath ren art 1st unilat			$3,016	$578
36252		Ins cath ren art 1st bilat			$3,310	$753
36253		Ins cath ren art 2nd+ unilat			$4,614	$804
36254		Ins cath ren art 2nd+ bilat			$4,801	$868
36260		Insertion of infusion pump	90	$1,234		
36261		Revision of infusion pump	90	$544		
36262		Removal of infusion pump	90	$427		
36299		Vessel injection procedure		BR		
36400		Drawing blood		$20		
36405		Drawing blood		$47		
36406		Drawing blood		$25		
36410		Drawing blood		$30		
36415		Drawing blood		BR		
36420		Establish access to vein		$112		
36425		Establish access to vein		$61		
36430		Blood transfusion service		$73		
36440		Blood transfusion service		$145		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
36450		Exchange transfusion service		$304		
36455		Exchange transfusion service		$349		
36460		Transfusion service, fetal		$748		
36468		Injection(s);spider veins		BR		
36469		Injection(s);spider veins		BR		
36470		Injection therapy of vein	10	$94		
36471		Injection therapy of veins	10	$137		
36475		Endovenous rf 1st vein			$3,670	$740
36476		Endovenous rf vein add-on			$826	$364
36478		Endovenous laser 1st vein			$2,867	$737
36479		Endovenous laser vein addon			$858	$365
36481		Insertion of catheter, vein	0	$914		
36500		Insertion of catheter, vein	0	$256		
36510		Insertion of catheter, vein	0	$103		
36511		Apheresis wbc		$199		
36512		Apheresis rbc		$191		
36513		Apheresis platelets		$210		
36514		Apheresis plasma			$1,047	$192
36515		Apheresis adsorp/reinfuse			$4,529	$195
36516		Apheresis selective			$4,112	$144
36520		Plasma and/or cell exchange	0	$250		
36522		Photopheresis	0	$438		
36555		Insert non-tunnel cv cath			$557	$249
36556		Insert non-tunnel cv cath			$485	$252
36557		Insert tunneled cv cath			$2,127	$681
36558		Insert tunneled cv cath			$1,604	$576
36560		Insert tunneled cv cath			$2,829	$760
36561		Insert tunneled cv cath			$2,463	$739
36563		Insert tunneled cv cath			$2,817	$792
36565		Insert tunneled cv cath			$2,090	$734
36566		Insert tunneled cv cath			$11,204	$795
36568		Insert picc cath			$579	$196
36569		Insert picc cath			$493	$186
36570		Insert picvad cath			$2,415	$637
36571		Insert picvad cath			$2,697	$670
36575		Repair tunneled cv cath			$339	$73
36576		Repair tunneled cv cath			$784	$404
36578		Replace tunneled cv cath			$1,065	$448
36580		Replace cvad cath			$432	$137
36581		Replace tunneled cv cath			$1,555	$406
36582		Replace tunneled cv cath			$2,299	$637
36583		Replace tunneled cv cath			$2,483	$670
36584		Replace picc cath			$403	$135
36585		Replace picvad cath			$2,315	$578
36589		Removal tunneled cv cath			$343	$289
36590		Removal tunneled cv cath			$611	$428
36591		Draw blood off venous device		$46		
36592		Collect blood from picc		$52		
36593		Declot vascular device		$61		
36595		Mech remov tunneled cv cath			$1,139	$379
36596		Mech remov tunneled cv cath			$271	$92
36597		Reposition venous catheter			$251	$124
36598		Inj w/fluor eval cv device			$225	$74
36600		Withdrawal of arterial blood		$44		
36620		Insertion catheter, artery	0	$138		
36625		Insertion catheter, artery	0	$223		
36640		Insertion catheter, artery	0	$341		
36660		Insertion catheter, artery	0	$138		
36680		Insert needle, bone cavity	0	$180		
36800		Insertion of cannula..	0	$338		
36810		Insertion of cannula	0	$677		
36815		Insertion of cannula	0	$474		
36818		Av fuse uppr arm cephalic		$1,441		
36819		Av fusion by basilic vein	90	$1,588		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
36820		Av fusion/forearm vein		$1,734		
36821		Av fusion direct any site	90	$1,202		
36822		Insertion of cannula(s)	90	$870		
36823		Insertion of cannula(s)		$2,805		
36825		Artery-vein graft.....	90	$1,522		
36830		Artery-vein graft	90	$1,465		
36831		Av fistula excision...	90	$824		
36832		Av fistula revision...	90	$1,372		
36833		Av fistula revision...	90	$1,248		
36835		Artery to vein shunt..	90	$811		
36838		Dist revas ligation hemo		$2,480		
36860		External cannula declotting	0	$356		
36861		Cannula declotting	0	$555		
36870		Percut thrombect av fistula			$3,924	$623
37140		Revision of circulation	90	$2,948		
37145		Revision of circulation	90	$2,974		
37160		Revision of circulation	90	$2,950		
37180		Revision of circulation	90	$2,840		
37181		Splice spleen/kidney veins	90	$3,192		
37182		Insert hepatic shunt (tips)		$1,731		
37183		Remove hepatic shunt (tips)			$11,797	$807
37184		Prim art mech thrombectomy			$4,710	$939
37185		Prim art m-thrombect add-on			$1,532	$347
37186		Sec art m-thrombect add-on			$2,965	$526
37187		Venous mech thrombectomy			$4,459	$843
37188		Venous m-thrombectomy add-on			$3,745	$600
37191		Ins endovas vena cava filtr			$5,485	$494
37192		Redo endovas vena cava filtr			$3,678	$764
37193		Rem endovas vena cava filter			$3,510	$764
37195		Thrombolytic therapy, stroke		$605		
37200		Transcatheter biopsy	0	$445		
37201		Transcatheter therapy infuse	0	$948		
37202		Transcatheter therapy	0	$742		
37203		Transcatheter retrieval	0	$658		
37204		Transcatheter occlusion	0	$2,371		
37205		Transcatheter stent	0	$981		
37206		Transcatheter stent add-on.		$487		
37207		Transcatheter stent	0	$981		
37208		Transcatheter stent add-on		$479		
37209		Exchange arterial catheter	0	$174		
37210		Embolization uterine fibroid			$7,372	$1,071
37215		Transcath stent cca w/eps		$2,269		
37216		Transcath stent cca w/o eps		$2,111		
37220		Iliac revasc			$6,769	$875
37221		Iliac revasc w/stent			$10,110	$1,066
37222		Iliac revasc add-on			$1,941	$397
37223		Iliac revasc w/stent add-on			$5,541	$450
37224		Fem/popl revas w/tla			$8,142	$963
37225		Fem/popl revas w/ather			$23,125	$1,301
37226		Fem/popl revasc w/stent			$19,512	$1,073
37227		Fem/popl revasc stnt & ather			$31,278	$1,571
37228		Tib/per revasc w/tla			$11,636	$1,178
37229		Tib/per revasc w/ather			$22,868	$1,523
37230		Tib/per revasc w/stent			$18,117	$1,469
37231		Tib/per revasc stent & ather			$29,130	$1,597
37232		Tib/per revasc add-on			$2,601	$426
37233		Tibper revasc w/ather add-on			$3,157	$701
37234		Revsc opn/prq tib/pero stent			$8,335	$583
37235		Tib/per revasc stnt & ather			$8,890	$828
37250		Iv us first vessel add on		$249		
37251		Iv us each add vessel add-on		$193		
37500		Endoscopy ligate perf veins		$1,483		
37565		Ligation of neck vein	90	$616		
37600		Ligation of neck artery	90	$737		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
37605		Ligation of neck artery	90	$795		
37606		Ligation of neck artery	90	$816		
37607		Ligation of fistula	90	$681		
37609		Temporal artery procedure	10	$345		
37615		Ligation of neck artery	90	$833		
37616		Ligation of chest artery	90	$1,397		
37617		Ligation of abdomen artery	90	$1,680		
37618		Ligation of extremity artery	90	$704		
37619		Ligation of inf vena cava		$3,429		
37650		Revision of major vein	90	$676		
37660		Revision of major vein	90	$1,242		
37700		Revise leg vein	90	$559		
37718		Ligate/strip short leg vein		$943		
37722		Ligate/strip long leg vein		$1,042		
37735		Removal of leg veins/lesion	90	$1,410		
37760		Revision of leg veins	90	$1,338		
37761		Ligate leg veins open		$1,186		
37765		Stab phleb veins xtr 10-20		$1,413		
37766		Phleb veins - extrem 20+			$1,660	$1,173
37780		Revision of leg vein	90	$408		
37785		Revise secondary varicosity	90	$334		
37788		Revascularization, penis	90	$2,851		
37790		Penile venous occlusion	90	$861		
37799		Vascular surgery procedure		BR		
38100		Removal of spleen, total	90	$1,582		
38101		Removal of spleen, partial	90	$1,494		
38102		Removal of spleen, total		$546		
38115		Repair of ruptured spleen	90	$1,538		
38120		Laparoscopy, splenectomy		$2,187		
38129		Laparoscope proc, spleen		BR		
38200		Injection for spleen X-ray	0	$319		
38204		Bl donor search management		$209		
38205		Harvest allogenic stem cells		$163		
38206		Harvest auto stem cells		$168		
38207		Cryopreserve stem cells		$92		
38208		Thaw preserved stem cells		$59		
38209		Wash harvest stem cells		$25		
38210		T-cell depletion of harvest		$164		
38211		Tumor cell deplete of harvst		$149		
38212		Rbc depletion of harvest		$97		
38213		Platelet deplete of harvest		$25		
38214		Volume deplete of harvest		$84		
38215		Harvest stem cell concentrte		$97		
38220		Bone marrow aspiration			$324	$124
38221		Bone marrow biopsy			$332	$152
38230		Bone marrow collection	10	$436		
38232		Bone marrow harvest autolog		$383		
38240		Bone marrow/stem transplant		$308		
38241		Bone marrow transplantation		$312		
38242		Lymphocyte infuse transplant		$196		
38300		Drainage lymph node lesion	10	$154		
38305		Drainage lymph node lesion	90	$465		
38308		Incision of lymph channels	90	$593		
38380		Thoracic duct procedure	90	$831		
38381		Thoracic duct procedure	90	$1,498		
38382		Thoracic duct procedure	90	$1,076		
38500		Biopsy/removal,lymph node(s)	10	$335		
38505		Needle biopsy, lymph node(s)	0	$172		
38510		Biopsy/removal,lymph node(s)	90	$488		
38520		Biopsy/removal,lymph node(s)	90	$595		
38525		Biopsy/removal,lymph node(s)	90	$531		
38530		Biopsy/removal,lymph node(s)	90	$683		
38542		Explore deep node(s), neck	90	$727		
38550		Removal, neck/armpit lesion	90	$750		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
38555		Removal, neck/armpit lesion	90	$1,649		
38562		Removal, pelvic lymph nodes	90	$1,256		
38564		Removal, abdomen lymph nodes	90	$1,338		
38570		Laparoscopy, lymph node biop	10	$1,101		
38571		Laparoscopy, lymphadenectomy	10	$1,619		
38572		Laparoscopy, lymphadenectomy	10	$1,977		
38589		Laparoscope proc, lymphatic		BR		
38700		Removal of lymph nodes, neck	90	$1,310		
38720		Removal of lymph nodes, neck	90	$2,128		
38724		Removal of lymph nodes, neck	90	$2,094		
38740		Remove armpit lymph nodes	90	$850		
38745		Remove armpits lymph nodes	90	$1,283		
38746		Remove thoracic lymph nodes		$508		
38747		Remove abdominal lymph v		$560		
38760		Remove groin lymph nodes	90	$1,145		
38765		Remove groin lymph nodes	90	$2,129		
38770		Remove pelvis lymph nodes	90	$2,069		
38780		Remove abdomen lymph nodes	90	$2,432		
38790		Inject for lymphatic X ray	0	$757		
38790		Inject for lymphatic X ray	0	$757		
38792		Identify sentinel node	0	$84		
38794		Access thoracic lymph duct	90	$515		
38900		Io map of sent lymph node		$279		
38999		Blood/lymph system procedure		BR		
39000		Exploration of chest..	90	$982		
39010		Exploration of chest..	90	$1,790		
39200		Removal chest lesion	90	$1,849		
39220		Removal chest lesion	90	$2,402		
39400		Visualization of chest	10	$792		
39499		Chest procedure		BR		
39501		Repair diaphragm laceration	90	$1,800		
39503		Repair of diaphragm hernia	90	$4,342		
39540		Repair of diaphragm hernia	90	$1,882		
39541		Repair of diaphragm hernia	90	$1,957		
39545		Revision of diaphragm	90	$1,624		
39560		Resect diaphragm, simple	90	$1,645		
39561		Resect diaphragm, complex	90	$2,601		
39599		Diaphragm surgery procedure		BR		
40490		Biopsy of lip	0	$144		
40500		Partial excision of lip	90	$797		
40510		Partial excision of lip	90	$796		
40520		Partial excision of lip	90	$689		
40525		Reconstruct lip with flap	90	$1,274		
40527		Reconstruct lip with flap	90	$1,524		
40530		Partial removal of lip	90	$778		
40650		Repair lip	90	$610		
40652		Repair lip	90	$716		
40654		Repair lip	90	$899		
40700		Repair cleft lip/nasal	90	$1,541		
40701		Repair cleft lip/nasal	90	$2,553		
40702		Repair cleft lip/nasal	90	$1,615		
40720		Repair cleft lip/nasal	90	$1,720		
40761		Repair cleft lip/nasal	90	$1,882		
40799		Lip surgery procedure		BR		
40800		Drainage of mouth lesion	10	$137		
40801		Drainage of mouth lesion	10	$308		
40804		Removal foreign body, mouth	10	$130		
40805		Removal foreign body, mouth	10	$385		
40806		Incision of lip fold	0	$49		
40808		Biopsy of mouth lesion	10	$124		
40810		Excision of mouth lesion	10	$180		
40812		Excise/repair mouth lesion	10	$277		
40814		Excise/repair mouth lesion	90	$483		
40816		Excision of mouth lesion	90	$501		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
40818		Excise oral mucosa for graft	90	$334		
40819		Excise lip or cheek fold	90	$257		
40820		Treatment of mouth lesion	10	$129		
40830		Repair mouth laceration	10	$174		
40831		Repair mouth laceration	10	$323		
40840		Reconstruction of mouth	90	-	$1,672	$1,282
40842		Reconstruction of mouth	90	-	$1,683	$1,341
40843		Reconstruction of mouth	90	-	$2,291	$1,825
40844		Reconstruction of mouth	90	-	$2,851	$2,321
40845		Reconstruction of mouth	90	-	$3,084	$2,582
40899		Mouth surgery procedure		BR		
41000		Drainage of mouth lesion	10	$148		
41005		Drainage of mouth lesion	10	$135		
41006		Drainage of mouth lesion	90	$294		
41007		Drainage of mouth lesion	90	$431		
41008		Drainage of mouth lesion	90	$307		
41009		Drainage of mouth lesion	90	$496		
41010		Incision of tongue fold	10	$113		
41015		Drainage of mouth lesion	90	$332		
41016		Drainage of mouth lesion	90	$551		
41017		Drainage of mouth lesion	90	$373		
41018		Drainage of mouth lesion	90	$641		
41019		Place needles h&n for rt		$941		
41100		Biopsy of tongue	10	$175		
41105		Biopsy of tongue	10	$179		
41108		Biopsy of floor of mouth	10	$138		
41110		Excision of tongue lesion	10	$206		
41112		Excision of tongue lesion	90	$372		
41113		Excision of tongue lesion	90	$486		
41114		Excision of tongue lesion	90	$1,062		
41115		Excision of tongue fold	10	$258		
41116		Excision of mouth lesion	90	$363		
41120		Partial removal of tongue	90	$1,203		
41130		Partial removal of tongue	90	$1,449		
41135		Tongue and neck surgery	90	$2,578		
41140		Removal of tongue	90	$3,171		
41145		Tongue removal; neck surgery	90	$3,774		
41150		Tongue, mouth, jaw surgery	90	$2,887		
41153		Tongue, mouth, neck surgery	90	$3,484		
41155		Tongue, jaw, & neck surgery	90	$4,042		
41250		Repair tongue laceration	10	$215		
41251		Repair tongue laceration	10	$318		
41252		Repair tongue laceration	10	$392		
41500		Fixation of tongue	90	$500		
41510		Tongue to lip surgery	90	$446		
41512		Tongue suspension		$1,348		
41520		Reconstruction, tongue fold	90	$410		
41530		Tongue base vol reduction			$7,038	$872
41599		Tongue and mouth surgery		BR		
41800		Drainage of gum lesion	10	$133		
41805		Removal foreign body, gum	10	$150		
41806		Removal foreign body, jawbone	10	$314		
41820		Excision, gum, each quadrant		BR		
41821		Excision of gum flap		BR		
41822		Excision of gum lesion	10	-	$605	$382
41823		Excision of gum lesion	90	-	$891	$677
41825		Excision of gum lesion	10	$205		
41826		Excision of gum lesion	10	$320		
41827		Excision of gum lesion	90	$526		
41828		Excision of gum lesion	10	$509		
41830		Removal of gum tissue	10	-	$817	$593
41850		Treatment of gum lesion		BR		
41870		Gum graft		BR		
41872		Repair gum.....	90	$397		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
41874		Repair tooth socket...	90	$467		
41899		Dental surgery procedure		BR		
42000		Drainage mouth roof lesion	10	$132		
42100		Biopsy roof of mouth	10	$151		
42104		Excision lesion, mouth roof	10	$240		
42106		Excision lesion, mouth roof	10	$358		
42107		Excision lesion, mouth roof	90	$681		
42120		Remove palate/lesion	90	$999		
42140		Excision of uvula	90	$215		
42145		Repair, palate, pharynx/uvula	90	$1,449		
42160		Treatment mouth roof lesion	10	$244		
42180		Repair palate	10	$350		
42182		Repair palate	10	$540		
42200		Reconstruct cleft palate	90	$1,241		
42205		Reconstruct cleft palate	90	$1,456		
42210		Reconstruct cleft palate	90	$1,662		
42215		Reconstruct cleft palate	90	$1,201		
42220		Reconstruct cleft palate	90	$910		
42225		Reconstruct cleft palate	90	$1,208		
42226		Lengthening of palate	90	$1,286		
42227		Lengthening of palate	90	$1,181		
42235		Repair palate	90	$959		
42260		Repair nose to lip fistula	90	$608		
42280		Preparation, palate mold	10	$259		
42281		Insertion, palate prosthesis	10	$241		
42299		Palate/uvula surgery		BR		
42300		Drainage of salivary gland	10	$210		
42305		Drainage of salivary gland	90	$569		
42310		Drainage of salivary gland	10	$189		
42320		Drainage of salivary gland	10	$308		
42330		Removal of salivary stone	10	$239		
42335		Removal of salivary stone	90	$422		
42340		Removal of salivary stone	90	$650		
42400		Biopsy of salivary gland	0	$119		
42405		Biopsy of salivary gland	10	$353		
42408		Excision of salivary cyst	90	$569		
42409		Drainage of salivary cyst	90	$412		
42410		Excise parotid gland/lesion	90	$1,115		
42415		Excise parotid gland/lesion	90	$2,158		
42420		Excise parotid gland/lesion	90	$2,500		
42425		Excise parotid gland/lesion	90	$1,762		
42426		Excise parotid gland/lesion	90	$3,342		
42440		Excision submaxillary gland	90	$1,103		
42450		Excision sublingual gland	90	$577		
42500		Repair salivary duct	90	$650		
42505		Repair salivary duct	90	$1,000		
42507		Parotid duct diversion	90	$799		
42508		Parotid duct diversion	90	$1,217		
42509		Parotid duct diversion	90	$1,389		
42510		Parotid duct diversion	90	$1,148		
42550		Injection for salivary X-ray	0	$122		
42600		Closure of salivary fistula	90	$633		
42650		Dilation of salivary duct	0	$85		
42660		Dilation of salivary duct	0	$120		
42665		Ligation of salivary duct	90	$334		
42699		Salivary surgery procedure		BR		
42700		Drainage of tonsil abscess	10	$179		
42720		Drainage of throat abscess	10	$334		
42725		Drainage of throat abscess	90	$891		
42800		Biopsy of throat	10	$153		
42802		Biopsy of throat	10	$187		
42804		Biopsy of upper nose/throat	10	$171		
42806		Biopsy of upper nose/throat	10	$220		
42808		Excise pharynx lesion	10	$358		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
42809		Remove pharynx foreign body	10	$189		
42810		Excision of neck cyst	90	$483		
42815		Excision of neck cyst	90	$1,157		
42820		Remove tonsils and adenoids	90	$500		
42821		Remove tonsils and adenoids	90	$602		
42825		Removal of tonsils	90	$438		
42826		Removal of tonsils	90	$530		
42830		Removal of adenoids	90	$327		
42831		Removal of adenoids	90	$370		
42835		Removal of adenoids	90	$296		
42836		Removal of adenoids	90	$439		
42842		Extensive surgery of throat	90	$1,101		
42844		Extensive surgery of throat	90	$1,759		
42845		Extensive surgery of throat	90	$3,024		
42860		Excision of tonsil tags	90	$300		
42870		Excision of lingual tonsil	90	$549		
42890		Partial removal of pharynx	90	$1,536		
42892		Revision of pharyngeal walls	90	$1,850		
42894		Revision of pharyngeal walls	90	$2,730		
42900		Repair throat wound	10	$689		
42950		Reconstruction of throat	90	$1,321		
42953		Repair throat, esophagus	90	$1,096		
42955		Surgical opening of throat	90	$726		
42960		Control throat bleeding	10	$247		
42961		Control throat bleeding	90	$504		
42962		Control throat bleeding	90	$942		
42970		Control nose/throat bleeding	90	$418		
42971		Control nose/throat bleeding	90	$623		
42972		Control nose/throat bleeding	90	$838		
42999		Throat surgery procedure		BR		
43020		Incision of esophagus	90	$1,063		
43030		Throat muscle surgery	90	$1,240		
43045		Incision of esophagus.	90	$2,471		
43100		Excision of esophagus lesion	90	$1,208		
43101		Excision of esophagus lesion	90	$1,957		
43107		Removal of esophagus	90	$3,788		
43108		Removal of esophagus	90	$4,388		
43112		Removal of esophagus	90	$3,888		
43113		Removal of esophagus	90	$4,457		
43116		Partial removal of esophagus	90	$4,180		
43117		Partial removal of esophagus	90	$4,096		
43118		Partial removal of esophagus	90	$4,318		
43121		Partial removal of esophagus	90	$3,727		
43122		Partial removal of esophagus	90	$3,727		
43123		Partial removal of esophagus	90	$4,318		
43124		Removal of esophagus	90	$3,616		
43130		Removal of esophagus pouch	90	$1,614		
43135		Removal of esophagus pouch	90	$2,053		
43200		Esophagus endoscopy	0	$301		
43201		Esoph scope w/submucous inj			$654	$267
43202		Esophagus endoscopy, biopsy	0	$362		
43204		Esophagus endoscopy & inject	0	$639		
43205		Esophagus endoscopy/ligation	0	$469		
43215		Esophagus endoscopy	0	$494		
43216		Esophagus endoscopy/ligation	0	$512		
43217		Esophagus endoscopy	0	$512		
43219		Esophagus endoscopy	0	$484		
43220		Esophagus endoscopy, dilation	0	$364		
43226		Esophagus endoscopy, dilation	0	$428		
43227		Esophagus endoscopy, repair	0	$605		
43228		Esophagus endoscopy, ablation	0	$633		
43231		Esoph endoscopy w/us exam		$401		
43232		Esoph endoscopy w/us fn bx		$546		
43234		Upper gi endoscopy, exam	0	$360		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
43235		Upper gi endoscopy, diagnosis	0	$427		
43236		Uppr gi scope w/submuc inj			$795	$364
43237		Endoscopic us exam esoph		$490		
43238		Uppr gi endoscopy w/us fn bx		$612		
43239		Upper gi endoscopy, biopsy	0	$486		
43240		Esoph endoscope w/drain cyst		$831		
43241		Upper gi endoscopy with Tube	0	$502		
43242		Uppr gi endoscopy w/us fn bx		$887		
43243		Upper gi endoscopy & inject	0	$749		
43244		Upper gi endoscopy/ligation	0	$569		
43245		Operative upper gi endoscopy	0	$580		
43246		Place gastrostomy tube	0	$738		
43247		Operative upper gi endoscopy	0	$582		
43248		Upper gi endoscopy/guidewire	0	$392		
43249		Esophagus endoscopy, dilation	0	$485		
43250		Upper gi endoscopy/tumor	0	$634		
43251		Operative upper gi endoscopy	0	$634		
43255		Operative upper gi endoscopy	0	$737		
43256		Uppr gi endoscopy w/stent		$532		
43257		Uppr gi scope w/thrml txmnt		$679		
43258		Operative upper gi endoscopy	0	$732		
43259		Endoscopic ultrasound exam	0	$486		
43260		Endoscopy,bile duct/pancreas	0	$873		
43261		Endoscopy,bile duct/pancreas	0	$895		
43262		Endoscopy,bile duct/pancreas	0	$1,202		
43263		Endoscopy,bile duct/pancreas	0	$878		
43264		Endoscopy,bile duct/pancreas	0	$1,305		
43265		Endoscopy,bile duct/pancreas	0	$1,148		
43267		Endoscopy,bile duct/pancreas	0	$1,082		
43268		Endoscopy,bile duct/pancreas	0	$1,181		
43269		Endoscopy,bile duct/pancreas	0	$985		
43271		Endoscopy,bile duct/pancreas	0	$1,099		
43272		Endoscopy,bile duct/pancreas	0	$949		
43273		Endoscopic pancreatoscopy		$264		
43279		Lap myotomy heller		$2,691		
43280		Laparoscopy, fundoplasty	90	$2,250		
43281		Lap paraesophag hern repair		$3,211		
43282		Lap paraesoph her rpr w/mesh		$3,611		
43283		Lap esoph lengthening		$333		
43289		Laparoscope proc, esoph		BR		
43300		Repair of esophagus	90	$1,533		
43305		Repair esophagus and fistula	90	$2,239		
43310		Repair of esophagus	90	$3,145		
43312		Repair esophagus and fistula	90	$3,064		
43313		Esophagoplasty congenital		$6,062		
43314		Tracheo-esophagoplasty cong		$6,054		
43320		Fuse esophagus & stomach.	90	$2,087		
43325		Revise esophagus & stomach	90	$2,020		
43327		Esoph fundoplasty lap		$1,698		
43328		Esoph fundoplasty thor		$2,484		
43330		Repair of esophagus...	90	$2,075		
43331		Repair of esophagus	90	$2,244		
43332		Transab esoph hiat hern rpr		$2,418		
43333		Transab esoph hiat hern rpr		$2,625		
43334		Transthor diaphrag hern rpr		$2,647		
43335		Transthor diaphrag hern rpr		$2,850		
43336		Thorabd diaphr hern repair		$3,126		
43337		Thorabd diaphr hern repair		$3,421		
43338		Esoph lengthening		$273		
43340		Fuse esophagus & intestine	90	$2,062		
43341		Fuse esophagus & intestine	90	$1,892		
43350		Surgical opening, esophagus	90	$1,436		
43351		Surgical opening, esophagus	90	$1,680		
43352		Surgical opening, esophagus	90	$1,505		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
43360		Gastrointestinal repair	90	$3,613		
43361		Gastrointestinal repair	90	$4,180		
43400		Ligate esophagus veins	90	$1,982		
43401		Esophagus surgery for veins	90	$1,967		
43405		Ligate/staple esophagus	90	$2,227		
43410		Repair esophagus wound	90	$1,420		
43415		Repair esophagus wound	90	$2,251		
43420		Repair esophagus opening	90	$1,193		
43425		Repair esophagus opening	90	$2,029		
43450		Dilate esophagus	0	$150		
43453		Dilate esophagus	0	$222		
43456		Dilate esophagus	0	$441		
43458		Dilation of esophagus	0	$269		
43460		Pressure treatment esophagus	0	$398		
43496		Free jejunum flap, microvasc	90	BR		
43499		Esophagus surgery procedure		BR		
43500		Surgical opening of stomach	90	$1,057		
43501		Surgical repair of stomach	90	$1,794		
43502		Surgical repair of stomach	90	$1,836		
43510		Surgical opening of stomach	90	$1,327		
43520		Incision of pyloric muscle	90	$875		
43605		Biopsy of stomach	90	$1,092		
43610		Excision of stomach lesion	90	$1,415		
43611		Excision of stomach lesion	90	$1,580		
43620		Removal of stomach	90	$2,803		
43621		Removal of stomach	90	$2,835		
43622		Removal of stomach	90	$2,930		
43631		Removal of stomach, partial	90	$2,349		
43632		Removal stomach, partial	90	$2,349		
43633		Removal stomach, partial	90	$2,380		
43634		Removal stomach, partial	90	$3,206		
43635		Partial removal of stomach		$241		
43640		Vagotomy & pylorus repair	90	$1,827		
43641		Vagotomy & pylorus repair	90	$1,826		
43644		Lap gastric bypass/roux-en-y		$3,594		
43645		Lap gastr bypass incl smll i		$3,848		
43651		Laparoscopy, vagus nerve	90	$1,360		
43652		Laparoscopy, vagus nerve	90	$1,588		
43653		Laparoscopy, gastrostomy	90	$1,191		
43659		Laparoscope proc, stom		BR		
43752		Nasal/orogastric w/stent		$83		
43753		Tx gastro intub w/asp		$43		
43754		Dx gastr intub w/asp spec			$174	$66
43755		Dx gastr intub w/asp specs			$263	$119
43756		Dx duod intub w/asp spec			$484	$107
43757		Dx duod intub w/asp specs			$683	$162
43760		Change gastrostomy tube	0	$133		
43761		Reposition gastrostomy tube	0	$226		
43770		Lap place gastr adj device		$2,322		
43771		Lap revise gastr adj device		$2,637		
43772		Lap rmvl gastr adj device		$1,981		
43773		Lap replace gastr adj device		$2,635		
43774		Lap rmvl gastr adj all parts		$1,995		
43775		Lap sleeve gastrectomy		$2,653		
43800		Reconstruction of pylorus	90	$1,256		
43810		Fusion of stomach and bowel	90	$1,363		
43820		Fusion of stomach and bowel	90	$1,499		
43825		Fusion of stomach and bowel	90	$1,888		
43830		Place gastrostomy tube	90	$1,003		
43831		Place gastrostomy tube	90	$888		
43832		Place gastrostomy tube	90	$1,474		
43840		Repair of stomach lesion	90	$1,413		
43842		Gastroplasty for obesity	90	$2,126		
43843		Gastroplasty for obesity	90	$2,131		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
43845		Gastroplasty duodenal switch		$4,059		
43846		Gastric bypass for obesity	90	$2,556		
43847		Gastric bypass for obesity	90	$2,147		
43848		Revision gastroplasty	90	$2,814		
43850		Revise stomach-bowel fusion	90	$2,267		
43855		Revise stomach-bowel fusion	90	$2,257		
43860		Revise stomach-bowel fusion	90	$2,273		
43865		Revise stomach-bowel fusion	90	$2,514		
43870		Repair stomach opening	90	$953		
43880		Repair stomach-bowel fistula	90	$1,993		
43886		Revise gastric port open		$754		
43887		Remove gastric port open		$681		
43888		Change gastric port open		$954		
43999		Stomach surgery procedure		BR		
44005		Freeing of bowel adhesion	90	$1,596		
44010		Incision of small bowel	90	$1,244		
44015		Insert needle cath bowel		$390		
44020		Exploration of small bowel	90	$1,427		
44021		Decompress small bowel	90	$1,368		
44025		Incision of large bowel	90	$1,446		
44050		Reduce bowel obstruction	90	$1,378		
44055		Correct malrotation of bowel	90	$1,500		
44100		Biopsy of bowel	0	$250		
44110		Excision of bowel lesion(s)	90	$1,293		
44111		Excision of bowel lesion(s)	90	$1,618		
44120		Removal of small intestine	90	$1,793		
44121		Removal of small intestine		$508		
44125		Removal of small intestine	90	$1,916		
44126		Enterectomy w/o taper cong		$5,115		
44127		Enterectomy w/taper cong		$5,912		
44128		Enterectomy cong add-on		$504		
44130		Bowel to bowel fusion	90	$1,575		
44139		Mobilization of colon		$257		
44140		Partial removal of colon	90	$2,189		
44141		Partial removal of colon	90	$2,261		
44143		Partial removal of colon	90	$2,128		
44144		Partial removal of colon	90	$2,107		
44145		Partial removal of colon	90	$2,707		
44146		Partial removal of colon	90	$2,921		
44147		Partial removal of colon	90	$2,534		
44150		Removal of colon	90	$2,623		
44151		Removal of colon/ileostomy	90	$2,150		
44155		Removal of colon	90	$2,991		
44156		Removal of colon/ileostomy	90	$2,436		
44157		Colectomy w/ileoanal anast		$4,527		
44160		Removal of colon	90	$2,068		
44180		Lap enterolysis		$1,910		
44186		Lap jejunostomy		$1,355		
44187		Lap ileo/jejuno-stomy		$2,311		
44188		Lap colostomy		$2,557		
44202		Laparo, resect intestine	90	BR		
44203		Lap resect s/intestine addl		$504		
44204		Laparo partial colectomy		$3,206		
44205		Lap colectomy part w/ileum		$2,789		
44206		Lap part colectomy w/stoma		$3,658		
44207		L colectomy/coloproctostomy		$3,811		
44208		L colectomy/coloproctostomy		$4,148		
44210		Laparo total proctocolectomy		$3,748		
44211		Lap colectomy w/proctectomy		$4,693		
44212		Laparo total proctocolectomy		$4,313		
44213		Lap mobil splenic fl add-on		$393		
44227		Lap close enterostomy		$3,476		
44300		Open bowel to skin	90	$1,069		
44310		Ileostomy/jejunostomy	90	$1,389		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
44312		Revision of ileostomy	90	$628		
44314		Revision of ileostomy	90	$1,250		
44316		Devise bowel pouch	90	$1,746		
44320		Colostomy	90	$1,446		
44322		Colostomy with biopsies	90	$1,505		
44340		Revision of colostomy	90	$492		
44345		Revision of colostomy	90	$1,127		
44346		Revision of colostomy	90	$1,356		
44360		Small bowel endoscopy	0	$494		
44361		Small bowel endoscopy, biopsy	0	$567		
44363		Small bowel endoscopy	0	$516		
44364		Small bowel endoscopy	0	$679		
44365		Small bowel endoscopy	0	$671		
44366		Small bowel endoscopy	0	$799		
44369		Small bowel endoscopy	0	$866		
44370		Small bowel endoscopy/stent		$600		
44372		Small bowel endoscopy	0	$812		
44373		Small bowel endoscopy	0	$682		
44376		Small bowel endoscopy	0	$668		
44377		Small bowel endoscopy	0	$707		
44378		Small bowel endoscopy	0	$922		
44379		S bowel endoscope w/stent		$921		
44380		Small bowel endoscopy	0	$278		
44382		Small bowel endoscopy	0	$355		
44383		Ileoscopy w/stent		$339		
44385		Endoscopy of bowel pouch	0	$348		
44386		Endoscopy, bowel pouch, biops	0	$270		
44388		Colon endoscopy	0	$491		
44389		Colonoscopy with biopsy	0	$537		
44390		Colonoscopy for foreign body	0	$477		
44391		Colonoscopy for bleeding	0	$717		
44392		Colonoscopy & polypectomy	0	$707		
44393		Colonoscopy, lesion removal	0	$775		
44394		Colonoscopy w/snare	0	$707		
44397		Colonoscopy w/stent		$579		
44500		Intro, gastrointestinal tube	0	$46		
44602		Suture, small intestine	90	$1,345		
44603		Suture, small intestine	90	$1,698		
44604		Suture, large intestine	90	$1,592		
44605		Repair of bowel lesion	90	$1,790		
44615		Intestinal stricturoplasty	90	$1,323		
44620		Repair bowel opening	90	$1,195		
44625		Repair bowel opening..	90	$1,716		
44626		Repair bowel opening..	90	$2,541		
44640		Repair bowel-skin fistula	90	$1,503		
44650		Repair bowel fistula	90	$1,596		
44660		Repair bowel-bladder fistula	90	$1,606		
44661		Repair bowel-bladder fistula	90	$2,259		
44680		Surgical revision, intestine	90	$1,718		
44700		Suspend bowel w/prosthesis	90	$1,923		
44701		Intraop colon lavage add-on		$348		
44720		Prep donor intestine/venous		$507		
44721		Prep donor intestine/artery		$798		
44799		Intestine surgery procedure		BR		
44800		Excision of bowel pouch	90	$1,164		
44820		Excision of mesentery lesion	90	$1,155		
44850		Repair of mesentery	90	$1,092		
44899		Bowel surgery procedure		BR		
44900		Drain app abscess, open	90	$1,004		
44901		Drain app abscess, percut	0	$457		
44950		Appendectomy	90	$847		
44955		Appendectomy add-on...		$248		
44960		Appendectomy	90	$1,197		
44970		Laparoscopy, appendectomy	90	$1,246		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
44979		Laparoscope proc, app.		BR		
45000		Drainage of pelvic abscess	90	$433		
45005		Drainage of rectal abscess	10	$245		
45020		Drainage of rectal abscess	90	$533		
45100		Biopsy of rectum	90	$397		
45108		Removal of anorectal lesion	90	$530		
45110		Removal of rectum.....	90	$2,993		
45111		Partial removal of rectum.	90	$2,121		
45112		Removal of rectum.....	90	$3,139		
45113		Partial proctectomy	90	$3,088		
45114		Partial removal of rectum	90	$2,886		
45116		Partial removal of rectum	90	$2,280		
45119		Remove rectum w/reservoir	90	$3,158		
45120		Removal of rectum.....	90	$3,066		
45121		Removal of rectum and colon	90	$2,852		
45123		Partial proctectomy	90	$1,927		
45126		Pelvic exenteration...	90	$4,017		
45130		Excision of rectal prolapse	90	$1,680		
45135		Excision of rectal prolapse	90	$2,464		
45136		Excise ileoanal reservior		$3,800		
45150		Excision of rectal stricture	90	$657		
45160		Excision of rectal lesion	90	$1,541		
45171		Exc rect tum transanal part		$1,254		
45172		Exc rect tum transanal full		$1,696		
45190		Destruction rectal tumor	90	$984		
45300		Proctosigmoidoscopy	0	$94		
45303		Proctosigmoidoscopy	0	$96		
45305		Proctosigmoidoscopy; biopsy	0	$141		
45307		Proctosigmoidoscopy	0	$224		
45308		Proctosigmoidoscopy	0	$229		
45309		Proctosigmoidoscopy	0	$229		
45315		Proctosigmoidoscopy	0	$239		
45317		Proctosigmoidoscopy	0	$296		
45320		Proctosigmoidoscopy	0	$360		
45321		Proctosigmoidoscopy	0	$273		
45327		Proctosigmoidoscopy w/stent		$254		
45330		Sigmoidoscopy, diagnostic	0	$164		
45331		Sigmoidoscopy and biopsy	0	$215		
45332		Sigmoidoscopy	0	$275		
45333		Sigmoidoscopy & polypectomy	0	$330		
45334		Sigmoidoscopy for bleeding	0	$420		
45335		Sigmoidoscopy w/submuc inj		$585		
45337		Sigmoidoscopy, decompression	0	$417		
45338		Sigmoidoscopy	0	$330		
45339		Sigmoidoscopy	0	$474		
45340		Sig w/balloon dilation			$1,036	$242
45341		Sigmoidoscopy w/ultrasound		$329		
45342		Sigmoidoscopy w/us guide bx		$502		
45345		Sigmoidoscopy w/stent		$365		
45355		Surgical colonoscopy	0	$339		
45378		Diagnostic colonoscopy	0	$582		
45379		Colonoscopy	0	$744		
45380		Colonoscopy and biopsy	0	$651		
45381		Colonoscopy submucous inj			$984	$512
45382		Colonoscopy,control bleeding	0	$850		
45383		Colonoscopy, lesion removal	0	$871		
45384		Colonoscopy	0	$880		
45385		Colonoscopy, lesion removal	0	$880		
45386		Colonoscopy dilate stricture			$1,412	$554
45387		Colonoscopy w/stent		$725		
45391		Colonoscopy w/endoscope us		$619		
45392		Colonoscopy w/endoscopic fnb		$797		
45395		Lap removal of rectum		$4,152		
45397		Lap remove rectum w/pouch		$4,490		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
45400		Laparoscopic proc		$2,409		
45402		Lap proctopexy w/sig resect		$3,193		
45500		Repair of rectum	90	$973		
45505		Repair of rectum	90	$924		
45520		Treatment of rectal prolapse	0	$90		
45540		Correct rectal prolapse	90	$1,697		
45541		Correct rectal prolapse	90	$1,557		
45550		Repair rectum;remove sigmoid	90	$1,930		
45560		Repair of rectocele	90	$938		
45562		Exploration/repair of rectum	90	$1,456		
45563		Exploration/repair of rectum	90	$2,297		
45800		Repair rectumbladder fistula	90	$1,701		
45805		Repair fistula; colostomy	90	$2,110		
45820		Repair rectourethral fistula	90	$1,665		
45825		Repair fistula; colostomy	90	$1,910		
45900		Reduction of rectal prolapse	10	$168		
45905		Dilation of anal sphincter	10	$166		
45910		Dilation of rectal narrowing	10	$203		
45915		Remove rectal obstruction	10	$210		
45990		Surg dx exam anorectal		$222		
45999		Rectum surgery procedure		BR		
46020		Placement of seton			$573	$487
46030		Removal of rectal marker	10	$118		
46040		Incision of rectal abscess	90	$490		
46045		Incision of rectal abscess	90	$434		
46050		Incision of anal abscess	10	$131		
46060		Incision of rectal abscess	90	$815		
46070		Incision of anal septum	90	$307		
46080		Incision of anal sphincter	10	$348		
46083		Incise external hemorrhoid	10	$146		
46200		Removal of anal fissure	90	$494		
46220		Removal of anal tab	10	$161		
46221		Ligation of hemorrhoid(s)	10	$155		
46230		Removal of anal tabs	10	$246		
46250		Hemorrhoidectomy	90	$542		
46255		Hemorrhoidectomy	90	$745		
46257		Remove hemorrhoids & fissure	90	$863		
46258		Remove hemorrhoids & fistula	90	$945		
46260		Hemorrhoidectomy	90	$992		
46261		Remove hemorrhoids & fissure	90	$1,026		
46262		Remove hemorrhoids & fistula	90	$1,054		
46270		Removal of anal fistula	90	$407		
46275		Removal of anal fistula	90	$777		
46280		Removal of anal fistula	90	$917		
46285		Removal of anal fistula	90	$467		
46288		Repair of anal fistula	90	$786		
46320		Removal of hemorrhoid clot	10	$170		
46505		Chemodenervation anal musc			$594	$498
46600		Diagnostic anoscopy	0	$58		
46604		Anoscopy and dilation	0	$124		
46606		Anoscopy and biopsy	0	$87		
46608		Anoscopy;remove foreign body	0	$192		
46610		Anoscopy; remove lesion	0	$178		
46611		Anoscopy	0	$178		
46612		Anoscopy; remove lesions	0	$227		
46614		Anoscopy; control bleeding	0	$270		
46615		Anoscopy	0	$318		
46700		Repair of anal stricture	90	$976		
46705		Repair of anal stricture	90	$761		
46706		Repr of anal fistula w/glue		$347		
46707		Repair anorectal fist w/plug		$963		
46710		Repr per/vag pouch sngl proc		$2,270		
46712		Repr per/vag pouch dbl proc		$4,249		
46715		Repair of anovaginal fistula	90	$783		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
46716		Repair of anovaginal fistula	90	$1,348		
46730		Construction of absent anus	90	$2,392		
46735		Construction of absent anus	90	$2,901		
46740		Construction of absent anus	90	$2,571		
46742		Repair, imperforated anus	90	$3,504		
46744		Repair, cloacal anomaly	90	$3,934		
46746		Repair, cloacal anomaly	90	$4,304		
46748		Repair, cloacal anomaly	90	$4,795		
46750		Repair of anal sphincter	90	$1,032		
46751		Repair of anal sphincter	90	$907		
46753		Reconstruction of anus	90	$846		
46754		Removal of suture from anus	10	$234		
46760		Repair of anal sphincter	90	$1,333		
46761		Repair of anal sphincter	90	$1,299		
46762		Implant artificial sphincter	90	$1,146		
46900		Destruction, anal lesion(s)	10	$160		
46910		Destruction, anal lesion(s)	10	$180		
46916		Cryosurgery, anal lesion(s)	10	$180		
46917		Laser surgery,anal lesion(s)	10	$287		
46922		Excision of anal lesion(s)	10	$235		
46924		Destruction, anal lesion(s)	10	$406		
46930		Destroy internal hemorrhoids			$422	$306
46940		Treatment of anal fissure	10	$206		
46942		Treatment of anal fissure	10	$181		
46945		Ligation of hemorrhoids	90	$270		
46946		Ligation of hemorrhoids	90	$364		
46947		Hemorrhoidopexy by stapling		$797		
46999		Anus surgery procedure		BR		
47000		Needle biopsy of liver	0	$342		
47001		Needle biopsy, liver add-on		$234		
47010		Open drainage, liver lesion	90	$1,302		
47011		Percut drain, liver lesion	0	$538		
47015		Inject/aspirate liver cyst	90	$1,166		
47100		Wedge biopsy of liver	90	$833		
47120		Partial removal of liver	90	$2,440		
47122		Extensive removal of liver	90	$3,802		
47125		Partial removal of liver	90	$3,519		
47130		Partial removal of liver	90	$3,867		
47133		Removal of donor liver		BR		
47135		Transplantation of liver	90	$10,022		
47136		Transplantation of liver	90	$7,373		
47140		Partial removal donor liver		$7,241		
47141		Partial removal donor liver		$8,173		
47142		Partial removal donor liver		$9,745		
47146		Prep donor liver/venous		$683		
47147		Prep donor liver/arterial		$796		
47300		Surgery for liver lesion	90	$1,276		
47350		Repair liver wound....	90	$1,509		
47360		Repair liver wound....	90	$2,128		
47361		Repair liver wound....	90	$3,402		
47362		Repair liver wound....	90	$1,333		
47370		Laparo ablate liver tumor rf		$2,552		
47371		Laparo ablate liver cryosurg		$2,606		
47380		Open ablate liver tumor rf		$2,954		
47381		Open ablate liver tumor cryo		$3,070		
47399		Liver surgery procedure		BR		
47400		Incision of liver duct	90	$2,038		
47420		Incision of bile duct	90	$1,975		
47425		Incision of bile duct	90	$2,049		
47460		Incise bile duct sphincter	90	$2,187		
47480		Incision of gallbladder	90	$1,221		
47490		Incision of gallbladder	90	$707		
47500		Injection for liver X-rays	0	$256		
47505		Injection for liver X-rays	0	$158		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
47510		Insert catheter, bile duct	90	$744		
47511		Insert bile duct drain	90	$922		
47525		Change bile duct catheter	10	$507		
47530		Revise/reinsert bile tube	90	$589		
47550		Bile duct endoscopy add-on		$341		
47552		Biliary endoscopy, thru skin	0	$539		
47553		Biliary endoscopy, thru skin	0	$763		
47554		Biliary endoscopy, thru skin	0	$967		
47555		Biliary endoscopy, thru skin	0	$742		
47556		Biliary endoscopy, thru skin	0	$814		
47560		Laparoscopy w/cholangio	90	$556		
47561		Laparo w/cholangio/biopsy	0	$610		
47562		Laparoscopic cholecystectomy	90	$1,558		
47563		Laparo cholecystectomy graph	90	$1,483		
47564		Laparo cholecystectomy explr	90	$2,309		
47570		Laparo cholecystoenterostomy	90	$1,608		
47579		Laparoscope proc, biliary		BR		
47600		Removal of gallbladder	90	$1,401		
47605		Removal of gallbladder	90	$1,517		
47610		Removal of gallbladder	90	$1,785		
47612		Removal of gallbladder	90	$2,267		
47620		Removal of gallbladder	90	$2,080		
47630		Remove bile duct stone	90	$882		
47700		Exploration of bile ducts	90	$1,625		
47701		Bile duct revision	90	$2,597		
47711		Excision of bile duct tumor	90	$2,288		
47712		Excision of bile duct tumor	90	$2,678		
47715		Excision of bile duct cyst	90	$1,729		
47720		Fuse gallbladder & bowel	90	$1,627		
47721		Fuse upper gi structures	90	$2,004		
47740		Fuse gallbladder & bowel	90	$1,860		
47741		Fuse gallbladder & bowel	90	$2,352		
47760		Fuse bile ducts and bowel.	90	$2,515		
47765		Fuse liver ducts & bowel.	90	$2,668		
47780		Fuse bile ducts and bowel	90	$2,563		
47785		Fuse bile ducts and bowel	90	$2,815		
47800		Reconstruction of bile ducts	90	$2,362		
47801		Placement, bile duct support	90	$1,244		
47802		Fuse liver duct & intestine	90	$1,984		
47900		Suture bile duct injury	90	$2,190		
47999		Bile tract surgery procedure		BR		
48000		Drainage of abdomen	90	$1,526		
48001		Placement of drain, pancreas	90	$1,809		
48020		Removal of pancreatic stone	90	$1,510		
48100		Biopsy of pancreas	90	$1,076		
48102		Needle biopsy, pancreas	10	$502		
48105		Resect/debride pancreas		$5,918		
48120		Removal of pancreas lesion	90	$1,740		
48140		Partial removal of pancreas	90	$2,434		
48145		Partial removal of pancreas	90	$2,687		
48146		Pancreatectomy	90	$2,841		
48148		Removal of pancreatic duct	90	$1,722		
48150		Partial removal of pancreas	90	$4,350		
48152		Pancreatectomy	90	$4,125		
48153		Pancreatectomy	90	$4,350		
48154		Pancreatectomy	90	$4,125		
48155		Removal of pancreas	90	$3,122		
48160		Pancreas removal, transplant		BR		
48400		Injection, intraop add on		$221		
48500		Surgery of pancreas cyst	90	$1,573		
48510		Drain pancreatic pseudocyst	90	$1,547		
48511		Drain pancreatic pseudocyst	0	$551		
48520		Fuse pancreas cyst and bowel	90	$1,890		
48540		Fuse pancreas cyst and bowel	90	$2,201		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
48545		Pancreatorrhaphy	90	$1,706		
48547		Duodenal exclusion	90	$2,467		
48548		Fuse pancreas and bowel		$3,448		
48550		Donor pancreatectomy		BR		
48552		Prep donor pancreas/venous		$488		
48554		Transplantallograft pancreas	90	$5,322		
48556		Removal, allograft pancreas	90	$2,648		
48999		Pancreas surgery procedure		BR		
49000		Exploration of abdomen	90	$1,217		
49002		Reopening of abdomen	90	$1,179		
49010		Exploration behind abdomen	90	$1,377		
49020		Drain abdominal abscess	90	$1,666		
49021		Drain abdominal abscess	0	$596		
49040		Drain, open, abdom abscess	90	$1,266		
49041		Drain, percut, abdom abscess	0	$565		
49060		Drain, open, retrop abscess	90	$1,324		
49061		Drain, percut, retroper absc	0	$531		
49062		Drain to peritoneal cavity	90	$1,414		
49082		Abd paracentesis			$337	$143
49084		Peritoneal lavage		$204		
49180		Biopsy, abdominal mass	0	$249		
49204		Exc abd tum over 5 cm		$3,154		
49205		Exc abd tum over 10 cm		$3,618		
49215		Excise sacral spine tumor	90	$2,204		
49220		Multiple surgery, abdomen	90	$2,017		
49250		Excision of umbilicus	90	$913		
49255		Removal of omentum	90	$733		
49320		Diag laparo separate proc	10	$680		
49321		Laparoscopy, biopsy...	10	$720		
49322		Laparoscopy, aspiration	10	$771		
49323		Laparo drain lymphocele	90	$1,343		
49324		Lap insert tunnel ip cath		$820		
49325		Lap revision perm ip cath		$875		
49326		Lap w/omentopexy add-on		$393		
49327		Lap ins device for rt		$269		
49329		Laparo proc, abdm/per/oment		BR		
49400		Air injection into abdomen	0	$224		
49402		Remove foreign body adbomen		$1,772		
49411		Ins mark abd/pel for rt perq		$1,143		
49412		Ins device for rt guide open		$167		
49418		Insert tun ip cath perc		$3,273		
49419		Insert tun ip cath w/port		$917		
49421		Insert abdominal drain	90	$697		
49422		Remove perm cannula/catheter	10	$756		
49423		Exchange drainage catheter	0	$185		
49424		Assess cyst, contrast inject	0	$98		
49425		Insert abdomen-venous drain	90	$1,486		
49426		Revise abdomen-venous shunt	90	$1,064		
49427		Injection, abdominal shunt	0	$101		
49428		Ligation of shunt	10	$228		
49429		Removal of shunt	10	$731		
49435		Insert subq exten to ip cath		$251		
49436		Embedded ip cath exit-site		$385		
49440		Place gastrostomy tube perc		$2,176		
49441		Place duod/jej tube perc			$2,422	$522
49442		Place cecostomy tube perc			$1,916	$443
49446		Change g-tube to g-j perc			$2,051	$332
49450		Replace g/c tube perc			$1,357	$136
49451		Replace duod/jej tube perc			$1,483	$187
49452		Replace g-j tube perc			$1,823	$287
49460		Fix g/colon tube w/device			$1,528	$99
49465		Fluoro exam of g/colon tube			$351	$62
49491		Rpr hern preemie reduc		$1,590		
49492		Rpr ing hern premie blocked		$1,983		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
49495		Repair inguinal hernia, init	90	$830		
49496		Repair inguinal hernia, init	90	$1,026		
49500		Repair inguinal hernia	90	$733		
49501		Repair inguinal hernia, init	90	$948		
49505		Repair inguinal hernia	90	$823		
49507		Repair, inguinal hernia	90	$957		
49520		Rerepair inguinal hernia	90	$1,006		
49521		Repair inguinal hernia, rec	90	$1,101		
49525		Repair inguinal hernia	90	$969		
49540		Repair lumbar hernia	90	$1,008		
49550		Repair femoral hernia	90	$898		
49553		Repair femoral hernia, init	90	$919		
49555		Repair femoral hernia	90	$1,035		
49557		Repair femoral hernia, recur	90	$1,137		
49560		Repair abdominal hernia	90	$1,170		
49561		Repair incisional hernia	90	$1,290		
49565		Rerepair abdominal hernia	90	$1,228		
49566		Repair incisional hernia	90	$1,356		
49568		Hernia repair w/mesh..		$557		
49570		Repair epigastric hernia	90	$691		
49572		Repair, epigastric hernia	90	$859		
49580		Repair umbilical hernia	90	$598		
49582		Repair umbilical hernia	90	$756		
49585		Repair umbilical hernia	90	$727		
49587		Repair umbilical hernia	90	$797		
49590		Repair abdominal hernia	90	$948		
49600		Repair umbilical lesion	90	$1,099		
49605		Repair umbilical lesion	90	$2,284		
49606		Repair umbilical lesion	90	$1,925		
49610		Repair umbilical lesion	90	$1,174		
49611		Repair umbilical lesion	90	$1,263		
49650		Laparo hernia repair initial	90	$888		
49651		Laparo hernia repair recur	90	$1,157		
49652		Lap vent/abd hernia repair		$1,433		
49653		Lap vent/abd hern proc comp		$1,790		
49654		Lap inc hernia repair		$1,627		
49655		Lap inc hern repair comp		$1,989		
49656		Lap inc hernia repair recur		$1,767		
49657		Lap inc hern recur comp		$2,538		
49659		Laparo proc, hernia repair		BR		
49900		Repair of abdominal wall	90	$634		
49904		Omental flap extra-abdom		$3,019		
49905		Omental flap		$763		
49906		Free omental flap, microvasc	90	BR		
49999		Abdomen surgery procedure		BR		
50010		Exploration of kidney	90	$1,469		
50020		Renal abscess, open drain.	90	$1,638		
50021		Renal abscess, percut drain	0	$522		
50040		Drainage of kidney	90	$1,529		
50045		Exploration of kidney	90	$1,783		
50060		Removal of kidney stone	90	$2,227		
50065		Incision of kidney	90	$2,471		
50070		Incision of kidney	90	$2,362		
50075		Removal of kidney stone	90	$3,012		
50080		Removal of kidney stone	90	$1,935		
50081		Removal of kidney stone	90	$2,618		
50100		Revise kidney blood vessels	90	$1,897		
50120		Exploration of kidney	90	$1,922		
50125		Explore and drain kidney	90	$1,955		
50130		Removal of kidney stone	90	$2,136		
50135		Exploration of kidney	90	$2,607		
50200		Biopsy of kidney	0	$387		
50205		Biopsy of kidney	90	$1,347		
50220		Removal of kidney	90	$2,175		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
50225		Removal of kidney	90	$2,630		
50230		Removal of kidney	90	$2,888		
50234		Removal of kidney & ureter	90	$2,790		
50236		Removal of kidney & ureter	90	$3,031		
50240		Partial removal of kidney	90	$2,686		
50250		Cryoablate renal mass open		$2,494		
50280		Removal of kidney lesion	90	$1,886		
50290		Removal of kidney lesion	90	$1,681		
50300		Removal of donor kidney		BR		
50320		Removal of donor kidney	90	$2,787		
50327		Prep renal graft/venous		$448		
50328		Prep renal graft/arterial		$391		
50329		Prep renal graft/ureteral		$360		
50340		Removal of kidney	90	$1,802		
50360		Transplantation of kidney	90	$4,131		
50365		Transplantation of kidney	90	$4,752		
50370		Remove transplanted kidney	90	$1,840		
50380		Reimplantation of kidney	90	$2,005		
50382		Change ureter stent percut			$2,473	$554
50384		Remove ureter stent percut			$1,993	$502
50385		Change stent via transureth			$2,388	$470
50386		Remove stent via transureth			$1,555	$355
50387		Change ext/int ureter stent			$1,148	$201
50389		Remove renal tube w/fluoro			$606	$110
50390		Drainage of kidney lesion	0	$360		
50391		Instll rx agnt into rnal tub			$247	$201
50392		Insert kidney drain	0	$577		
50393		Insert ureteral tube	0	$719		
50394		Injection for kidney X-ray	0	$97		
50395		Create passage to kidney	0	$621		
50396		Measure kidney pressure	0	$187		
50398		Change kidney tube	0	$145		
50400		Revision of kidney/ureter	90	$2,343		
50405		Revision of kidney/ureter	90	$2,936		
50500		Repair of kidney wound	90	$2,292		
50520		Close kidney-skin fistula	90	$1,967		
50525		Repair renal-abdomen fistula	90	$2,491		
50526		Repair renal-abdomen fistula	90	$2,256		
50540		Revision of horseshoe kidney	90	$2,414		
50541		Laparo ablate renal cyst	90	BR		
50542		Laparo ablate renal mass		$2,386		
50543		Laparo partial nephrectomy		$3,048		
50544		Laparoscopy, pyeloplasty	90	$2,552		
50545		Laparo radical nephrectomy		$2,747		
50546		Laparoscopic nephrectomy	90	$2,460		
50547		Laparo removal donor kidney	90	$3,321		
50548		Laparo-asst remove k/ureter	90	$2,756		
50549		Laparoscope proc, renal		BR		
50551		Kidney endoscopy	0	$566		
50553		Kidney endoscopy	0	$554		
50555		Kidney endoscopy & biopsy	0	$827		
50557		Kidney endoscopy & treatment	0	$837		
50561		Kidney endoscopy & treatment	0	$935		
50562		Renal scope w/tumor resect		$1,190		
50570		Kidney endoscopy	0	$789		
50572		Kidney endoscopy	0	$1,300		
50574		Kidney endoscopy & biopsy	0	$1,327		
50575		Kidney endoscopy	0	$1,762		
50576		Kidney endoscopy & treatment	0	$1,448		
50580		Kidney endoscopy & treatment	0	$1,118		
50590		Fragmenting of kidney stone	90	$1,466		
50592		Perc rf ablate renal tumor			$6,199	$732
50593		Perc cryo ablate renal tum			$9,224	$978
50600		Exploration of ureter	90	$1,804		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
50605		Insert ureteral support	90	$1,495		
50610		Removal of ureter stone	90	$1,968		
50620		Removal of ureter stone	90	$1,899		
50630		Removal of ureter stone	90	$1,976		
50650		Removal of ureter	90	$2,098		
50660		Removal of ureter	90	$2,299		
50684		Injection for ureter X-ray	0	$93		
50686		Measure ureter pressure	0	$136		
50688		Change of ureter tube	10	$111		
50690		Injection for ureter X-ray	0	$107		
50700		Revision of ureter	90	$1,979		
50715		Release of ureter	90	$2,148		
50722		Release of ureter	90	$1,939		
50725		Release/revise ureter	90	$2,189		
50727		Revise ureter	90	$952		
50728		Revise ureter	90	$1,402		
50740		Fusion of ureter & kidney	90	$2,267		
50750		Fusion of ureter & kidney	90	$2,367		
50760		Fusion of ureters	90	$2,271		
50770		Splicing of ureters	90	$2,471		
50780		Reimplant ureter in bladder	90	$2,291		
50782		Reimplant ureter in bladder	90	$2,369		
50783		Reimplant ureter in bladder	90	$2,436		
50785		Reimplant ureter in bladder	90	$2,574		
50800		Implant ureter in bowel	90	$2,073		
50810		Fusion of ureter & bowel	90	$2,298		
50815		Urine shunt to bowel	90	$2,877		
50820		Construct bowel bladder	90	$2,946		
50825		Construct bowel bladder	90	$4,252		
50830		Revise urine flow	90	$3,716		
50840		Replace ureter by bowel	90	$2,323		
50845		Appendico-vesicostomy	90	$2,460		
50860		Transplant ureter to skin	90	$1,846		
50900		Repair of ureter	90	$1,678		
50920		Closure ureter/skin fistula	90	$1,680		
50930		Closure ureter/bowel fistula	90	$2,218		
50940		Release of ureter	90	$1,722		
50945		Laparoscopy ureterolithotomy	90	$1,990		
50947		Laparo new ureter/bladder		$2,829		
50948		Laparo new ureter/bladder		$2,608		
50951		Endoscopy of ureter	0	$544		
50953		Endoscopy of ureter	0	$571		
50955		Ureter endoscopy & biopsy	0	$677		
50957		Ureter endoscopy & treatment	0	$676		
50961		Ureter endoscopy & treatment	0	$633		
50970		Ureter endoscopy	0	$909		
50972		Ureter endoscopy & catheter	0	$609		
50974		Ureter endoscopy & biopsy	0	$1,192		
50976		Ureter endoscopy & treatment	0	$1,138		
50980		Ureter endoscopy & treatment	0	$728		
51020		Incise & treat bladder	90	$964		
51030		Incise & treat bladder	90	$779		
51040		Incise & drain bladder	90	$803		
51045		Incise bladder, drain ureter	90	$815		
51050		Removal of bladder stone	90	$982		
51060		Removal of ureter stone	90	$1,443		
51065		Removal of ureter stone	90	$1,122		
51080		Drainage of bladder abscess	90	$791		
51100		Drain bladder by needle			$124	$79
51101		Drain bladder by trocar/cath			$255	$108
51102		Drain bl w/cath insertion			$458	$295
51500		Removal of bladder cyst	90	$1,247		
51520		Removal of bladder lesion	90	$1,281		
51525		Removal of bladder lesion	90	$1,735		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
51530		Removal of bladder lesion	90	$1,529		
51535		Repair of ureter lesion	90	$1,440		
51550		Partial removal of bladder	90	$1,856		
51555		Partial removal of bladder	90	$2,348		
51565		Revise bladder & ureter(s)	90	$2,656		
51570		Removal of bladder	90	$2,792		
51575		Removal of bladder & nodes	90	$3,755		
51580		Remove bladder; revise tract	90	$3,552		
51585		Removal of bladder & nodes	90	$4,231		
51590		Remove bladder; revise tract	90	$4,056		
51595		Remove bladder; revise tract	90	$5,054		
51596		Remove bladder, create pouch	90	$5,281		
51597		Removal of pelvic structures	90	$4,970		
51600		Injection for bladder X-ray	0	$84		
51605		Preparation for bladder xray	0	$103		
51610		Injection for bladder X-ray	0	$133		
51700		Irrigation of bladder	0	$80		
51701		Insert bladder catheter			$110	$56
51705		Change of bladder tube	10	$100		
51715		Endoscopic injection/implant	0	$472		
51720		Treatment of bladder lesion	0	$175		
51725		Simple cystometrogram	0	$187		
51725	26	Simple cystometrogram	0	$157		
51725	TC	Simple cystometrogram	0	$30		
51726		Complex cystometrogram	0	$222		
51726	26	Complex cystometrogram	0	$185		
51726	TC	Complex cystometrogram	0	$38		
51727		Cystometrogram w/up		$425		
51728		Cystometrogram w/vp		$217		
51728		Cystometrogram w/vp		$431		
51728		Cystometrogram w/vp		$648		
51729		Cystometrogram w/vp&up		$264		
51729		Cystometrogram w/vp&up		$442		
51729		Cystometrogram w/vp&up		$707		
51736		Urine flow measurement	0	$91		
51736	26	Urine flow measurement	0	$80		
51736	TC	Urine flow measurement	0	$12		
51741		Electro-uroflowmetry, first	0	$155		
51741	26	Electro-uroflowmetry, first	0	$139		
51741	TC	Electro-uroflowmetry, first	0	$17		
51784		Anal/urinary muscle study	0	$188		
51784	26	Anal/urinary muscle study	0	$158		
51784	TC	Anal/urinary muscle study	0	$30		
51785		Anal/urinary muscle study	0	$190		
51785	26	Anal/urinary muscle study	0	$160		
51785	TC	Anal/urinary muscle study	0	$31		
51792		Urinary reflex study	0	$229		
51792	26	Urinary reflex study	0	$124		
51792	TC	Urinary reflex study	0	$105		
51797		Intraabdominal pressure test	0	$189		
51797	26	Intraabdominal pressure test	0	$154		
51797	TC	Intraabdominal pressure test	0	$35		
51800		Revision of bladder/urethra	90	$2,110		
51820		Revision of urinary tract	90	$1,797		
51840		Attach bladder/urethra	90	$1,447		
51841		Attach bladder/urethra	90	$1,741		
51845		Repair bladder neck	90	$1,477		
51860		Repair of bladder wound	90	$1,394		
51865		Repair of bladder wound	90	$1,856		
51880		Repair of bladder opening	90	$899		
51900		Repair bladder/vagina lesion	90	$1,751		
51920		Close bladder-uterus fistula	90	$1,332		
51925		Hysterectomy/bladder repair	90	$1,876		
51940		Correction of bladder defect	90	$3,268		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
51960		Revision of bladder & bowel	90	$3,174		
51980		Construct bladder opening	90	$1,320		
51990		Laparo urethral suspension	90	$1,574		
51992		Laparo sling operation	90	$1,788		
52000		Cystoscopy	0	$246		
52001		Cystoscopy removal of clots			$743	$582
52005		Cystoscopy & ureter catheter	0	$339		
52007		Cystoscopy and biopsy	0	$433		
52010		Cystoscopy & duct catheter	0	$362		
52204		Cystoscopy	0	$354		
52214		Cystoscopy and treatment	0	$481		
52224		Cystoscopy and treatment	0	$448		
52234		Cystoscopy and treatment	0	$693		
52235		Cystoscopy and treatment	0	$980		
52240		Cystoscopy and treatment	0	$1,516		
52250		Cystoscopy & radiotracer	0	$542		
52260		Cystoscopy & treatment	0	$442		
52265		Cystoscopy & treatment	0	$313		
52270		Cystoscopy & revise urethra	0	$542		
52275		Cystoscopy & revise urethra	0	$599		
52276		Cystoscopy and treatment	0	$634		
52277		Cystoscopy and treatment	0	$812		
52281		Cystoscopy and treatment	0	$394		
52282		Cystoscopy, implant stent	0	$845		
52283		Cystoscopy and treatment	0	$383		
52285		Cystoscopy and treatment	0	$485		
52290		Cystoscopy and treatment	0	$508		
52300		Cystoscopy and treatment	0	$623		
52301		Cystoscopy and treatment	0	$639		
52305		Cystoscopy and treatment	0	$649		
52310		Cystoscopy and treatment	0	$432		
52315		Cystoscopy and treatment	0	$686		
52317		Remove bladder stone..	0	$1,205		
52318		Remove bladder stone	0	$1,263		
52320		Cystoscopy and treatment	0	$710		
52325		Cystoscopy, stone removal	0	$981		
52327		Cystoscopy, inject material	0	$647		
52330		Cystoscopy and treatment	0	$628		
52332		Cystoscopy and treatment	0	$451		
52334		Create passage to kidney	0	$602		
52341		Cysto w/ureter stricture tx		$592		
52343		Cysto w/renal stricture tx		$716		
52344		Cysto/uretero stricture tx		$778		
52345		Cysto/uretero w/up stricture		$829		
52346		Cystouretero w/renal strict		$938		
52351		Cystouretero & or pyeloscope		$643		
52352		Cystouretero w/stone remove		$755		
52353		Cystouretero w/lithotripsy		$867		
52354		Cystouretero w/biopsy		$803		
52355		Cystouretero w/excise tumor		$955		
52400		Cystouretero w/congen repr		$977		
52402		Cystourethro cut ejacul duct		$546		
52450		Incision of prostate	90	$888		
52500		Revision of bladder neck	90	$1,132		
52601		Prostatectomy (TURP)..	90	$1,724		
52630		Remove prostate regrowth	90	$1,269		
52640		Relieve bladder contracture	90	$927		
52647		Laser surgery of prostate	90	$1,432		
52648		Laser surgery of prostate	90	$1,518		
52649		Prostate laser enucleation		$1,666		
52700		Drainage of prostate abscess	90	$705		
53000		Incision of urethra	10	$279		
53010		Incision of urethra	90	$489		
53020		Incision of urethra	0	$190		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
53025		Incision of urethra	0	$143		
53040		Drainage of urethra abscess	90	$570		
53060		Drainage of urethra abscess	10	$224		
53080		Drainage of urinary leakage	90	$729		
53085		Drainage of urinary leakage	90	$1,213		
53200		Biopsy of urethra	0	$270		
53210		Removal of urethra	90	$1,347		
53215		Removal of urethra	90	$1,809		
53220		Treatment of urethra lesion	90	$838		
53230		Removal of urethra lesion	90	$1,258		
53235		Removal of urethra lesion	90	$1,071		
53240		Surgery for urethra pouch	90	$766		
53250		Removal of urethra gland	90	$717		
53260		Treatment of urethra lesion	10	$298		
53265		Treatment of urethra lesion	10	$366		
53270		Removal of urethra gland	10	$280		
53275		Repair of urethra defect	10	$495		
53400		Revise urethra, 1st stage	90	$1,417		
53405		Revise urethra, 2nd stage	90	$1,790		
53410		Reconstruction of urethra	90	$1,769		
53415		Reconstruction of urethra	90	$2,231		
53420		Reconstruct urethra, stage 1	90	$1,785		
53425		Reconstruct urethra, stage 2	90	$1,792		
53430		Reconstruction of urethra	90	$1,661		
53431		Reconstruct urethra/bladder		$2,359		
53440		Correct bladder function	90	$1,843		
53442		Remove perineal prosthesis	90	$1,004		
53444		Insert tandem cuff		$1,620		
53445		Correct urine flow control	90	$2,395		
53446		Remove uro sphincter		$1,312		
53447		Remove artificial sphincter	90	$1,587		
53448		Remov/replc ur sphinctr comp		$2,616		
53449		Correct artificial sphincter	90	$1,302		
53450		Revision of urethra	90	$618		
53460		Revision of urethra	90	$665		
53500		Urethrlys transvag w/ scope		$1,545		
53502		Repair of urethra injury	90	$903		
53505		Repair of urethra injury	90	$914		
53510		Repair of urethra injury	90	$1,219		
53515		Repair of urethra injury	90	$1,601		
53520		Repair of urethra defect	90	$1,039		
53600		Dilate urethra stricture	0	$111		
53601		Dilate urethra stricture	0	$92		
53605		Dilate urethra stricture	0	$127		
53620		Dilate urethra stricture	0	$152		
53621		Dilate urethra stricture	0	$125		
53660		Dilation of urethra	0	$73		
53661		Dilation of urethra	0	$71		
53665		Dilation of urethra	0	$82		
53850		Prostatic microwave thermotx	90	$1,185		
53852		Prostatic rf thermotx	90	$1,236		
53855		Insert prost urethral stent			$1,553	$167
53860		Transurethral rf treatment			$3,129	$480
53899		Urology surgery procedure		BR		
54000		Slitting of prepuce	10	$156		
54001		Slitting of prepuce	10	$217		
54015		Drain penis lesion	10	$431		
54050		Destruction, penis lesion(s)	10	$113		
54055		Destruction, penis lesion(s)	10	$132		
54056		Cryosurgery, penis lesion(s)	10	$125		
54057		Laser surg, penis lesion(s)	10	$228		
54060		Excision of penis lesion(s)	10	$224		
54065		Destruction, penis lesion(s)	10	$361		
54100		Biopsy of penis.....	0	$224		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
54105		Biopsy of penis	10	$324		
54110		Treatment of penis lesion	90	$1,155		
54111		Treat penis lesion, graft	90	$1,641		
54112		Treat penis lesion, graft	90	$1,920		
54115		Treatment of penis lesion	90	$729		
54120		Partial removal of penis	90	$1,156		
54125		Removal of penis	90	$1,807		
54130		Remove penis & nodes	90	$2,470		
54135		Remove penis & nodes	90	$3,150		
54150		Circumcision	10	$168		
54160		Circumcision	10	$305		
54161		Circumcision	10	$398		
54162		Lysis penil circumic lesion			$518	$403
54163		Repair of circumcision		$446		
54164		Frenulotomy of penis		$394		
54200		Treatment of penis lesion	10	$96		
54205		Treatment of penis lesion	90	$908		
54220		Treatment of penis lesion	0	$296		
54230		Prepare penis study	0	$199		
54231		Dynamic cavernosometry	0	$313		
54235		Penile injection	0	$117		
54240		Penis study	0	$172		
54240	26	Penis study	0	$133		
54240	TC	Penis study	0	$39		
54250		Penis study	0	$220		
54250	26	Penis study	0	$196		
54250	TC	Penis study	0	$24		
54300		Revision of penis	90	$1,260		
54304		Revision of penis	90	$1,536		
54308		Reconstruction of urethra	90	$1,286		
54312		Reconstruction of urethra	90	$1,659		
54316		Reconstruction of urethra	90	$2,013		
54318		Reconstruction of urethra	90	$1,353		
54322		Reconstruction of urethra	90	$1,465		
54324		Reconstruction of urethra	90	$1,948		
54326		Reconstruction of urethra	90	$1,865		
54328		Revise penis, urethra	90	$1,894		
54332		Revise penis, urethra	90	$2,111		
54336		Revise penis, urethra	90	$2,771		
54340		Secondary urethral surgery	90	$1,078		
54344		Secondary urethral surgery	90	$2,331		
54348		Secondary urethral surgery	90	$2,062		
54352		Reconstruct urethra, penis	90	$2,939		
54360		Penis plastic surgery	90	$1,356		
54380		Repair penis	90	$1,611		
54385		Repair penis	90	$1,848		
54390		Repair penis and bladder	90	$2,557		
54400		Insert semi-rigid prosthesis	90	$1,544		
54401		Insert self-contd prosthesis	90	$1,925		
54405		Insert multi-comp prosthesis	90	$2,411		
54406		Remove muti-comp penis pros		$1,492		
54408		Repair multi-comp penis pros		$1,615		
54410		Remove/replace penis prosth		$1,756		
54411		Remov/replc penis pros comp		$2,095		
54415		Remove self-contd penis pros		$1,080		
54416		Remv/repl penis contain pros		$1,452		
54417		Remv/replc penis pros compl		$1,837		
54420		Revision of penis	90	$1,371		
54430		Revision of penis	90	$1,221		
54435		Revision of penis	90	$720		
54440		Repair of penis	90	BR		
54450		Preputial stretching	0	$133		
54500		Biopsy of testis	0	$127		
54505		Biopsy of testis	10	$389		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
54512		Excise lesion testis		$1,106		
54520		Removal of testis	90	$762		
54522		Orchiectomy partial		$1,206		
54530		Removal of testis	90	$1,142		
54535		Extensive testis surgery	90	$1,486		
54550		Exploration for testis	90	$936		
54560		Exploration for testis	90	$1,310		
54600		Reduce testis torsion	90	$828		
54620		Suspension of testis	10	$591		
54640		Suspension of testis	90	$1,082		
54650		Orchiopexy (fowler-stephens)	90	$1,392		
54660		Revision of testis	90	$605		
54670		Repair testis injury	90	$827		
54680		Relocation of testis(es)	90	$1,453		
54690		Laparoscopy, orchiectomy	90	$1,532		
54692		Laparoscopy, orchiopexy	90	$1,551		
54699		Laparoscope proc, testis		BR		
54700		Drainage of scrotum	10	$311		
54800		Biopsy of epididymis	0	$318		
54830		Remove epididymis lesion	90	$635		
54840		Remove epididymis lesion	90	$732		
54860		Removal of epididymis	90	$828		
54861		Removal of epididymis	90	$1,172		
54865		Explore epididymis		$732		
54900		Fusion of spermatic ducts	90	$1,588		
54901		Fusion of spermatic ducts	90	$2,180		
55000		Drainage of hydrocele	0	$133		
55040		Removal of hydrocele	90	$749		
55041		Removal of hydroceles	90	$1,109		
55060		Repair of hydrocele	90	$698		
55100		Drainage of scrotum abscess	10	$194		
55110		Explore scrotum	90	$647		
55120		Removal of scrotum lesion	90	$480		
55150		Removal of scrotum	90	$895		
55175		Revision of scrotum	90	$701		
55180		Revision of scrotum	90	$1,255		
55200		Incision of sperm duct	90	$447		
55250		Removal of sperm duct(s)	90	$434		
55300		Preparation, sperm duct X-ray	0	$460		
55400		Repair of sperm duct	90	$1,092		
55450		Ligation of sperm duct	10	$484		
55500		Removal of hydrocele	90	$716		
55520		Removal of sperm cord lesion	90	$662		
55530		Revise spermatic cord veins	90	$797		
55535		Revise spermatic cord veins	90	$786		
55540		Revise hernia & sperm veins	90	$899		
55550		Laparo ligate spermatic vein	90	$874		
55559		Laparo proc, spermatic cord		BR		
55600		Incise sperm duct pouch	90	$775		
55605		Incise sperm duct pouch	90	$976		
55650		Remove sperm duct pouch	90	$1,363		
55680		Remove sperm pouch lesion	90	$682		
55700		Biopsy of prostate	0	$229		
55705		Biopsy of prostate	10	$575		
55706		Prostate saturation sampling		$749		
55720		Drainage of prostate abscess	90	$808		
55725		Drainage of prostate abscess	90	$982		
55801		Removal of prostate	90	$2,156		
55810		Extensive prostate surgery	90	$2,893		
55812		Extensive prostate surgery	90	$3,205		
55815		Extensive prostate surgery	90	$3,971		
55821		Removal of prostate	90	$1,977		
55831		Removal of prostate	90	$2,145		
55840		Extensive prostate surgery	90	$2,791		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
55842		Extensive prostate surgery	90	$3,096		
55845		Extensive prostate surgery	90	$3,842		
55860		Surgical exposure, prostate	90	$1,498		
55862		Extensive prostate surgery	90	$2,122		
55865		Extensive prostate surgery	90	$3,437		
55866		Laparo radical prostatectomy		$3,553		
55870		Electroejaculation	0	$357		
55873		Cryoablate prostate			$13,774	$1,548
55875		Transperi needle place pros		$1,556		
55876		Place rt device/marker pros			$270	$202
55899		Genital surgery procedure		BR		
55920		Place needles pelvic for rt		$894		
55970		Sex transformation, m to f		BR		
55980		Sex transformation, f to m		BR		
56405		I & d of vulva/perineum	10	$164		
56420		Drainage of gland abscess	10	$161		
56440		Surgery for vulva lesion	10	$421		
56441		Lysis of labial lesion(s)	10	$274		
56442		Hymenotomy		$101		
56501		Destruction, vulva lesion(s)	10	$152		
56515		Destruction, vulva lesion(s)	10	$374		
56605		Biopsy of vulva/perineum	0	$120		
56606		Biopsy of vulva/ perineum		$87		
56620		Partial removal of vulva	90	$1,031		
56625		Complete removal of vulva	90	$1,351		
56630		Extensive vulva surgery	90	$2,016		
56631		Extensive vulva surgery	90	$2,749		
56632		Extensive vulva surgery	90	$3,008		
56633		Extensive vulva surgery	90	$2,247		
56634		Extensive vulva surgery	90	$2,994		
56637		Extensive vulva surgery	90	$3,154		
56640		Extensive vulva surgery	90	$3,143		
56700		Partial removal of hymen	10	$325		
56720		Incision of hymen	0	$91		
56740		Remove vagina gland lesion	10	$497		
56800		Repair of vagina	10	$511		
56805		Repair clitoris.....	90	$2,203		
56810		Repair of perineum	10	$503		
56820		Exam of vulva w/scope			$231	$179
56821		Exam/biopsy of vulva w/scope			$305	$240
57000		Exploration of vagina	10	$375		
57010		Drainage of pelvic abscess	90	$607		
57020		Drainage of pelvic fluid	0	$163		
57022		I & d vaginal hematoma pp		$355		
57023		I & d vag hematoma non-ob		$657		
57061		Destruction vagina lesion(s)	10	$155		
57065		Destruction vagina lesion(s)	10	$467		
57100		Biopsy of vagina	0	$122		
57105		Biopsy of vagina	10	$251		
57106		Remove vagina wall, partial	90	$680		
57107		Remove vagina tissue, part.	90	$2,278		
57109		Vaginectomy partial w/nodes	90	$2,800		
57110		Remove vagina wall, complete	90	$1,666		
57111		Remove vagina tissue, complete	90	$2,775		
57112		Vaginectomy w/nodes, complete	90	$2,954		
57120		Closure of vagina	90	$1,078		
57130		Remove vagina lesion	10	$395		
57135		Remove vagina lesion	10	$350		
57150		Treat vagina infection	0	$83		
57155		Insert uteri tandems/ovoids		$890		
57156		Ins vag brachytx device			$391	$291
57160		Insert pessary/other device	0	$100		
57170		Fitting of diaphragm/cap	0	$91		
57180		Treat vaginal bleeding	10	$156		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
57200		Repair of vagina	90	$495		
57210		Repair vagina/perineum	90	$613		
57220		Revision of urethra	90	$645		
57230		Repair of urethral lesion	90	$677		
57240		Repair bladder & vagina	90	$997		
57250		Repair rectum & vagina	90	$975		
57260		Repair of vagina	90	$1,283		
57265		Extensive repair of vagina	90	$1,337		
57267		Insert mesh/pelvic flr addon		$539		
57268		Repair of bowel bulge	90	$1,039		
57270		Repair of bowel pouch	90	$1,107		
57280		Suspension of vagina	90	$1,326		
57282		Repair of vaginal prolapse	90	$1,322		
57283		Colpopexy intraperitoneal		$1,455		
57284		Repair paravaginal defect.	90	$1,535		
57285		Repair paravag defect vag		$1,415		
57287		Revise/remove sling repair		$1,411		
57288		Repair bladder defect	90	$1,729		
57289		Repair bladder & vagina	90	$1,126		
57291		Construction of vagina	90	$991		
57292		Construct vagina with graft	90	$1,435		
57295		Revise vag graft via vagina		$1,003		
57296		Revise vag graft open abd		$2,011		
57300		Repair rectum-vagina fistula	90	$1,160		
57305		Repair rectum-vagina fistula	90	$1,260		
57307		Fistula repair & colostomy	90	$1,235		
57308		Fistula repair, transperine	90	$1,264		
57310		Repair urethrovaginal lesion	90	$773		
57311		Repair urethrovaginal lesion	90	$936		
57320		Repair bladder-vagina lesion	90	$1,279		
57330		Repair bladder-vagina lesion	90	$1,470		
57335		Repair vagina.....	90	$1,899		
57400		Dilation of vagina	0	$87		
57410		Pelvic examination	0	$71		
57415		Removal vaginal foreign body	10	$94		
57420		Exam of vagina w/scope			$241	$189
57421		Exam/biopsy of vag w/scope			$324	$257
57423		Repair paravag defect lap		$1,938		
57425		Laparoscopy surg colpopexy		$2,045		
57426		Revise prosth vag graft lap		$1,790		
57452		Examination of vagina	0	$126		
57454		Vagina examination & biopsy	0	$194		
57455		Biopsy of cervix w/scope		$299		
57456		Endocerv curettage w/scope			$280	$217
57460		Cervix excision.....	0	$371		
57461		Conz of cervix w/scope leep			$664	$395
57500		Biopsy of cervix	0	$118		
57505		Endocervical curettage	10	$131		
57510		Cauterization of cervix	10	$175		
57511		Cryocautery of cervix	10	$203		
57513		Laser surgery of cervix	10	$376		
57520		Conization of cervix..	90	$585		
57522		Conization of cervix	90	$521		
57530		Removal of cervix	90	$624		
57531		Removal of cervix, radical	90	$3,399		
57540		Removal of residual cervix	90	$1,010		
57545		Remove cervix, repair pelvis	90	$866		
57550		Removal of residual cervix	90	$935		
57555		Remove cervix, repair vagina	90	$1,445		
57556		Remove cervix, repair bowel	90	$1,340		
57558		D&c of cervical stump			$260	$238
57700		Revision of cervix	90	$427		
57720		Revision of cervix	90	$505		
57800		Dilation of cervical canal	0	$96		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
57820		D&c of residual cervix	10	$308		
58100		Biopsy of uterus lining	0	$113		
58110		Bx done w/colposcopy add-on			$100	$86
58120		Dilation and curettage (d&c)	10	$405		
58140		Removal of uterus lesion	90	$1,249		
58145		Removal of uterus lesion	90	$1,214		
58146		Myomectomy abdom complex		$2,444		
58150		Total hysterectomy	90	$1,745		
58152		Total hysterectomy....	90	$2,007		
58180		Partial hysterectomy	90	$1,482		
58200		Extensive hysterectomy	90	$2,557		
58210		Extensive hysterectomy	90	$3,229		
58240		Removal of pelvis contents	90	$4,507		
58260		Vaginal hysterectomy	90	$1,617		
58262		Vaginal hysterectomy	90	$1,736		
58263		Vaginal hysterectomy	90	$1,897		
58267		Hysterectomy & vagina repair	90	$1,978		
58270		Hysterectomy & vagina repair	90	$1,779		
58275		Hysterectomy, revise vagina	90	$1,935		
58280		Hysterectomy, revise vagina	90	$1,923		
58285		Extensive hysterectomy	90	$2,247		
58290		Vag hyst complex		$2,434		
58291		Vag hyst incl t/o complex		$2,637		
58292		Vag hyst t/o & repair compl		$2,785		
58294		Vag hyst w/enterocele compl		$2,582		
58300		Insert intrauterine device		$136		
58300		Insert intrauterine device		$142		
58301		Remove intrauterine device	0	$90		
58321		Artificial insemination	0	$126		
58322		Artificial insemination	0	$139		
58323		Sperm washing	0	$26		
58340		Catheter for hysterography	0	$332		
58345		Reopen fallopian tube	10	$602		
58346		Insert heyman uteri capsule		$937		
58350		Reopen fallopian tube	10	$150		
58353		Endometr ablate thermal			$2,065	$459
58356		Endometrial cryoablation			$3,878	$727
58400		Suspension of uterus	90	$882		
58410		Suspension of uterus	90	$931		
58520		Repair of ruptured uterus	90	$820		
58540		Revision of uterus	90	$1,143		
58541		Lsh uterus 250 g or less		$1,828		
58542		Lsh w/t/o ut 250 g or less		$2,042		
58543		Lsh uterus above 250 g		$2,076		
58544		Lsh w/t/o uterus above 250 g		$2,250		
58545		Laparoscopic myomectomy		$1,893		
58546		Laparo-myomectomy complex		$2,387		
58548		Lap radical hyst		$3,841		
58550		Laparo-asst vag hysterectomy	10	$1,867		
58552		Laparo-vag hyst incl t/o		$2,076		
58553		Laparo-vag hyst complex		$2,403		
58554		Laparo-vag hyst w/t/o compl		$2,781		
58555		Hysteroscopy, dx, sep proc	0	$633		
58558		Hysteroscopy, biopsy..	0	-	$823	$559
58559		Hysteroscopy, lysis...	0	$727		
58560		Hysteroscopy, resect septum	0	$820		
58561		Hysteroscopy, remove myoma	0	$1,160		
58562		Hysteroscopy, remove fb	0	-	$853	$607
58563		Hysteroscopy, ablation	0	-	$3,409	$719
58565		Hysteroscopy sterilization			$3,854	$908
58570		Tlh uterus 250 g or less		$1,966		
58571		Tlh w/t/o 250 g or less		$2,191		
58572		Tlh uterus over 250 g		$2,452		
58573		Tlh w/t/o uterus over 250 g		$2,807		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
58578		Laparo proc, uterus...		BR		
58579		Hysteroscope procedure		BR		
58600		Division of fallopian tube	90	$800		
58605		Division of fallopian tube	90	$629		
58611		Ligate oviduct(s) add- on		$84		
58615		Occlude fallopian tube(s)	10	$503		
58660		Laparoscopy, lysis....	90	$1,421		
58661		Laparoscopy, remove adnexa	10	$1,362		
58662		Laparoscopy, excise lesions	90	$1,491		
58670		Laparoscopy, tubal cautery	90	$772		
58671		Laparoscopy, tubal block.	90	$772		
58672		Laparoscopy, fimbrioplasty	90	$1,558		
58673		Laparoscopy, salpingostomy	90	$1,692		
58679		Laparo proc, oviduct- ovary		BR		
58700		Removal of fallopian tube	90	$960		
58720		Removal of ovary/tube(s)	90	$1,085		
58740		Revise fallopian tube(s)	90	$1,057		
58750		Repair oviduct(s)	90	$1,175		
58752		Revise ovarian tube(s)	90	$1,105		
58760		Remove tubal obstruction	90	$953		
58770		Create new tubal opening	90	$945		
58800		Drainage of ovarian cyst(s)	90	$495		
58805		Drainage of ovarian cyst(s)	90	$934		
58820		Drain ovary abscess, open	90	$530		
58822		Drainage of ovarian abscess	90	$747		
58823		Drain pelvic abscess, percut	0	$441		
58825		Transposition, ovary(s)	90	$749		
58900		Biopsy of ovary(s)	90	$832		
58920		Partial removal of ovary(s)	90	$1,025		
58925		Removal of ovarian cyst(s)	90	$1,015		
58940		Removal of ovary(s)	90	$1,016		
58943		Removal of ovary(s)	90	$2,281		
58950		Resect ovarian malignancy	90	$1,963		
58951		Resect ovarian malignancy	90	$3,016		
58952		Resect ovarian malignancy	90	$3,071		
58953		Tah rad dissect for debulk		$4,122		
58954		Tah rad debulk/lymph remove		$4,467		
58956		Bso omentectomy w/tah		$2,813		
58957		Resect recurrent gyn mal		$3,222		
58958		Resect recur gyn mal w/lym		$3,541		
58960		Exploration of abdomen	90	$1,845		
58970		Retrieval of oocyte	0	$447		
58974		Transfer of embryo....	0	BR		
58976		Transfer of embryo....	0	$494		
58999		Genital surgery procedure		BR		
59000		Amniocentesis	0	$173		
59001		Amniocentesis therapeutic		$382		
59012		Fetal cord puncture,prenatal	0	$452		
59015		Chorion biopsy	0	$248		
59020		Fetal contract stress test	0	$164		
59020	26	Fetal contract stress test	0	$122		
59020	TC	Fetal contract stress test	0	$43		
59025		Fetal non-stress test	0	$89		
59025	26	Fetal non-stress test	0	$71		
59025	TC	Fetal non-stress test	0	$19		
59030		Fetal scalp blood sample	0	$268		
59050		Fetal monitor w/report		$122		
59051		Fetal monitor/interpret only		$119		
59070		Transabdom amnioinfus w/us			$855	$656
59072		Umbilical cord occlud w/us		$1,098		
59074		Fetal fluid drainage w/us			$894	$673
59076		Fetal shunt placement w/us		$1,098		
59100		Remove uterus lesion	90	$784		
59120		Treat ectopic pregnancy	90	$1,167		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
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59121		Treat ectopic pregnancy	90	$952		
59130		Treat ectopic pregnancy	90	$1,030		
59135		Treat ectopic pregnancy	90	$1,699		
59136		Treat ectopic pregnancy	90	$1,158		
59140		Treat ectopic pregnancy	90	$711		
59150		Treat ectopic pregnancy	90	$844		
59151		Treat ectopic pregnancy	90	$1,168		
59160		D & c after delivery..	10	$439		
59200		Insert cervical dilator	0	$103		
59300		Episiotomy or vaginal repair	0	$248		
59320		Revision of cervix	0	$331		
59325		Revision of cervix	0	$514		
59350		Repair of uterus	0	$659		
59400		Obstetrical care		$2,793		
59409		Obstetrical care		$1,767		
59410		Obstetrical care		$1,921		
59412		Antepartum manipulation		$228		
59414		Deliver placenta		$215		
59425		Antepartum care only		$537		
59426		Antepartum care only		$920		
59430		Care after delivery		$174		
59510		Cesarean delivery		$3,149		
59514		Cesarean delivery only		$2,048		
59515		Cesarean delivery		$2,201		
59525		Remove uterus after cesarean		$923		
59610		Vbac delivery.....		$2,930		
59612		Vbac delivery only....		$1,816		
59614		Vbac care after delivery		$1,972		
59618		Attempted vbac delivery		$3,311		
59620		Attempted vbac delivery only		$2,110		
59622		Attempted vbac after care		$2,277		
59812		Treatment of miscarriage	90	$530		
59820		Care of miscarriage	90	$584		
59821		Treatment of miscarriage	90	$539		
59830		Treat uterus infection	90	$780		
59840		Abortion	10	$483		
59841		Abortion	10	$549		
59850		Abortion	90	$730		
59851		Abortion	90	$763		
59852		Abortion	90	$1,025		
59855		Abortion	90	$624		
59856		Abortion	90	$942		
59857		Abortion	90	$1,146		
59866		Abortion (mpr).....	0	$512		
59870		Evacuate mole of uterus	90	$543		
59871		Remove cerclage suture	0	$302		
59898		Laparo proc, ob care/deliver		BR		
59899		Maternity care procedure		BR		
60000		Drain thyroid/tongue cyst	10	$171		
60100		Biopsy of thyroid.....	0	$173		
60200		Remove thyroid lesion	90	$1,125		
60210		Partial excision thyroid	90	$1,459		
60212		Partial thyroid excision	90	$1,838		
60220		Partial removal of thyroid	90	$1,427		
60225		Partial removal of thyroid	90	$1,840		
60240		Removal of thyroid	90	$1,996		
60252		Removal of thyroid	90	$2,237		
60254		Extensive thyroid surgery	90	$2,758		
60260		Repeat thyroid surgery	90	$1,451		
60270		Removal of thyroid....	90	$2,385		
60271		Removal of thyroid	90	$1,999		
60280		Remove thyroid duct lesion	90	$989		
60281		Remove thyroid duct lesion	90	$991		
60300		Aspir/inj thyroid cyst			$235	$101

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
60500		Explore parathyroid glands	90	$2,058		
60502		Re-explore parathyroids	90	$2,334		
60505		Explore parathyroid glands	90	$2,523		
60512		Autotransplant parathyroid		$508		
60520		Removal of thymus gland	90	$2,247		
60521		Removal thymus gland	90	$2,366		
60522		Removal of thymus gland	90	$2,643		
60540		Explore adrenal gland	90	$2,112		
60545		Explore adrenal gland	90	$2,487		
60600		Remove carotid body lesion	90	$2,086		
60605		Remove carotid body lesion	90	$2,203		
60650		Laparoscopy adrenalectomy		$2,465		
60659		Laparo proc, endocrine		BR		
60699		Endocrine surgery procedure		BR		
61000		Remove cranial cavity fluid	0	$200		
61001		Remove cranial cavity fluid	0	$180		
61020		Remove brain cavity fluid	0	$210		
61026		Injection into brain canal	0	$279		
61050		Remove brain canal fluid	0	$205		
61055		Injection into brain canal	0	$295		
61070		Brain canal shunt procedure	0	$101		
61105		Twist drill hole.....	90	$813		
61107		Drill skull for implantation	0	$847		
61108		Drill skull for drainage	90	$1,774		
61120		Burr hole for puncture	90	$1,112		
61140		Pierce skull for biopsy	90	$2,232		
61150		Pierce skull for drainage	90	$2,382		
61151		Pierce skull for drainage	90	$984		
61154		Pierce skull, remove clot	90	$2,438		
61156		Pierce skull for drainage	90	$2,440		
61210		Pierce skull; implant device	0	$971		
61215		Insert brain-fluid device	90	$1,464		
61250		Pierce skull & explore	90	$1,452		
61253		Pierce skull & explore	90	$1,721		
61304		Open skull for exploration	90	$3,641		
61305		Open skull for exploration	90	$4,172		
61312		Open skull for drainage	90	$3,478		
61313		Open skull for drainage	90	$3,466		
61314		Open skull for drainage	90	$3,757		
61315		Open skull for drainage	90	$3,878		
61316		Implt cran bone flap to abdo		$183		
61320		Open skull for drainage	90	$3,258		
61321		Open skull for drainage	90	$3,542		
61322		Decompressive craniotomy		$4,954		
61323		Decompressive lobectomy		$4,975		
61330		Decompress eye socket	90	$2,112		
61332		Explore/biopsy eye socket	90	$3,508		
61333		Explore orbit; remove lesion	90	$3,573		
61334		Explore orbit; remove object	90	$2,374		
61340		Relieve cranial pressure	90	$2,046		
61343		Incise skull, pressure relief	90	$4,473		
61345		Relieve cranial pressure	90	$3,397		
61440		Incise skull for surgery	90	$3,436		
61450		Incise skull for surgery	90	$3,409		
61458		Incise skull for brain wound	90	$4,114		
61460		Incise skull for surgery	90	$3,948		
61470		Incise skull for surgery	90	$2,632		
61480		Incise skull for surgery	90	$2,380		
61490		Incise skull for surgery	90	$2,089		
61500		Removal of skull lesion	90	$2,873		
61501		Remove infected skull bone	90	$2,448		
61510		Removal of brain lesion	90	$3,916		
61512		Remove brain lining lesion	90	$4,145		
61514		Removal of brain abscess	90	$3,804		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
61516		Removal of brain lesion	90	$3,814		
61517		Implt brain chemotx add-on		$181		
61518		Removal of brain lesion	90	$4,795		
61519		Remove brain lining lesion	90	$5,014		
61520		Removal of brain lesion	90	$5,528		
61521		Removal of brain lesion	90	$5,543		
61522		Removal of brain abscess	90	$3,631		
61524		Removal of brain lesion	90	$4,150		
61526		Removal of brain lesion	90	$4,849		
61530		Removal of brain lesion	90	$6,260		
61531		Implant brain electrodes	90	$2,636		
61533		Implant brain electrodes	90	$3,098		
61534		Removal of brain lesion	90	$1,948		
61535		Remove brain electrodes	90	$1,355		
61536		Removal of brain lesion	90	$3,920		
61537		Removal of brain tissue		$5,128		
61538		Removal of brain tissue	90	$4,396		
61539		Removal of brain tissue	90	$4,041		
61540		Removal of brain tissue		$4,552		
61541		Incision of brain tissue	90	$3,577		
61542		Removal of brain tissue	90	$3,624		
61543		Removal of brain tissue	90	$2,856		
61544		Remove & treat brain lesion	90	$3,822		
61545		Excision of brain tumor	90	$4,598		
61546		Removal of pituitary gland	90	$4,326		
61548		Removal of pituitary gland	90	$3,465		
61550		Release of skull seams	90	$1,923		
61552		Release of skull seams	90	$2,516		
61556		Incise skull/sutures	90	$3,555		
61557		Incise skull/sutures	90	$3,509		
61558		Excision of skull/sutures	90	$3,917		
61559		Excision of skull/sutures	90	$3,786		
61563		Excision of skull tumor	90	$4,128		
61564		Excision of skull tumor	90	$5,016		
61567		Incision of brain tissue		$5,345		
61570		Remove brain foreign body	90	$3,003		
61571		Incise skull for brain wound	90	$3,262		
61575		Skull base/brainstem surgery	90	$4,982		
61576		Skull base/brainstem surgery	90	$4,669		
61580		Craniofacial approach, skull	90	$3,823		
61581		Craniofacial approach, skull	90	$4,339		
61582		Craniofacial approach, skull	90	$3,939		
61583		Craniofacial approach, skull	90	$4,494		
61584		Orbitocranial approach/skull	90	$4,352		
61585		Orbitocranial approach/skull	90	$4,869		
61586		Resect nasopharynx, skull.	90	$3,400		
61590		Infratemporal approach/skull	90	$5,295		
61591		Infratemporal approach/skull	90	$5,554		
61592		Orbitocranial approach/skull	90	$5,037		
61595		Transtemporal approach/skull	90	$3,720		
61596		Transcochlear approach/skull	90	$4,521		
61597		Transcondylar approach/skull	90	$4,779		
61598		Transpetrosal approach/skull	90	$4,210		
61600		Resect/excise cranial lesion	90	$3,229		
61601		Resect/excise cranial lesion	90	$3,462		
61605		Resect/excise cranial lesion	90	$3,655		
61606		Resect/excise cranial lesion	90	$4,895		
61607		Resect/excise cranial lesion	90	$4,572		
61608		Resect/excise cranial lesion	90	$5,320		
61609		Transect artery, sinus		$1,275		
61610		Transect artery, sinus		$3,762		
61611		Transect artery, sinus		$945		
61612		Transect artery, sinus		$3,551		
61613		Remove aneurysm, sinus	90	$5,218		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
61615		Resect/excise lesion, skull	90	$4,017		
61616		Resect/excise lesion, skull	90	$5,463		
61618		Repair dura	90	$2,066		
61619		Repair dura	90	$2,583		
61623		Endovasc tempory vessel occl		$1,147		
61624		Occlusion/embolization cath	0	$2,635		
61626		Occlusion/embolization cath	0	$2,173		
61630		Intracranial angioplasty		$2,577		
61635		Intracran angioplsty w/stent		$2,837		
61640		Dilate ic vasospasm init		$1,288		
61641		Dilate ic vasospasm add-on		$453		
61642		Dilate ic vasospasm add-on		$905		
61680		Intracranial vessel surgery	90	$5,189		
61682		Intracranial vessel surgery	90	$5,937		
61684		Intracranial vessel surgery	90	$5,131		
61686		Intracranial vessel surgery	90	$6,203		
61690		Intracranial vessel surgery	90	$4,628		
61692		Intracranial vessel surgery	90	$4,963		
61697		Brain aneurysm repr complx		$8,800		
61698		Brain aneurysm repr complx		$9,656		
61700		Inner skull vessel surgery	90	$5,110		
61702		Inner skull vessel surgery	90	$5,813		
61703		Clamp neck artery	90	$2,175		
61705		Revise circulation to head	90	$4,966		
61708		Revise circulation to head	90	$4,326		
61710		Revise circulation to head	90	$3,293		
61711		Fusion of skull arteries	90	$5,229		
61720		Incise skull/brain surgery	90	$3,010		
61735		Incise skull/brain surgery	90	$2,233		
61750		Incise skull; brain biopsy	90	$2,469		
61751		Brain biopsy w/ ct/mr guide	90	$2,774		
61760		Implant brain electrodes	90	$2,943		
61770		Incise skull for treatment	90	$2,687		
61781		Scan proc cranial intra		$489		
61782		Scan proc cranial extra		$402		
61783		Scan proc spinal		$489		
61790		Treat trigeminal nerve	90	$2,040		
61791		Treat trigeminal tract	90	$1,785		
61796		Srs cranial lesion simple		$2,096		
61797		Srs cran les simple addl		$453		
61798		Srs cranial lesion complex		$2,860		
61799		Srs cran les complex addl		$626		
61800		Apply srs headframe add-on		$317		
61850		Implant neuroelectrodes	90	$1,797		
61860		Implant neuroelectrodes	90	$2,236		
61863		Implant neuroelectrode		$3,137		
61864		Implant neuroelectrde addl		$592		
61867		Implant neuroelectrode		$4,760		
61868		Implant neuroelectrde addl		$1,042		
61870		Implant neuroelectrodes	90	$763		
61875		Implant neuroelectrodes	90	$1,217		
61880		Revise/remove neuroelectrode	90	$791		
61885		Implant neurostim one array	90	$619		
61886		Implant neurostim arrays	90	$1,778		
61888		Revise/remove neuroreceiver	10	$409		
62000		Repair of skull fracture	90	$1,270		
62005		Repair of skull fracture	90	$1,974		
62010		Treatment of head injury	90	$2,903		
62100		Repair brain fluid leakage	90	$3,265		
62115		Reduction of skull defect	90	$2,611		
62116		Reduction of skull defect	90	$3,699		
62117		Reduction of skull defect	90	$3,234		
62120		Repair skull cavity lesion	90	$3,564		
62121		Incise skull repair	90	$2,915		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
62140		Repair of skull defect	90	$2,014		
62141		Repair of skull defect	90	$2,471		
62142		Remove skull plate/flap	90	$1,810		
62143		Replace skull plate/flap	90	$1,623		
62145		Repair of skull & brain	90	$2,346		
62146		Repair of skull with graft	90	$2,000		
62147		Repair of skull with graft	90	$2,399		
62148		Retr bone flap to fix skull		$264		
62160		Neuroendoscopy add-on		$394		
62161		Dissect brain w/scope		$3,159		
62162		Remove colloid cyst w/scope		$3,942		
62163		Zneuroendoscopy w/fb removal		$2,557		
62164		Remove brain tumor w/scope		$4,359		
62165		Remove pituit tumor w/scope		$3,244		
62180		Establish brain cavity shunt	90	$2,098		
62190		Establish brain cavity shunt	90	$1,994		
62192		Establish brain cavity shunt	90	$2,020		
62194		Replace/irrigate catheter	10	$353		
62200		Establish brain cavity shunt	90	$2,356		
62201		Establish brain cavity shunt	90	$1,600		
62220		Establish brain cavity shunt	90	$2,197		
62223		Establish brain cavity shunt	90	$2,281		
62225		Replace/irrigate catheter	90	$714		
62230		Replace/revise brain shunt	90	$1,512		
62252	TC	Csf shunt reprogram		$96		
62252	26	Csf shunt reprogram		$82		
62252		Csf shunt reprogram		$178		
62256		Remove brain cavity shunt	90	$952		
62258		Replace brain cavity shunt	90	$2,189		
62263		Lysis epidural adhesions	0	-		
62263		Lysis epidural adhesions	0		$1,462	$721
62264		Epidural lysis on single day			$918	$505
62267		Interdiscal perq aspir dx			$504	$322
62268		Drain spinal cord cyst	0	$510		
62269		Needle biopsy spinal cord	0	$432		
62270		Spinal fluid tap, diagnostic	0	$135		
62272		Drain spinal fluid	0	$176		
62273		Treat epidural spine lesion	0	$251		
62280		Treat spinal cord lesion	10	$295		
62281		Treat spinal cord lesion	10	$266		
62282		Treat spinal canal lesion	10	$352		
62284		Injection for myelogram	0	$279		
62287		Percutaneous diskectomy	90	$1,197		
62290		Inject for spine disk X-ray	0	$402		
62291		Inject for spine disk X-ray	0	$393		
62292		Injection into disk lesion	90	$1,450		
62294		Injection into spinal artery	90	$1,032		
62310		Inject spine c/t.....	0	BR		
62311		Inject spine l/s (cd)	0	BR		
62318		Inject spine w/cath, c t	0	$530		
62319		Inject spine w/cath l/ s (cd)	0	-	$364	$203
62350		Implant spinal canal cath	90	$800		
62351		Implant spinal canal cath	90	$1,199		
62355		Remove spinal canal catheter	90	$659		
62360		Insert spine infusion device	90	$305		
62361		Implant spine infusion pump	90	$630		
62362		Implant spine infusion pump	90	$823		
62365		Remove spine infusion device	90	$667		
62367		Analyze spine infusion pump		BR		
62367	26	Analyze spine infusion pump		$59		
62367	TC	Analyze spine infusion pump		BR		
62368		Analyze spine infusion pump		BR		
62368	26	Analyze spine infusion pump		$93		
62368	TC	Analyze spine infusion pump		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
62369		Anal sp inf pmp w/reprg&fill			$256	$72
62370		Anl sp inf pmp w/mdreprg&fil			$268	$97
63001		Removal of spinal lamina	90	$2,582		
63003		Removal of spinal lamina	90	$2,534		
63005		Removal of spinal lamina	90	$2,403		
63011		Removal of spinal lamina	90	$1,626		
63012		Removal of spinal lamina	90	$2,508		
63015		Removal of spinal lamina	90	$2,994		
63016		Removal of spinal lamina	90	$3,104		
63017		Removal of spinal lamina	90	$2,900		
63020		Neck spine disk surgery	90	$2,331		
63030		Low back disk surgery	90	$1,906		
63035		Spinal disk surgery add-on		$498		
63040		Neck spine disk surgery	90	$3,139		
63042		Low back disk surgery	90	$3,140		
63045		Removal of spinal lamina	90	$2,949		
63046		Removal of spinal lamina	90	$2,939		
63047		Removal of spinal lamina	90	$2,819		
63048		Remove spinal lamina add-on		$530		
63050		Cervical laminoplasty		$3,231		
63051		C-laminoplasty w/graft/plate		$3,577		
63055		Decompress spinal cord	90	$3,439		
63056		Decompress spinal cord	90	$3,114		
63057		Decompress spine cord add-on		$691		
63064		Decompress spinal cord	90	$3,622		
63066		Decompress spine cord add-on		$433		
63075		Neck spine disk surgery	90	$2,871		
63076		Neck spine disk surgery		$640		
63077		Spine disk surgery, thorax	90	$2,962		
63078		Spine disk surgery, thorax		$442		
63081		Removal of vertebral body	90	$3,741		
63082		Remove vertebral body add-on		$699		
63085		Removal of vertebral body	90	$4,045		
63086		Remove vertebral body add-on		$522		
63087		Removal of vertebral body	90	$4,294		
63088		Remove vertebral body add-on		$691		
63090		Removal of vertebral body	90	$4,270		
63091		Remove vertebral body add-on		$428		
63101		Removal of vertebral body		$4,842		
63102		Removal of vertebral body		$4,673		
63103		Remove vertebral body add-on		$607		
63170		Incise spinal cord tract(s)	90	$2,856		
63172		Drainage of spinal cyst	90	$3,047		
63173		Drainage of spinal cyst	90	$2,667		
63180		Revise spinal cord ligaments	90	$2,153		
63182		Revise spinal cord ligaments	90	$2,658		
63185		Incise spinal column/nerves	90	$2,288		
63190		Incise spinal column/nerves	90	$2,901		
63191		Incise spinal column/nerves	90	$2,242		
63194		Incise spinal column & cord	90	$2,327		
63195		Incise spinal column & cord	90	$2,345		
63196		Incise spinal column & cord	90	$2,689		
63197		Incise spinal column & cord	90	$2,574		
63198		Incise spinal column & cord	90	$2,971		
63199		Incise spinal column & cord	90	$3,391		
63200		Release of spinal cord	90	$2,264		
63250		Revise spinal cord vessels	90	$5,088		
63251		Revise spinal cord vessels	90	$4,666		
63252		Revise spinal cord vessels	90	$5,140		
63265		Excise intraspinal lesion	90	$3,252		
63266		Excise intraspinal lesion	90	$3,528		
63267		Excise intraspinal lesion	90	$3,020		
63268		Excise intraspinal lesion	90	$2,286		
63268		Excise intraspinal lesion		$3,039		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
63270		Excise intraspinal lesion	90	$3,285		
63271		Excise intraspinal lesion	90	$3,989		
63272		Excise intraspinal lesion	90	$3,617		
63273		Excise intraspinal lesion	90	$3,068		
63275		Biopsy/excise spinal tumor	90	$3,891		
63276		Biopsy/excise spinal tumor	90	$3,659		
63277		Biopsy/excise spinal tumor	90	$3,363		
63278		Biopsy/excise spinal tumor	90	$3,320		
63280		Biopsy/excise spinal tumor	90	$4,233		
63281		Biopsy/excise spinal tumor	90	$4,180		
63282		Biopsy/excise spinal tumor	90	$3,788		
63283		Biopsy/excise spinal tumor	90	$3,241		
63285		Biopsy/excise spinal tumor	90	$4,475		
63286		Biopsy/excise spinal tumor	90	$4,786		
63287		Biopsy/excise spinal tumor	90	$4,578		
63290		Biopsy/excise spinal tumor	90	$4,732		
63295		Repair of laminectomy defect		$692		
63300		Removal of vertebral body	90	$2,978		
63301		Removal of vertebral body	90	$3,335		
63302		Removal of vertebral body	90	$3,538		
63303		Removal of vertebral body	90	$3,566		
63304		Removal of vertebral body	90	$3,674		
63305		Removal of vertebral body	90	$3,940		
63306		Removal of vertebral body	90	$3,923		
63307		Removal of vertebral body	90	$4,022		
63308		Remove vertebral body add-on		$691		
63600		Remove spinal cord lesion	90	$1,870		
63610		Stimulation of spinal cord	0	$1,240		
63615		Remove lesion of spinal cord	90	$2,051		
63620		Srs spinal lesion		$2,311		
63621		Srs spinal lesion addl		$520		
63650		Implant neuroelectrodes	90	$1,059		
63655		Implant neuroelectrodes	90	$1,704		
63660		Revise/remove neuroelectrode	90	$962		
63661		Remove spine eltrd perq aray			$1,234	$667
63662		Remove spine eltrd plate		$1,626		
63663		Revise spine eltrd perq aray			$1,754	$973
63664		Revise spine eltrd plate		$1,665		
63685		Implant neuroreceiver	90	$1,073		
63688		Revise/remove neuroreceiver	90	$871		
63700		Repair of spinal herniation	90	$2,712		
63702		Repair of spinal herniation	90	$2,968		
63704		Repair of spinal herniation	90	$3,443		
63706		Repair of spinal herniation	90	$3,830		
63707		Repair spinal fluid leakage	90	$1,867		
63709		Repair spinal fluid leakage	90	$2,375		
63710		Graft repair of spine defect	90	$1,723		
63740		Install spinal shunt	90	$1,994		
63741		Install spinal shunt	90	$1,475		
63744		Revision of spinal shunt	90	$1,180		
63746		Removal of spinal shunt	90	$864		
64400		Injection for nerve block	0	$117		
64402		Injection for nerve block	0	$139		
64405		Injection for nerve block	0	$144		
64408		Injection for nerve block	0	$182		
64410		Injection for nerve block	0	$163		
64412		Injection for nerve block	0	$133		
64413		Injection for nerve block	0	$158		
64415		Injection for nerve block	0	$129		
64417		Injection for nerve block	0	$158		
64418		Injection for nerve block	0	$161		
64420		Injection for nerve block	0	$134		
64421		Injection for nerve block	0	$190		
64425		Injection for nerve block	0	$172		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
64430		Injection for nerve block	0	$162		
64435		Injection for nerve block	0	$143		
64445		Injection for nerve block	0	$145		
64446		N blk inj sciatic cont inf		$169		
64447		N block inj fem single			$255	$138
64448		N block inj fem cont inf		$151		
64449		N block inj lumbar plexus		$176		
64450		Injection for nerve block	0	$131		
64455		N block inj plantar digit			$98	$73
64479		Inj foramen epidural c t	0	BR		
64480		Inj foramen epidural add-on	0	BR		
64483		Inj foramen epidural l s	0	BR		
64484		Inj foramen epidural add-on		BR		
64490		Inj paravert f jnt c/t 1 lev		BR		
64491		Inj paravert f jnt c/t 2 lev		BR		
64492		Inj paravert f jnt c/t 3 lev		BR		
64493		Inj paravert f jnt l/s 1 lev		BR		
64494		Inj paravert f jnt l/s 2 lev		BR		
64495		Inj paravert f jnt l/s 3 lev		BR		
64505		Injection for nerve block	0	$145		
64508		Injection for nerve block	0	$159		
64510		Injection for nerve block	0	$150		
64517		N block inj hypogas plxs			$391	$266
64520		Injection for nerve block	0	$159		
64530		Injection for nerve block	0	$215		
64550		Apply neurostimulator	0	$47		
64553		Implant neuroelectrodes	10	$240		
64555		Implant neuroelectrodes	10	$194		
64561		Implant neuroelectrodes			$1,629	$813
64565		Implant neuroelectrodes	10	$181		
64565		Implant neuroelectrodes			$374	$265
64566		Neuroeltrd stim post tibial		$275		
64568		Inc for vagus n elect impl		$1,319		
64569		Revise/repl vagus n eltrd		$1,441		
64570		Remove vagus n eltrd		$1,160		
64575		Implant neuroelectrodes	90	$548		
64580		Implant neuroelectrodes	90	$506		
64581		Implant neuroelectrodes		$1,376		
64585		Revise/remove neuroelectrode	10	$217		
64590		Implant neuroreceiver	10	$322		
64595		Revise/remove neuroreceiver	10	$213		
64600		Injection treatment of nerve	10	$373		
64605		Injection treatment of nerve	10	$528		
64610		Injection treatment of nerve	10	$1,113		
64611		Chemodenerv saliv glands			$208	$186
64612		Destroy nerve, face muscle	10	$272		
64613		Destroy nerve, spine muscle	10	$250		
64614		Destroy nerve extrem musc		BR		
64620		Injection treatment of nerve	10	$301		
64630		Injection treatment of nerve	10	$359		
64632		N block inj common digit		BR		
64633		Destroy cerv/thor facet jnt		BR		
64634		Destroy c/th facet jnt addl		BR		
64635		Destroy lumb/sac facet jnt		BR		
64636		Destroy l/s facet jnt addl		BR		
64640		Injection treatment of nerve	10	$248		
64650		Chemodenerv eccrine glands			$251	$83
64653		Chemodenerv eccrine glands			$294	$108
64680		Injection treatment of nerve	10	$321		
64681		Injection treatment of nerve			$774	$408
64702		Revise finger/toe nerve	90	$633		
64704		Revise hand/foot nerve	90	$748		
64708		Revise arm/leg nerve	90	$1,011		
64712		Revision of sciatic nerve	90	$1,278		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
64713		Revision of arm nerve(s)	90	$1,519		
64714		Revise low back nerve(s)	90	$1,233		
64716		Revision of cranial nerve	90	$800		
64718		Revise ulnar nerve at elbow	90	$943		
64719		Revise ulnar nerve at wrist	90	$745		
64721		Carpal tunnel surgery	90	$688		
64722		Relieve pressure on nerve(s)	90	$829		
64726		Release foot/toe nerve	90	$337		
64727		Internal nerve revision		$488		
64732		Incision of brow nerve	90	$651		
64734		Incision of cheek nerve	90	$701		
64736		Incision of chin nerve	90	$657		
64738		Incision of jaw nerve	90	$787		
64740		Incision of tongue nerve	90	$785		
64742		Incision of facial nerve	90	$804		
64744		Incise nerve, back of head	90	$854		
64746		Incise diaphragm nerve	90	$719		
64752		Incision of vagus nerve	90	$808		
64755		Incision of stomach nerves	90	$1,830		
64760		Incision of vagus nerve	90	$1,040		
64761		Incision of pelvis nerve	90	$798		
64763		Incise hip/thigh nerve	90	$880		
64766		Incise hip/thigh nerve	90	$1,145		
64771		Sever cranial nerve	90	$1,001		
64772		Incision of spinal nerve	90	$1,053		
64774		Remove skin nerve lesion	90	$570		
64776		Remove digit nerve lesion	90	$570		
64778		Digit nerve surgery add-on		$427		
64782		Remove limb nerve lesion	90	$777		
64783		Limb nerve surgery add on		$510		
64784		Remove nerve lesion	90	$1,137		
64786		Remove sciatic nerve lesion	90	$2,117		
64787		Implant nerve end		$593		
64788		Remove skin nerve lesion	90	$598		
64790		Removal of nerve lesion	90	$1,365		
64792		Removal of nerve lesion	90	$1,774		
64795		Biopsy of nerve	0	$409		
64802		Remove sympathetic nerves	90	$1,042		
64804		Remove sympathetic nerves	90	$2,043		
64809		Remove sympathetic nerves	90	$1,797		
64818		Remove sympathetic nerves	90	$1,396		
64820		Remove sympathetic nerves	90	$1,191		
64821		Remove sympathetic nerves		$1,481		
64822		Remove sympathetic nerves		$1,436		
64823		Remove sympathetic nerves		$1,633		
64831		Repair of digit nerve	90	$906		
64832		Repair nerve add-on...		$548		
64834		Repair of hand or foot nerve	90	$980		
64835		Repair of hand or foot nerve	90	$1,237		
64836		Repair of hand or foot nerve	90	$1,302		
64837		Repair nerve add-on...		$802		
64840		Repair of leg nerve	90	$1,651		
64856		Repair/transpose nerve	90	$1,592		
64857		Repair arm/leg nerve	90	$1,735		
64858		Repair sciatic nerve	90	$2,019		
64859		Nerve surgery.....		$574		
64861		Repair of arm nerves	90	$2,318		
64862		Repair of low back nerves	90	$2,924		
64864		Repair of facial nerve	90	$1,479		
64865		Repair of facial nerve	90	$2,021		
64866		Fusion of facial/other nerve	90	$1,980		
64868		Fusion of facial/other nerve	90	$1,842		
64870		Fusion of facial/other nerve	90	$2,180		
64872		Subsequent repair of nerve		$248		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
64874		Repair and revise nerve		$351		
64876		Repair nerve; shorten bone		$379		
64885		Nerve graft, head or neck	90	$2,188		
64886		Nerve graft, head or neck	90	$2,609		
64890		Nerve graft, hand or foot	90	$2,034		
64891		Nerve graft, hand or foot	90	$1,937		
64892		Nerve graft, arm or leg	90	$1,881		
64893		Nerve graft, arm or leg	90	$2,181		
64895		Nerve graft, hand or foot	90	$2,414		
64896		Nerve graft, hand or foot	90	$2,748		
64897		Nerve graft, arm or leg	90	$2,299		
64898		Nerve graft, arm or leg	90	$2,488		
64901		Nerve graft add-on....		$1,442		
64902		Nerve graft add-on....		$1,685		
64905		Nerve pedicle transfer	90	$1,651		
64907		Nerve pedicle transfer	90	$2,369		
64910		Nerve repair w/allograft		$1,740		
64911		Neurorraphy w/vein autograft		$2,185		
64999		Nervous system surgery		BR		
65091		Revise eye	90	$1,031		
65093		Revise eye with implant	90	$1,141		
65101		Removal of eye	90	$1,086		
65103		Remove eye/insert implant	90	$1,176		
65105		Remove eye/attach implant	90	$1,302		
65110		Removal of eye	90	$2,146		
65112		Remove eye, revise socket	90	$2,031		
65114		Remove eye, revise socket	90	$2,217		
65125		Revise ocular implant	90	$435		
65130		Insert ocular implant	90	$1,126		
65135		Insert ocular implant	90	$899		
65140		Attach ocular implant	90	$992		
65150		Revise ocular implant	90	$1,147		
65155		Reinsert ocular implant	90	$1,534		
65175		Removal of ocular implant	90	$978		
65205		Remove foreign body from eye	0	$83		
65210		Remove foreign body from eye	0	$95		
65220		Remove foreign body from eye	0	$91		
65222		Remove foreign body from eye	0	$109		
65235		Remove foreign body from eye	90	$922		
65260		Remove foreign body from eye	90	$1,376		
65265		Remove foreign body from eye	90	$1,599		
65270		Repair of eye wound	10	$219		
65272		Repair of eye wound	90	$376		
65273		Repair of eye wound	90	$518		
65275		Repair of eye wound	90	$407		
65280		Repair of eye wound	90	$1,181		
65285		Repair of eye wound	90	$1,767		
65286		Repair of eye wound	90	$722		
65290		Repair of eye socket wound	90	$824		
65400		Removal of eye lesion	90	$879		
65410		Biopsy of cornea	0	$225		
65420		Removal of eye lesion	90	$600		
65426		Removal of eye lesion	90	$854		
65430		Corneal smear	0	$103		
65435		Curette/treat cornea	0	$123		
65436		Curette/treat cornea	90	$397		
65450		Treatment of corneal lesion	90	$462		
65600		Revision of cornea	90	$418		
65710		Corneal transplant	90	$2,051		
65730		Corneal transplant	90	$2,450		
65750		Corneal transplant	90	$2,557		
65755		Corneal transplant	90	$2,618		
65756		Corneal trnspl endothelial		$2,411		
65760		Revision of cornea		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
65765		Revision of cornea		BR		
65767		Corneal tissue transplant		BR		
65770		Revise cornea with implant	90	$2,200		
65771		Radial keratotomy		BR		
65772		Correction of astigmatism	90	$691		
65775		Correction of astigmatism	90	$1,037		
65778		Cover eye w/membrane			$2,775	$150
65779		Cover eye w/membrane suture			$2,471	$592
65780		Ocular reconst transplant		$1,849		
65781		Ocular reconst transplant		$2,713		
65782		Ocular reconst transplant		$2,470		
65800		Drainage of eye	0	$264		
65805		Drainage of eye	0	$271		
65810		Drainage of eye	90	$731		
65815		Drainage of eye	90	$671		
65820		Relieve inner eye pressure	90	$1,250		
65850		Incision of eye	90	$1,692		
65855		Laser surgery of eye	90	$985		
65860		Incise inner eye adhesions	90	$689		
65865		Incise inner eye adhesions	90	$907		
65870		Incise inner eye adhesions	90	$857		
65875		Incise inner eye adhesions	90	$903		
65880		Incise inner eye adhesions	90	$985		
65900		Remove eye lesion	90	$1,364		
65920		Remove implant from eye	90	$1,182		
65930		Remove blood clot from eye	90	$1,071		
66020		Injection treatment of eye	10	$280		
66030		Injection treatment of eye	10	$126		
66130		Remove eye lesion	90	$927		
66150		Glaucoma surgery	90	$1,301		
66155		Glaucoma surgery	90	$1,243		
66160		Glaucoma surgery	90	$1,473		
66165		Glaucoma surgery	90	$1,267		
66170		Glaucoma surgery	90	$1,706		
66172		Incision of eye	90	$1,873		
66174		Translum dil eye canal		$2,017		
66175		Trnslum dil eye canal w/stnt		$2,276		
66180		Implant eye shunt	90	$2,166		
66185		Revise eye shunt	90	$1,290		
66220		Repair eye lesion	90	$964		
66225		Repair/graft eye lesion	90	$1,883		
66250		Follow-up surgery of eye	90	$935		
66500		Incision of iris	90	$600		
66505		Incision of iris	90	$522		
66600		Remove iris and lesion	90	$1,281		
66605		Removal of iris	90	$1,762		
66625		Removal of iris	90	$964		
66630		Removal of iris	90	$1,006		
66635		Removal of iris	90	$1,064		
66680		Repair iris & ciliary body	90	$843		
66682		Repair iris and ciliary body	90	$961		
66700		Destruction, ciliary body	90	$771		
66710		Destruction, ciliary body	90	$836		
66711		Ciliary endoscopic ablation		$1,295		
66720		Destruction, ciliary body	90	$806		
66740		Destruction, ciliary body	90	$828		
66761		Revision of iris	90	$854		
66762		Revision of iris	90	$992		
66770		Removal of inner eye lesion	90	$927		
66820		Incision, secondary cataract	90	$642		
66821		After cataract laser surgery	90	$637		
66825		Reposition intraocular lens	90	$1,093		
66830		Removal of lens lesion	90	$1,124		
66840		Removal of lens material	90	$1,251		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
66850		Removal of lens material	90	$1,501		
66852		Removal of lens material	90	$1,806		
66920		Extraction of lens	90	$1,407		
66930		Extraction of lens	90	$1,473		
66940		Extraction of lens	90	$1,421		
66982		Cataract surgery complex		$2,227		
66983		Remove cataract, insert lens	90	$1,771		
66984		Remove cataract, insert lens	90	$1,895		
66985		Insert lens prosthesis	90	$1,391		
66986		Exchange lens prosthesis	90	$1,743		
66990		Ophthalmic endoscope add-on		$184		
66999		Eye surgery procedure		BR		
67005		Partial removal of eye fluid	90	$1,793		
67010		Partial removal of eye fluid	90	$1,720		
67015		Release of eye fluid	90	$955		
67025		Replace eye fluid	90	$959		
67027		Implant eye drug system.	90	$1,517		
67028		Injection eye drug	0	$420		
67030		Incise inner eye strands	90	$943		
67031		Laser surgery, eye strands	90	$1,118		
67036		Removal of inner eye fluid	90	$2,629		
67039		Laser treatment of retina	90	$3,025		
67040		Laser treatment of retina	90	$3,339		
67041		Vit for macular pucker		$2,778		
67042		Vit for macular hole		$3,176		
67043		Vit for membrane dissect		$3,396		
67101		Repair, detached retina	90	$1,340		
67105		Repair detached retina	90	$1,201		
67107		Repair detached retina	90	$2,249		
67108		Repair detached retina	90	$3,158		
67110		Repair detached retina	90	$1,744		
67112		Rerepair detached retina.	90	$2,424		
67113		Repair retinal detach cplx		$3,660		
67115		Release, encircling material	90	$871		
67120		Remove eye implant material	90	$931		
67121		Remove eye implant material	90	$1,421		
67141		Treatment of retina	90	$961		
67145		Treatment of retina	90	$983		
67208		Treatment of retinal lesion	90	$1,036		
67210		Treatment of retinal lesion	90	$1,272		
67218		Treatment of retinal lesion	90	$1,893		
67220		Treatment of choroid lesion	90	$1,403		
67221		Ocular photodynamic ther			$595	$447
67225		Eye photodynamic ther add-on			$60	$57
67227		Treatment of retinal lesion	90	$1,120		
67228		Treatment of retinal lesion	90	$1,576		
67229		Tr retinal les preterm inf		$2,262		
67250		Reinforce eye wall	90	$1,115		
67255		Reinforce/graft eye wall	90	$1,697		
67299		Eye surgery procedure		BR		
67311		Revise eye muscle.....	90	$1,025		
67312		Revise two eye muscles	90	$1,256		
67314		Revise eye muscle	90	$1,268		
67316		Revise two eye muscles	90	$1,430		
67318		Revise eye muscle(s)..	90	$1,055		
67320		Revise eye muscle(s) add-on		$986		
67331		Eye surgery follow-up add-on		$902		
67332		Rerevise eye muscles add-on		$1,005		
67334		Revise eye muscle w/suture		$746		
67335		Eye suture during surgery		$412		
67340		Revise eye muscle add- on		$929		
67343		Release eye tissue	90	$930		
67345		Destroy nerve of eye muscle	10	$381		
67346		Biopsy eye muscle		$434		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
67399		Eye muscle surgery procedure		BR		
67400		Explore/biopsy eye socket	90	$1,514		
67405		Explore/drain eye socket	90	$1,245		
67412		Explore/treat eye socket	90	$1,523		
67413		Explore/treat eye socket	90	$1,304		
67414		Explore/decompress eye socket	90	$1,337		
67415		Aspiration orbital contents	0	$276		
67420		Explore/treat eye socket	90	$2,212		
67430		Explore/treat eye socket	90	$1,698		
67440		Explore/drain eye socket	90	$2,075		
67445		Explore/decompress eye socket	90	$1,774		
67450		Explore/biopsy eye socket	90	$2,050		
67500		Inject/treat eye socket	0	$112		
67505		Inject/treat eye socket	0	$136		
67515		Inject/treat eye socket	0	$86		
67550		Insert eye socket implant	90	$1,417		
67560		Revise eye socket implant	90	$1,337		
67570		Decompress optic nerve	90	$1,449		
67599		Orbit surgery procedure		BR		
67700		Drainage of eyelid abscess	10	$129		
67710		Incision of eyelid	10	$145		
67715		Incision of eyelid fold	10	$195		
67800		Remove eyelid lesion	10	$166		
67801		Remove eyelid lesions	10	$236		
67805		Remove eyelid lesions	10	$257		
67808		Remove eyelid lesion(s)	90	$411		
67810		Biopsy of eyelid	0	$166		
67820		Revise eyelashes	0	$91		
67825		Revise eyelashes.....	10	$236		
67830		Revise eyelashes	10	$322		
67835		Revise eyelashes	90	$962		
67840		Remove eyelid lesion	10	$232		
67850		Treat eyelid lesion	10	$178		
67875		Closure of eyelid by suture	0	$235		
67880		Revision of eyelid	90	$546		
67882		Revision of eyelid	90	$796		
67900		Repair brow defect	90	$603		
67901		Repair eyelid defect	90	$1,178		
67902		Repair eyelid defect	90	$1,228		
67903		Repair eyelid defect	90	$1,254		
67904		Repair eyelid defect	90	$1,215		
67906		Repair eyelid defect	90	$882		
67908		Repair eyelid defect	90	$1,013		
67909		Revise eyelid defect	90	$903		
67911		Revise eyelid defect	90	$1,092		
67912		Correction eyelid w/implant			$1,817	$1,024
67914		Repair eyelid defect	90	$704		
67915		Repair eyelid defect	90	$313		
67916		Repair eyelid defect	90	$850		
67917		Repair eyelid defect	90	$977		
67921		Repair eyelid defect	90	$520		
67922		Repair eyelid defect	90	$300		
67923		Repair eyelid defect	90	$917		
67924		Repair eyelid defect	90	$951		
67930		Repair eyelid wound	10	$348		
67935		Repair eyelid wound	90	$715		
67938		Remove eyelid foreign body	10	$130		
67950		Revision of eyelid	90	$943		
67961		Revision of eyelid	90	$938		
67966		Revision of eyelid	90	$1,162		
67971		Reconstruction of eyelid	90	$1,479		
67973		Reconstruction of eyelid	90	$1,914		
67974		Reconstruction of eyelid	90	$1,947		
67975		Reconstruction of eyelid	90	$941		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
67999		Eyelid surgery procedure		BR		
68020		Incise/drain eyelid lining	10	$132		
68040		Treatment of eyelid lesions	0	$94		
68100		Biopsy of eyelid lining	0	$171		
68110		Remove eyelid lining lesion	10	$215		
68115		Remove eyelid lining lesion	10	$308		
68130		Remove eyelid lining lesion	90	$642		
68135		Remove eyelid lining lesion	10	$182		
68200		Treat eyelid by injection	0	$75		
68320		Revise/graft eyelid lining	90	$882		
68325		Revise/graft eyelid lining	90	$1,198		
68326		Revise/graft eyelid lining	90	$1,124		
68328		Revise/graft eyelid lining	90	$1,377		
68330		Revise eyelid lining	90	$767		
68335		Revise/graft eyelid lining	90	$1,259		
68340		Separate eyelid adhesions	90	$511		
68360		Revise eyelid lining	90	$703		
68362		Revise eyelid lining	90	$1,088		
68371		Harvest eye tissue alograft		$839		
68399		Eyelid lining surgery		BR		
68400		Incise/drain tear gland	10	$192		
68420		Incise/drain tear sac	10	$236		
68440		Incise tear duct opening	10	$120		
68500		Removal of tear gland	90	$1,333		
68505		Partial removal tear gland	90	$1,386		
68510		Biopsy of tear gland	0	$607		
68520		Removal of tear sac	90	$1,184		
68525		Biopsy of tear sac	0	$591		
68530		Clearance of tear duct	10	$469		
68540		Remove tear gland lesion	90	$1,339		
68550		Remove tear gland lesion	90	$1,752		
68700		Repair tear ducts	90	$640		
68705		Revise tear duct opening	10	$218		
68720		Create tear sac drain	90	$1,407		
68745		Create tear duct drain	90	$1,079		
68750		Create tear duct drain	90	$1,570		
68760		Close tear duct opening	10	$187		
68761		Close tear duct opening	10	$161		
68770		Close tear system fistula	90	$785		
68801		Dilate tear duct opening	10	$170		
68810		Probe nasolacrimal duct	10	$269		
68811		Probe nasolacrimal duct	10	$298		
68815		Probe nasolacrimal duct	10	$446		
68816		Probe nl duct w/balloon			$1,519	$533
68840		Explore/irrigate tear ducts	10	$124		
68850		Injection for tear sac X-ray	0	$96		
68899		Tear duct system surgery		BR		
69000		Drain external ear lesion	10	$126		
69005		Drain external ear lesion	10	$237		
69020		Drain outer ear canal lesion	10	$136		
69090		Pierce earlobes		BR		
69100		Biopsy of external ear	0	$106		
69105		Biopsy of external ear canal	0	$124		
69110		Partial removal external ear	90	$449		
69120		Removal of external ear	90	$340		
69140		Remove ear canal lesion(s)	90	$1,173		
69145		Remove ear canal lesion(s)	90	$378		
69150		Extensive ear canal surgery	90	$1,750		
69155		Extensive ear/neck surgery	90	$2,447		
69200		Clear outer ear canal	0	$87		
69205		Clear outer ear canal	10	$165		
69210		Remove impacted ear wax	0	$61		
69220		Clean out mastoid cavity	0	$98		
69222		Clean out mastoid cavity	10	$154		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
69300		Revise external ear		-	$1,565	$1,009
69310		Rebuild outer ear canal	90	$1,523		
69320		Rebuild outer ear canal	90	$2,329		
69399		Outer ear surgery procedure		$0		
69400		Inflate middle ear canal	0	$94		
69401		Inflate middle ear canal	0	$65		
69405		Catheterize middle ear canal	10	$220		
69410		Inset middle ear baffle	0	$71		
69420		Incision of eardrum	10	$145		
69421		Incision of eardrum	10	$209		
69424		Remove ventilating tube	0	$108		
69433		Create eardrum opening	10	$209		
69436		Create eardrum opening	10	$302		
69440		Exploration of middle ear	90	$1,199		
69450		Eardrum revision	90	$1,132		
69501		Mastoidectomy	90	$1,478		
69502		Mastoidectomy	90	$1,895		
69505		Remove mastoid structures	90	$2,156		
69511		Extensive mastoid surgery	90	$2,245		
69530		Extensive mastoid surgery	90	$2,582		
69535		Remove part of temporal bone	90	$4,432		
69540		Remove ear lesion	10	$181		
69550		Remove ear lesion	90	$2,061		
69552		Remove ear lesion	90	$2,650		
69554		Remove ear lesion	90	$3,630		
69601		Mastoid surgery revision	90	$2,008		
69602		Mastoid surgery revision	90	$2,208		
69603		Mastoid surgery revision	90	$2,323		
69604		Mastoid surgery revision	90	$2,765		
69605		Mastoid surgery revision	90	$2,467		
69610		Repair of eardrum	10	$383		
69620		Repair of eardrum	90	$1,170		
69631		Repair eardrum structures	90	$1,761		
69632		Rebuild eardrum structures	90	$2,126		
69633		Rebuild eardrum structures	90	$2,056		
69635		Repair eardrum structures	90	$2,237		
69636		Rebuild eardrum structures	90	$2,551		
69637		Rebuild eardrum structures	90	$2,565		
69641		Revise middle ear & mastoid	90	$2,157		
69642		Revise middle ear & mastoid	90	$2,775		
69643		Revise middle ear & mastoid	90	$2,672		
69644		Revise middle ear & mastoid	90	$2,968		
69645		Revise middle ear & mastoid	90	$2,826		
69646		Revise middle ear & mastoid	90	$2,953		
69650		Release middle ear bone	90	$1,610		
69660		Revise middle ear bone	90	$2,055		
69661		Revise middle ear bone	90	$2,527		
69662		Revise middle ear bone	90	$2,478		
69666		Repair middle ear structures	90	$1,807		
69667		Repair middle ear structures	90	$1,783		
69670		Remove mastoid air cells	90	$1,579		
69676		Remove middle ear nerve	90	$1,318		
69700		Close mastoid fistula	90	$1,181		
69710		Implant/replace hearing aid		BR		
69711		Remove/repair hearing aid	90	$1,345		
69714		Implant temple bone w/stimul		$2,301		
69715		Temple bne implnt w/stimulat		$2,844		
69717		Temple bone implant revision		$2,420		
69718		Revise temple bone implant		$2,874		
69720		Release facial nerve	90	$2,449		
69725		Release facial nerve	90	$2,488		
69740		Repair facial nerve	90	$2,047		
69745		Repair facial nerve	90	$2,378		
69799		Middle ear surgery procedure		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
69801		Incise inner ear.....	90	$1,388		
69802		Incise inner ear	90	$1,763		
69805		Explore inner ear	90	$2,047		
69806		Explore inner ear	90	$2,450		
69820		Establish inner ear window	90	$1,415		
69840		Revise inner ear window	90	$1,349		
69905		Remove inner ear	90	$2,070		
69910		Remove inner ear & mastoid	90	$2,541		
69915		Incise inner ear nerve	90	$2,805		
69930		Implant cochlear device	90	$3,188		
69949		Inner ear surgery procedure		BR		
69950		Incise inner ear nerve	90	$2,935		
69955		Release facial nerve	90	$3,161		
69960		Release inner ear canal	90	$2,798		
69970		Remove inner ear lesion	90	$3,133		
69979		Temporal bone surgery		BR		
69990		Microsurgery add-on...		$424		
70010		Contrast X-ray of brain		$438		
70010	26	Contrast X-ray of brain		$127		
70010	TC	Contrast X-ray of brain		$311		
70015		Contrast X-ray of brain		$224		
70015	26	Contrast X-ray of brain		$127		
70015	TC	Contrast X-ray of brain		$98		
70030		X-ray eye for foreign body		$49		
70030	26	X-ray eye for foreign body		$19		
70030	TC	X-ray eye for foreign body		$31		
70100		X-ray exam of jaw		$58		
70100	26	X-ray exam of jaw		$20		
70100	TC	X-ray exam of jaw		$38		
70110		X-ray exam of jaw		$73		
70110	26	X-ray exam of jaw		$28		
70110	TC	X-ray exam of jaw		$45		
70120		X-ray exam of mastoids		$65		
70120	26	X-ray exam of mastoids		$20		
70120	TC	X-ray exam of mastoids		$45		
70130		X-ray exam of mastoids		$94		
70130	26	X-ray exam of mastoids		$37		
70130	TC	X-ray exam of mastoids		$57		
70134		X-ray exam of middle ear		$90		
70134	26	X-ray exam of middle ear		$37		
70134	TC	X-ray exam of middle ear		$54		
70140		X-ray exam of facial bones		$66		
70140	26	X-ray exam of facial bones		$21		
70140	TC	X-ray exam of facial bones		$45		
70150		X-ray exam of facial bones		$85		
70150	26	X-ray exam of facial bones		$28		
70150	TC	X-ray exam of facial bones		$57		
70160		X-ray exam of nasal bones		$56		
70160	26	X-ray exam of nasal bones		$19		
70160	TC	X-ray exam of nasal bones		$38		
70170		X-ray exam of tear duct		$101		
70170	26	X-ray exam of tear duct		$33		
70170	TC	X-ray exam of tear duct		$68		
70190		X-ray exam of eye sockets		$68		
70190	26	X-ray exam of eye sockets		$23		
70190	TC	X-ray exam of eye sockets		$45		
70200		X-ray exam of eye sockets		$87		
70200	26	X-ray exam of eye sockets		$31		
70200	TC	X-ray exam of eye sockets		$57		
70210		X-ray exam of sinuses		$63		
70210	26	X-ray exam of sinuses		$19		
70210	TC	X-ray exam of sinuses		$45		
70220		X-ray exam of sinuses		$84		
70220	26	X-ray exam of sinuses		$28		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
70220	TC	X-ray exam of sinuses		$57		
70240		X-ray exam pituitary saddle		$51		
70240	26	X-ray exam pituitary saddle		$21		
70240	TC	X-ray exam pituitary saddle		$31		
70250		X-ray exam of skull		$71		
70250	26	X-ray exam of skull		$26		
70250	TC	X-ray exam of skull		$45		
70260		X-ray exam of skull		$101		
70260	26	X-ray exam of skull		$37		
70260	TC	X-ray exam of skull		$65		
70300		X-ray exam of teeth		$31		
70300	26	X-ray exam of teeth		$12		
70300	TC	X-ray exam of teeth		$19		
70310		X-ray exam of teeth		$47		
70310	26	X-ray exam of teeth		$17		
70310	TC	X-ray exam of teeth		$31		
70320		Full mouth X-ray of teeth		$81		
70320	26	Full mouth X-ray of teeth		$24		
70320	TC	Full mouth X-ray of teeth		$57		
70328		X-ray exam of jaw joint		$56		
70328	26	X-ray exam of jaw joint		$20		
70328	TC	X-ray exam of jaw joint		$36		
70330		X-ray exam of jaw joints		$87		
70330	26	X-ray exam of jaw joints		$26		
70330	TC	X-ray exam of jaw joints		$61		
70332		X-ray exam of jaw joint		$210		
70332	26	X-ray exam of jaw joint		$59		
70332	TC	X-ray exam of jaw joint		$151		
70336		Magnetic image jaw joint		$906		
70336	26	Magnetic image jaw joint		$102		
70336	TC	Magnetic image jaw joint		$804		
70350		X-ray head for orthodontia		$45		
70350	26	X-ray head for orthodontia		$19		
70350	TC	X-ray head for orthodontia		$27		
70355		Panoramic X-ray of jaws		$63		
70355	26	Panoramic X-ray of jaws		$21		
70355	TC	Panoramic X-ray of jaws		$42		
70360		X-ray exam of neck		$49		
70360	26	X-ray exam of neck		$19		
70360	TC	X-ray exam of neck		$31		
70370		Throat X-ray & fluoroscopy		$128		
70370	26	Throat X-ray & fluoroscopy		$35		
70370	TC	Throat X-ray & fluoroscopy		$94		
70371		Speech evaluation, complex		$241		
70371	26	Speech evaluation, complex		$91		
70371	TC	Speech evaluation, complex		$151		
70373		Contrast X-ray of larynx		$175		
70373	26	Contrast X-ray of larynx		$47		
70373	TC	Contrast X-ray of larynx		$129		
70380		X-ray exam of salivary gland		$67		
70380	26	X-ray exam of salivary gland		$19		
70380	TC	X-ray exam of salivary gland		$49		
70390		X-ray exam of salivary duct		$169		
70390	26	X-ray exam of salivary duct		$41		
70390	TC	X-ray exam of salivary duct		$129		
70450		Cat scan of head or brain		$430		
70450	26	Cat scan of head or brain		$91		
70450	TC	Cat scan of head or brain		$339		
70460		Contrast cat scan of head		$528		
70460	26	Contrast cat scan of head		$122		
70460	TC	Contrast cat scan of head		$406		
70470		Contrast cat scans of head		$643		
70470	26	Contrast cat scans of head		$136		
70470	TC	Contrast cat scans of head		$507		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
70480		Cat scan of skull		$476		
70480	26	Cat scan of skull		$138		
70480	TC	Cat scan of skull		$339		
70481		Contrast cat scan of skull		$554		
70481	26	Contrast cat scan of skull		$148		
70481	TC	Contrast cat scan of skull		$406		
70482		Contrast cat scans of skull		$663		
70482	26	Contrast cat scans of skull		$156		
70482	TC	Contrast cat scans of skull		$507		
70486		Cat scan of face, jaw		$461		
70486	26	Cat scan of face, jaw		$122		
70486	TC	Cat scan of face, jaw		$339		
70487		Contrast cat scan, face/jaw		$545		
70487	26	Contrast cat scan, face/jaw		$139		
70487	TC	Contrast cat scan, face/jaw		$406		
70488		Contrast cat scans face/jaw		$660		
70488	26	Contrast cat scans face/jaw		$153		
70488	TC	Contrast cat scans face/jaw		$507		
70490		Cat scan of neck tissue		$476		
70490	26	Cat scan of neck tissue		$138		
70490	TC	Cat scan of neck tissue		$339		
70491		Contrast cat of neck tissue		$554		
70491	26	Contrast cat of neck tissue		$148		
70491	TC	Contrast cat of neck tissue		$406		
70492		Contrast cat of neck tissue		$663		
70492	26	Contrast cat of neck tissue		$156		
70492	TC	Contrast cat of neck tissue		$507		
70496	26	Ct angiography head		$174		
70496	TC	Ct angiography head		$881		
70496		Ct angiography head		$1,055		
70496	26	Ct angiography head		$174		
70496	TC	Ct angiography head		$881		
70496		Ct angiography head		$1,055		
70498	26	Ct angiography neck		$174		
70498	TC	Ct angiography neck		$919		
70498		Ct angiography neck		$1,093		
70498	26	Ct angiography neck		$174		
70498	TC	Ct angiography neck		$919		
70498		Ct angiography neck		$1,093		
70540		Magnetic image, face, neck		$963		
70540	26	Magnetic image, face, neck		$159		
70540	TC	Magnetic image, face, neck		$804		
70542	26	Mri orbit/face/neck w/dye		$161		
70542	TC	Mri orbit/face/neck w/dye		$807		
70542		Mri orbit/face/neck w/dye		$969		
70542	26	Mri orbit/face/neck w/dye		$161		
70542	TC	Mri orbit/face/neck w/dye		$807		
70542		Mri orbit/face/neck w/dye		$969		
70543	26	Mri orbt/fac/nck w/o & w/dye		$213		
70543	TC	Mri orbt/fac/nck w/o & w/dye		$966		
70543		Mri orbt/fac/nck w/o & w/dye		$1,180		
70543	26	Mri orbt/fac/nck w/o & w/dye		$213		
70543	TC	Mri orbt/fac/nck w/o & w/dye		$966		
70543		Mri orbt/fac/nck w/o & w/dye		$1,180		
70544	26	Mr angiography head w/o dye		$120		
70544	TC	Mr angiography head w/o dye		$849		
70544		Mr angiography head w/o dye		$969		
70544	26	Mr angiography head w/o dye		$120		
70544	TC	Mr angiography head w/o dye		$849		
70544		Mr angiography head w/o dye		$969		
70545	26	Mr angiography head w/dye		$119		
70545	TC	Mr angiography head w/dye		$829		
70545		Mr angiography head w/dye		$948		
70545	26	Mr angiography head w/dye		$119		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
70545	TC	Mr angiography head w/dye		$829		
70545		Mr angiography head w/dye		$948		
70546	26	Mr angiograph head w/o&w/dye		$180		
70546	TC	Mr angiograph head w/o&w/dye		$1,281		
70546		Mr angiograph head w/o&w/dye		$1,461		
70546	26	Mr angiograph head w/o&w/dye		$180		
70546	TC	Mr angiograph head w/o&w/dye		$1,281		
70546		Mr angiograph head w/o&w/dye		$1,461		
70547	26	Mr angiography neck w/o dye		$120		
70547	TC	Mr angiography neck w/o dye		$849		
70547		Mr angiography neck w/o dye		$968		
70547	26	Mr angiography neck w/o dye		$120		
70547	TC	Mr angiography neck w/o dye		$849		
70547		Mr angiography neck w/o dye		$968		
70548	26	Mr angiography neck w/dye		$120		
70548	TC	Mr angiography neck w/dye		$910		
70548		Mr angiography neck w/dye		$1,030		
70548	26	Mr angiography neck w/dye		$120		
70548	TC	Mr angiography neck w/dye		$910		
70548		Mr angiography neck w/dye		$1,030		
70549	26	Mr angiograph neck w/o&w/dye		$179		
70549	TC	Mr angiograph neck w/o&w/dye		$1,286		
70549		Mr angiograph neck w/o&w/dye		$1,465		
70549	26	Mr angiograph neck w/o&w/dye		$179		
70549	TC	Mr angiograph neck w/o&w/dye		$1,286		
70549		Mr angiograph neck w/o&w/dye		$1,465		
70551		Magnetic image, brain		$963		
70551	26	Magnetic image, brain		$159		
70551	TC	Magnetic image, brain		$804		
70552		Magnetic image, brain		$1,155		
70552	26	Magnetic image, brain		$192		
70552	TC	Magnetic image, brain		$964		
70553		Magnetic image, brain		$2,039		
70553	26	Magnetic image, brain		$255		
70553	TC	Magnetic image, brain		$1,785		
70554	26	Fmri brain by tech		$211		
70554	TC	Fmri brain by tech		$818		
70554		Fmri brain by tech		$1,029		
70554	26	Fmri brain by tech		$211		
70554	TC	Fmri brain by tech		$818		
70554		Fmri brain by tech		$1,029		
70555		Fmri brain by phys/psych		$261		
70555		Fmri brain by phys/psych		$261		
70557		Mri brain w/o dye		$348		
70557		Mri brain w/o dye		$348		
70558		Mri brain w/dye		$327		
70558		Mri brain w/dye		$327		
70559		Mri brain w/o & w/dye		$330		
70559		Mri brain w/o & w/dye		$330		
71010		Chest X-ray		$54		
71010	26	Chest X-ray		$19		
71010	TC	Chest X-ray		$35		
71015		X-ray exam of chest		$61		
71015	26	X-ray exam of chest		$23		
71015	TC	X-ray exam of chest		$38		
71020		Chest X-ray		$68		
71020	26	Chest X-ray		$24		
71020	TC	Chest X-ray		$45		
71021		Chest X-ray		$82		
71021	26	Chest X-ray		$29		
71021	TC	Chest X-ray		$54		
71022		Chest X-ray		$87		
71022	26	Chest X-ray		$33		
71022	TC	Chest X-ray		$54		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
71023		Chest X-ray and fluoroscopy		$98		
71023	26	Chest X-ray and fluoroscopy		$41		
71023	TC	Chest X-ray and fluoroscopy		$57		
71030		Chest X-ray		$90		
71030	26	Chest X-ray		$33		
71030	TC	Chest X-ray		$57		
71034		Chest X-ray & fluoroscopy		$154		
71034	26	Chest X-ray & fluoroscopy		$50		
71034	TC	Chest X-ray & fluoroscopy		$104		
71035		Chest X-ray		$57		
71035	26	Chest X-ray		$19		
71035	TC	Chest X-ray		$38		
71040		Contrast X-ray of bronchi		$168		
71040	26	Contrast X-ray of bronchi		$63		
71040	TC	Contrast X-ray of bronchi		$105		
71060		Contrast X-ray of bronchi		$238		
71060	26	Contrast X-ray of bronchi		$80		
71060	TC	Contrast X-ray of bronchi		$159		
71100		X-ray exam of ribs		$66		
71100	26	X-ray exam of ribs		$24		
71100	TC	X-ray exam of ribs		$42		
71101		X-ray exam of ribs, chest		$78		
71101	26	X-ray exam of ribs, chest		$30		
71101	TC	X-ray exam of ribs, chest		$49		
71110		X-ray exam of ribs		$87		
71110	26	X-ray exam of ribs		$30		
71110	TC	X-ray exam of ribs		$57		
71111		X-ray exam of ribs, chest		$99		
71111	26	X-ray exam of ribs, chest		$35		
71111	TC	X-ray exam of ribs, chest		$65		
71120		X-ray exam of breastbone		$68		
71120	26	X-ray exam of breastbone		$21		
71120	TC	X-ray exam of breastbone		$47		
71130		X-ray exam of breastbone		$74		
71130	26	X-ray exam of breastbone		$24		
71130	TC	X-ray exam of breastbone		$51		
71250		Cat scan of chest		$548		
71250	26	Cat scan of chest		$124		
71250	TC	Cat scan of chest		$424		
71260		Contrast cat scan of chest		$640		
71260	26	Contrast cat scan of chest		$133		
71260	TC	Contrast cat scan of chest		$507		
71270		Contrast cat scans of chest		$782		
71270	26	Contrast cat scans of chest		$148		
71270	TC	Contrast cat scans of chest		$634		
71275	26	Ct angiography chest		$191		
71275	TC	Ct angiography chest		$645		
71275		Ct angiography chest		$836		
71275	26	Ct angiography chest		$191		
71275	TC	Ct angiography chest		$645		
71275		Ct angiography chest		$836		
71550		Magnetic image, chest		$976		
71550	26	Magnetic image, chest		$173		
71550	TC	Magnetic image, chest		$804		
71551	26	Mri chest w/dye		$173		
71551	TC	Mri chest w/dye		$944		
71551		Mri chest w/dye		$1,117		
71551	26	Mri chest w/dye		$173		
71551	TC	Mri chest w/dye		$944		
71551		Mri chest w/dye		$1,117		
71552	26	Mri chest w/o & w/dye		$224		
71552	TC	Mri chest w/o & w/dye		$1,165		
71552		Mri chest w/o & w/dye		$1,389		
71552	26	Mri chest w/o & w/dye		$224		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
71552	TC	Mri chest w/o & w/dye		$1,165		
71552		Mri chest w/o & w/dye		$1,389		
71555		Magnetic imaging/chest		$991		
71555	26	Magnetic imaging/chest		$187		
71555	TC	Magnetic imaging/chest		$804		
72010		X-ray exam of spine		$122		
72010	26	X-ray exam of spine		$48		
72010	TC	X-ray exam of spine		$74		
72020		X-ray exam of spine		$47		
72020	26	X-ray exam of spine		$17		
72020	TC	X-ray exam of spine		$31		
72040		X-ray exam of neck spine		$67		
72040	26	X-ray exam of neck spine		$24		
72040	TC	X-ray exam of neck spine		$44		
72050		X-ray exam of neck spine		$98		
72050	26	X-ray exam of neck spine		$33		
72050	TC	X-ray exam of neck spine		$65		
72052		X-ray exam of neck spine		$120		
72052	26	X-ray exam of neck spine		$39		
72052	TC	X-ray exam of neck spine		$82		
72069		X-ray exam of trunk spine		$59		
72069	26	X-ray exam of trunk spine		$24		
72069	TC	X-ray exam of trunk spine		$36		
72070		X-ray exam of thorax spine		$70		
72070	26	X-ray exam of thorax spine		$24		
72070	TC	X-ray exam of thorax spine		$47		
72072		X-ray exam of thoracic spine		$77		
72072	26	X-ray exam of thoracic spine		$24		
72072	TC	X-ray exam of thoracic spine		$54		
72074		X-ray exam of thoracic spine		$89		
72074	26	X-ray exam of thoracic spine		$24		
72074	TC	X-ray exam of thoracic spine		$66		
72080		X-ray exam of trunk spine		$72		
72080	26	X-ray exam of trunk spine		$24		
72080	TC	X-ray exam of trunk spine		$49		
72090		X-ray exam of trunk spine		$79		
72090	26	X-ray exam of trunk spine		$31		
72090	TC	X-ray exam of trunk spine		$49		
72100		X-ray exam of lower spine		$72		
72100	26	X-ray exam of lower spine		$24		
72100	TC	X-ray exam of lower spine		$49		
72110		X-ray exam of lower spine		$99		
72110	26	X-ray exam of lower spine		$33		
72110	TC	X-ray exam of lower spine		$66		
72114		X-ray exam of lower spine		$124		
72114	26	X-ray exam of lower spine		$39		
72114	TC	X-ray exam of lower spine		$85		
72120		X-ray exam of lower spine		$88		
72120	26	X-ray exam of lower spine		$24		
72120	TC	X-ray exam of lower spine		$65		
72125		Cat scan of neck spine		$548		
72125	26	Cat scan of neck spine		$124		
72125	TC	Cat scan of neck spine		$424		
72126		Contrast cat scan of neck		$637		
72126	26	Contrast cat scan of neck		$130		
72126	TC	Contrast cat scan of neck		$507		
72127		Contrast cat scans of neck		$770		
72127	26	Contrast cat scans of neck		$136		
72127	TC	Contrast cat scans of neck		$634		
72128		Cat scan of thorax spine		$548		
72128	26	Cat scan of thorax spine		$124		
72128	TC	Cat scan of thorax spine		$424		
72129		Contrast cat scan of thorax		$637		
72129	26	Contrast cat scan of thorax		$130		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
72129	TC	Contrast cat scan of thorax		$507		
72130		Contrast cat scans of thorax		$770		
72130	26	Contrast cat scans of thorax		$136		
72130	TC	Contrast cat scans of thorax		$634		
72131		Cat scan of lower spine		$548		
72131	26	Cat scan of lower spine		$124		
72131	TC	Cat scan of lower spine		$424		
72132		Contrast cat of lower spine		$637		
72132	26	Contrast cat of lower spine		$130		
72132	TC	Contrast cat of lower spine		$507		
72133		Contrast cat scans,low spine		$770		
72133	26	Contrast cat scans,low spine		$136		
72133	TC	Contrast cat scans,low spine		$634		
72141		Magnetic image, neck spine		$976		
72141	26	Magnetic image, neck spine		$173		
72141	TC	Magnetic image, neck spine		$804		
72142		Magnetic image, neck spine		$1,170		
72142	26	Magnetic image, neck spine		$206		
72142	TC	Magnetic image, neck spine		$964		
72146		Magnetic image, chest spine		$1,064		
72146	26	Magnetic image, chest spine		$173		
72146	TC	Magnetic image, chest spine		$892		
72147		Magnetic image, chest spine		$1,170		
72147	26	Magnetic image, chest spine		$206		
72147	TC	Magnetic image, chest spine		$964		
72148		Magnetic image, lumbar spine		$1,051		
72148	26	Magnetic image, lumbar spine		$159		
72148	TC	Magnetic image, lumbar spine		$892		
72149		Magnetic image, lumbar spine		$1,155		
72149	26	Magnetic image, lumbar spine		$192		
72149	TC	Magnetic image, lumbar spine		$964		
72156		Magnetic image, neck spine		$2,060		
72156	26	Magnetic image, neck spine		$276		
72156	TC	Magnetic image, neck spine		$1,785		
72157		Magnetic image, chest spine		$2,060		
72157	26	Magnetic image, chest spine		$276		
72157	TC	Magnetic image, chest spine		$1,785		
72158		Magnetic image, lumbar spine		$2,039		
72158	26	Magnetic image, lumbar spine		$255		
72158	TC	Magnetic image, lumbar spine		$1,785		
72159		Magnetic imaging/spine		$1,074		
72159	26	Magnetic imaging/spine		$182		
72159	TC	Magnetic imaging/spine		$892		
72170		X-ray exam of pelvis		$56		
72170	26	X-ray exam of pelvis		$18		
72170	TC	X-ray exam of pelvis		$38		
72190		X-ray exam of pelvis		$71		
72190	26	X-ray exam of pelvis		$23		
72190	TC	X-ray exam of pelvis		$49		
72191	26	Ct angiograph pelv w/o&w/dye		$181		
72191	TC	Ct angiograph pelv w/o&w/dye		$703		
72191		Ct angiograph pelv w/o&w/dye		$885		
72191	26	Ct angiograph pelv w/o&w/dye		$181		
72191	TC	Ct angiograph pelv w/o&w/dye		$703		
72191		Ct angiograph pelv w/o&w/dye		$885		
72192		Cat scan of pelvis		$540		
72192	26	Cat scan of pelvis		$117		
72192	TC	Cat scan of pelvis		$424		
72193		Contrast cat scan of pelvis		$614		
72193	26	Contrast cat scan of pelvis		$124		
72193	TC	Contrast cat scan of pelvis		$490		
72194		Contrast cat scans of pelvis		$738		
72194	26	Contrast cat scans of pelvis		$130		
72194	TC	Contrast cat scans of pelvis		$609		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
72195	26	Mri pelvis w/o dye		$147		
72195	TC	Mri pelvis w/o dye		$749		
72195		Mri pelvis w/o dye		$896		
72196		Magnetic image, pelvis		$976		
72196	26	Magnetic image, pelvis		$173		
72196	TC	Magnetic image, pelvis		$804		
72197	26	Mri pelvis w/o & w/dye		$224		
72197	TC	Mri pelvis w/o & w/dye		$987		
72197		Mri pelvis w/o & w/dye		$1,211		
72198		Magnetic imaging/pelvis(mri)		$990		
72198	26	Magnetic imaging/pelvis(mri)		$187		
72198	TC	Magnetic imaging/pelvis(mri)		$804		
72200		X-ray exam sacroiliac joints		$56		
72200	26	X-ray exam sacroiliac joints		$19		
72200	TC	X-ray exam sacroiliac joints		$38		
72202		X-ray exam sacroiliac joints		$66		
72202	26	X-ray exam sacroiliac joints		$21		
72202	TC	X-ray exam sacroiliac joints		$45		
72220		X-ray exam of tailbone		$60		
72220	26	X-ray exam of tailbone		$19		
72220	TC	X-ray exam of tailbone		$42		
72240		Contrast X-ray of neck spine		$438		
72240	26	Contrast X-ray of neck spine		$98		
72240	TC	Contrast X-ray of neck spine		$341		
72255		Contrast X-ray thorax spine		$409		
72255	26	Contrast X-ray thorax spine		$98		
72255	TC	Contrast X-ray thorax spine		$311		
72265		Contrast X-ray lower spine		$382		
72265	26	Contrast X-ray lower spine		$90		
72265	TC	Contrast X-ray lower spine		$292		
72270		Contrast X-ray of spine		$579		
72270	26	Contrast X-ray of spine		$143		
72270	TC	Contrast X-ray of spine		$437		
72275		Epidurography.....		BR		
72275	26	Epidurography.....		BR		
72275	TC	Epidurography.....		BR		
72285		X-ray c/t spine disk..		$712		
72285	26	X-ray c/t spine disk..		$87		
72285	TC	X-ray c/t spine disk..		$626		
72291		Perq verte/sacroplsty fluor		$147		
72292		Perq verte/sacroplsty ct		$149		
72295		X-ray of lower spine disk		$653		
72295	26	X-ray of lower spine disk		$90		
72295	TC	X-ray of lower spine disk		$563		
73000		X-ray exam of collarbone		$55		
73000	26	X-ray exam of collarbone		$17		
73000	TC	X-ray exam of collarbone		$38		
73010		X-ray exam of shoulder blade		$56		
73010	26	X-ray exam of shoulder blade		$19		
73010	TC	X-ray exam of shoulder blade		$38		
73020		X-ray exam of shoulder		$51		
73020	26	X-ray exam of shoulder		$17		
73020	TC	X-ray exam of shoulder		$35		
73030		X-ray exam of shoulder		$61		
73030	26	X-ray exam of shoulder		$19		
73030	TC	X-ray exam of shoulder		$42		
73040		Contrast X-ray of shoulder		$210		
73040	26	Contrast X-ray of shoulder		$59		
73040	TC	Contrast X-ray of shoulder		$151		
73050		X-ray exam of shoulders		$70		
73050	26	X-ray exam of shoulders		$21		
73050	TC	X-ray exam of shoulders		$49		
73060		X-ray exam of humerus		$60		
73060	26	X-ray exam of humerus		$19		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
73060	TC	X-ray exam of humerus		$42		
73070		X-ray exam of elbow		$54		
73070	26	X-ray exam of elbow		$17		
73070	TC	X-ray exam of elbow		$38		
73080		X-ray exam of elbow		$60		
73080	26	X-ray exam of elbow		$19		
73080	TC	X-ray exam of elbow		$42		
73085		Contrast X-ray of elbow		$210		
73085	26	Contrast X-ray of elbow		$59		
73085	TC	Contrast X-ray of elbow		$151		
73090		X-ray exam of forearm		$55		
73090	26	X-ray exam of forearm		$17		
73090	TC	X-ray exam of forearm		$38		
73092		X-ray exam of arm, infant		$53		
73092	26	X-ray exam of arm, infant		$17		
73092	TC	X-ray exam of arm, infant		$36		
73100		X-ray exam of wrist		$53		
73100	26	X-ray exam of wrist		$17		
73100	TC	X-ray exam of wrist		$36		
73110		X-ray exam of wrist		$57		
73110	26	X-ray exam of wrist		$19		
73110	TC	X-ray exam of wrist		$39		
73115		Contrast X-ray of wrist		$173		
73115	26	Contrast X-ray of wrist		$59		
73115	TC	Contrast X-ray of wrist		$114		
73120		X-ray exam of hand		$53		
73120	26	X-ray exam of hand		$17		
73120	TC	X-ray exam of hand		$36		
73130		X-ray exam of hand		$57		
73130	26	X-ray exam of hand		$19		
73130	TC	X-ray exam of hand		$39		
73140		X-ray exam of finger(s)		$45		
73140	26	X-ray exam of finger(s)		$14		
73140	TC	X-ray exam of finger(s)		$31		
73200		Cat scan of arm		$472		
73200	26	Cat scan of arm		$117		
73200	TC	Cat scan of arm		$356		
73201		Contrast cat scan of arm		$548		
73201	26	Contrast cat scan of arm		$124		
73201	TC	Contrast cat scan of arm		$424		
73202		Contrast cat scans of arm		$663		
73202	26	Contrast cat scans of arm		$130		
73202	TC	Contrast cat scans of arm		$533		
73206	26	Ct angio upr extrm w/o&w/dye		$179		
73206	TC	Ct angio upr extrm w/o&w/dye		$578		
73206		Ct angio upr extrm w/o&w/dye		$757		
73218	26	Mri upper extremity w/o dye		$135		
73218	TC	Mri upper extremity w/o dye		$749		
73218		Mri upper extremity w/o dye		$884		
73219	26	Mri upper extremity w/dye		$162		
73219	TC	Mri upper extremity w/dye		$815		
73219		Mri upper extremity w/dye		$977		
73220		Magnetic image, arm, hand		$963		
73220	26	Magnetic image, arm, hand		$159		
73220	TC	Magnetic image, arm, hand		$804		
73221		Magnetic image, joint of arm		$906		
73221	26	Magnetic image, joint of arm		$102		
73221	TC	Magnetic image, joint of arm		$804		
73222	26	Mri joint upr extrem w/dye		$162		
73222	TC	Mri joint upr extrem w/dye		$749		
73222		Mri joint upr extrem w/dye		$911		
73223	26	Mri joint upr extr w/o&w/dye		$215		
73223	TC	Mri joint upr extr w/o&w/dye		$914		
73223		Mri joint upr extr w/o&w/dye		$1,129		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
73225		Magnetic imaging/upper		$980		
73225	26	Magnetic imaging/upper		$177		
73225	TC	Magnetic imaging/upper		$804		
73500		X-ray exam of hip		$53		
73500	26	X-ray exam of hip		$19		
73500	TC	X-ray exam of hip		$35		
73510		X-ray exam of hip		$64		
73510	26	X-ray exam of hip		$23		
73510	TC	X-ray exam of hip		$42		
73520		X-ray exam of hips		$77		
73520	26	X-ray exam of hips		$28		
73520	TC	X-ray exam of hips		$49		
73525		Contrast X-ray of hip		$210		
73525	26	Contrast X-ray of hip		$59		
73525	TC	Contrast X-ray of hip		$151		
73530		X-ray exam of hip		$69		
73530	26	X-ray exam of hip		$31		
73530	TC	X-ray exam of hip		$38		
73540		X-ray exam of pelvis & hips		$63		
73540	26	X-ray exam of pelvis & hips		$22		
73540	TC	X-ray exam of pelvis & hips		$42		
73550		X-ray exam of thigh		$60		
73550	26	X-ray exam of thigh		$19		
73550	TC	X-ray exam of thigh		$42		
73560		X-ray exam of knee, 1 or 2		$56		
73560	26	X-ray exam of knee, 1 or 2		$18		
73560	TC	X-ray exam of knee, 1 or 2		$39		
73562		X-ray exam of knee, 3		$62		
73562	26	X-ray exam of knee, 3		$20		
73562	TC	X-ray exam of knee, 3		$43		
73564		X-ray exam, knee, 4 or more		$70		
73564	26	X-ray exam, knee, 4 or more		$24		
73564	TC	X-ray exam, knee, 4 or more		$46		
73565		X-ray exam of knee		$54		
73565	26	X-ray exam of knee		$18		
73565	TC	X-ray exam of knee		$36		
73580		Contrast X-ray of knee joint		$248		
73580	26	Contrast X-ray of knee joint		$59		
73580	TC	Contrast X-ray of knee joint		$189		
73590		X-ray exam of lower leg		$56		
73590	26	X-ray exam of lower leg		$18		
73590	TC	X-ray exam of lower leg		$38		
73592		X-ray exam of leg, infant		$53		
73592	26	X-ray exam of leg, infant		$17		
73592	TC	X-ray exam of leg, infant		$36		
73600		X-ray exam of ankle		$53		
73600	26	X-ray exam of ankle		$17		
73600	TC	X-ray exam of ankle		$36		
73610		X-ray exam of ankle		$57		
73610	26	X-ray exam of ankle		$19		
73610	TC	X-ray exam of ankle		$39		
73615		Contrast X-ray of ankle		$210		
73615	26	Contrast X-ray of ankle		$59		
73615	TC	Contrast X-ray of ankle		$151		
73620		X-ray exam of foot		$53		
73620	26	X-ray exam of foot		$17		
73620	TC	X-ray exam of foot		$36		
73630		X-ray exam of foot		$57		
73630	26	X-ray exam of foot		$19		
73630	TC	X-ray exam of foot		$39		
73650		X-ray exam of heel		$52		
73650	26	X-ray exam of heel		$17		
73650	TC	X-ray exam of heel		$35		
73660		X-ray exam of toe(s)..		$45		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
73660	26	X-ray exam of toe(s)..		$14		
73660	TC	X-ray exam of toe(s)..		$31		
73700		Cat scan of leg		$472		
73700	26	Cat scan of leg		$117		
73700	TC	Cat scan of leg		$356		
73701		Contrast cat scan of leg		$548		
73701	26	Contrast cat scan of leg		$124		
73701	TC	Contrast cat scan of leg		$424		
73702		Contrast cat scans of leg		$663		
73702	26	Contrast cat scans of leg		$130		
73702	TC	Contrast cat scans of leg		$533		
73706	26	Ct angio lwr extr w/o&w/dye		$189		
73706	TC	Ct angio lwr extr w/o&w/dye		$656		
73706		Ct angio lwr extr w/o&w/dye		$845		
73718	26	Mri lower extremity w/o dye		$135		
73718	TC	Mri lower extremity w/o dye		$739		
73718		Mri lower extremity w/o dye		$874		
73719	26	Mri lower extremity w/dye		$162		
73719	TC	Mri lower extremity w/dye		$824		
73719		Mri lower extremity w/dye		$986		
73720		Magnetic image, leg, foot		$963		
73720	26	Magnetic image, leg, foot		$159		
73720	TC	Magnetic image, leg, foot		$804		
73721		Magnetic image, joint of leg		$906		
73721	26	Magnetic image, joint of leg		$102		
73721	TC	Magnetic image, joint of leg		$804		
73722	26	Mri joint of lwr extr w/dye		$164		
73722	TC	Mri joint of lwr extr w/dye		$774		
73722		Mri joint of lwr extr w/dye		$937		
73723	26	Mri joint lwr extr w/o&w/dye		$214		
73723	TC	Mri joint lwr extr w/o&w/dye		$919		
73723		Mri joint lwr extr w/o&w/dye		$1,133		
73725		Magnetic imaging/lower (MRI)		$987		
73725	26	Magnetic imaging/lower (MRI)		$183		
73725	TC	Magnetic imaging/lower (MRI)		$804		
74000		X-ray exam of abdomen		$57		
74000	26	X-ray exam of abdomen		$19		
74000	TC	X-ray exam of abdomen		$38		
74010		X-ray exam of abdomen		$67		
74010	26	X-ray exam of abdomen		$26		
74010	TC	X-ray exam of abdomen		$42		
74020		X-ray exam of abdomen		$75		
74020	26	X-ray exam of abdomen		$30		
74020	TC	X-ray exam of abdomen		$45		
74022		X-ray exam series, abdomen		$88		
74022	26	X-ray exam series, abdomen		$35		
74022	TC	X-ray exam series, abdomen		$54		
74150		Cat scan of abdomen		$533		
74150	26	Cat scan of abdomen		$127		
74150	TC	Cat scan of abdomen		$406		
74160		Contrast cat scan of abdomen		$626		
74160	26	Contrast cat scan of abdomen		$136		
74160	TC	Contrast cat scan of abdomen		$490		
74170		Contrast cat scans, abdomen		$759		
74170	26	Contrast cat scans, abdomen		$151		
74170	TC	Contrast cat scans, abdomen		$609		
74174	26	Ct angio abd&pelv w/o&w/dye		$220		
74174	TC	Ct angio abd&pelv w/o&w/dye		$936		
74174		Ct angio abd&pelv w/o&w/dye		$1,156		
74175	26	Ct angio abdom w/o & w/dye		$190		
74175	TC	Ct angio abdom w/o & w/dye		$752		
74175		Ct angio abdom w/o & w/dye		$941		
74176	26	Ct abd & pelvis		$174		
74176	TC	Ct abd & pelvis		$293		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
74176		Ct abd & pelvis		$467		
74177	26	Ct abd & pelv w/contrast		$181		
74177	TC	Ct abd & pelv w/contrast		$555		
74177		Ct abd & pelv w/contrast		$736		
74178	26	Ct abd & pelv 1/> regns		$201		
74178	TC	Ct abd & pelv 1/> regns		$733		
74178		Ct abd & pelv 1/> regns		$935		
74181		Magnetic image, abdomen (MRI)		$976		
74181	26	Magnetic image, abdomen (MRI)		$173		
74181	TC	Magnetic image, abdomen (MRI)		$804		
74182	26	Mri abdomen w/dye		$172		
74182	TC	Mri abdomen w/dye		$918		
74182		Mri abdomen w/dye		$1,090		
74183	26	Mri abdomen w/o & w/dye		$224		
74183	TC	Mri abdomen w/o & w/dye		$991		
74183		Mri abdomen w/o & w/dye		$1,215		
74185		Magnetic image, abdomen (MRI)		$990		
74185	26	Magnetic image, abdomen (MRI)		$187		
74185	TC	Magnetic image, abdomen (MRI)		$804		
74190		X-ray exam of peritoneum		$126		
74190	26	X-ray exam of peritoneum		$33		
74190	TC	X-ray exam of peritoneum		$94		
74210		Contrast X-ray exam of throat		$123		
74210	26	Contrast X-ray exam of throat		$38		
74210	TC	Contrast X-ray exam of throat		$85		
74220		Contrast X-ray exam, esophagus		$135		
74220	26	Contrast X-ray exam, esophagus		$50		
74220	TC	Contrast X-ray exam, esophagus		$85		
74230		Cinema X-ray throat/esophagus		$152		
74230	26	Cinema X-ray throat/esophagus		$59		
74230	TC	Cinema X-ray throat/esophagus		$94		
74235		Remove esophagus obstruction		$316		
74235	26	Remove esophagus obstruction		$127		
74235	TC	Remove esophagus obstruction		$189		
74240		X-ray exam upper gi tract		$180		
74240	26	X-ray exam upper gi tract		$75		
74240	TC	X-ray exam upper gi tract		$105		
74241		X-ray exam upper gi tract		$182		
74241	26	X-ray exam upper gi tract		$75		
74241	TC	X-ray exam upper gi tract		$108		
74245		X-ray exam upper gi tract		$269		
74245	26	X-ray exam upper gi tract		$98		
74245	TC	X-ray exam upper gi tract		$172		
74246		Contrast X-ray upper gi tract		$194		
74246	26	Contrast X-ray upper gi tract		$75		
74246	TC	Contrast X-ray upper gi tract		$119		
74247		Contrast X-ray upper gi tract		$196		
74247	26	Contrast X-ray upper gi tract		$75		
74247	TC	Contrast X-ray upper gi tract		$122		
74249		Contrast X-ray upper gi tract		$283		
74249	26	Contrast X-ray upper gi tract		$98		
74249	TC	Contrast X-ray upper gi tract		$185		
74250		X-ray exam of small bowel		$144		
74250	26	X-ray exam of small bowel		$51		
74250	TC	X-ray exam of small bowel		$94		
74251		X-ray exam of small bowel		$144		
74251	26	X-ray exam of small bowel		$51		
74251	TC	X-ray exam of small bowel		$94		
74260		X-ray exam of small bowel		$161		
74260	26	X-ray exam of small bowel		$54		
74260	TC	X-ray exam of small bowel		$108		
74261	26	Ct colonography dx		$239		
74261	TC	Ct colonography dx		$874		
74261		Ct colonography dx		$1,113		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
74262	26	Ct colonography dx w/dye		$254		
74262	TC	Ct colonography dx w/dye		$1,045		
74262		Ct colonography dx w/dye		$1,298		
74263	26	Ct colonography screening		$236		
74263	TC	Ct colonography screening		$1,426		
74263		Ct colonography screening		$1,662		
74270		Contrast X-ray exam of colon		$198		
74270	26	Contrast X-ray exam of colon		$75		
74270	TC	Contrast X-ray exam of colon		$123		
74280		Contrast X-ray exam of colon		$267		
74280	26	Contrast X-ray exam of colon		$107		
74280	TC	Contrast X-ray exam of colon		$161		
74283		Contrast X-ray exam of colon		$402		
74283	26	Contrast X-ray exam of colon		$210		
74283	TC	Contrast X-ray exam of colon		$192		
74290		Contrast X-ray, gallbladder		$88		
74290	26	Contrast X-ray, gallbladder		$35		
74290	TC	Contrast X-ray, gallbladder		$54		
74291		Contrast X-ray, gallbladder		$52		
74291	26	Contrast X-ray, gallbladder		$21		
74291	TC	Contrast X-ray, gallbladder		$31		
74300		X-ray bile ducts, pancreas		$47		
74300	26	X-ray bile ducts, pancreas		$39		
74300	TC	X-ray bile ducts, pancreas		BR		
74301		X-rays at surgery add- on		BR		
74301	26	X-rays at surgery add- on		$22		
74301	TC	X-rays at surgery add- on		BR		
74301		X-rays at surgery add-on		$22		
74305		X-ray bile ducts, pancreas		$102		
74305	26	X-ray bile ducts, pancreas		$45		
74305	TC	X-ray bile ducts, pancreas		$57		
74320		Contrast X-ray of bile ducts		$285		
74320	26	Contrast X-ray of bile ducts		$59		
74320	TC	Contrast x-ray of bile ducts		$226		
74327		X-ray for bile stone removal		$203		
74327	26	X-ray for bile stone removal		$76		
74327	TC	X-ray for bile stone removal		$127		
74328		Xray for bile duct endoscopy		$301		
74328	26	Xray for bile duct endoscopy		$76		
74328	TC	Xray for bile duct endoscopy		$226		
74329		X-ray for pancreas endoscopy		$301		
74329	26	X-ray for pancreas endoscopy		$76		
74329	TC	X-ray for pancreas endoscopy		$226		
74330		Xray,bile/pancreas endoscopy		$301		
74330	26	Xray,bile/pancreas endoscopy		$76		
74330	TC	Xray,bile/pancreas endoscopy		$226		
74340		X-ray guide for gi tube		$248		
74340	26	X-ray guide for gi tube		$59		
74340	TC	X-ray guide for gi tube		$189		
74355		X-ray guide, intestinal tube		$271		
74355	26	X-ray guide, intestinal tube		$82		
74355	TC	X-ray guide, intestinal tube		$189		
74360		X-ray guide, gi dilation		$285		
74360	26	X-ray guide, gi dilation		$59		
74360	TC	X-ray guide, gi dilation		$226		
74363		X-ray, bile duct dilation		$532		
74363	26	X-ray, bile duct dilation		$95		
74363	TC	X-ray, bile duct dilation		$437		
74400		Contrast X-ray urinary tract		$174		
74400	26	Contrast X-ray urinary tract		$53		
74400	TC	Contrast X-ray urinary tract		$122		
74410		Contrast X-ray urinary tract		$193		
74410	26	Contrast X-ray urinary tract		$53		
74410	TC	Contrast X-ray urinary tract		$140		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
74415		Contrast X-ray urinary tract		$205		
74415	26	Contrast X-ray urinary tract		$53		
74415	TC	Contrast X-ray urinary tract		$152		
74420		Contrast X-ray urinary tract		$227		
74420	26	Contrast X-ray urinary tract		$38		
74420	TC	Contrast X-ray urinary tract		$189		
74425		Contrast X-ray urinary tract		$131		
74425	26	Contrast X-ray urinary tract		$38		
74425	TC	Contrast X-ray urinary tract		$94		
74430		Contrast X-ray of bladder		$110		
74430	26	Contrast X-ray of bladder		$35		
74430	TC	Contrast X-ray of bladder		$76		
74440		X-ray exam male genital tract		$122		
74440	26	X-ray exam male genital tract		$41		
74440	TC	X-ray exam male genital tract		$82		
74445		X-ray exam of penis		$203		
74445	26	X-ray exam of penis		$122		
74445	TC	X-ray exam of penis		$82		
74450		X-ray exam urethra/bladder		$140		
74450	26	X-ray exam urethra/bladder		$35		
74450	TC	X-ray exam urethra/bladder		$105		
74455		X-ray exam urethra/bladder		$149		
74455	26	X-ray exam urethra/bladder		$35		
74455	TC	X-ray exam urethra/bladder		$114		
74470		X-ray exam of kidney lesion		$149		
74470	26	X-ray exam of kidney lesion		$59		
74470	TC	X-ray exam of kidney lesion		$90		
74475		X-ray control catheter insert		$351		
74475	26	X-ray control catheter insert		$59		
74475	TC	X-ray control catheter insert		$292		
74480		X-ray control catheter insert		$351		
74480	26	X-ray control catheter insert		$59		
74480	TC	X-ray control catheter insert		$292		
74485		X-ray guide, gu dilation		$285		
74485	26	X-ray guide, gu dilation		$59		
74485	TC	X-ray guide, gu dilation		$226		
74710		X-ray measurement of		$112		
74710	26	X-ray measurement of		$37		
74710	TC	X-ray measurement of		$76		
74740		X-ray female genital tract		$134		
74740	26	X-ray female genital tract		$41		
74740	TC	X-ray female genital tract		$94		
74742		X-ray fallopian tube		$290		
74742	26	X-ray fallopian tube		$64		
74742	TC	X-ray fallopian tube		$226		
74775		X-ray exam of perineum		$173		
74775	26	X-ray exam of perineum		$68		
74775	TC	X-ray exam of perineum		$105		
75557	26	Cardiac mri for morph		$234		
75557	TC	Cardiac mri for morph		$534		
75557		Cardiac mri for morph		$768		
75559	26	Cardiac mri w/stress img		$291		
75559	TC	Cardiac mri w/stress img		$770		
75559		Cardiac mri w/stress img		$1,062		
75561	26	Cardiac mri for morph w/dye		$258		
75561	TC	Cardiac mri for morph w/dye		$768		
75561		Cardiac mri for morph w/dye		$1,026		
75563	26	Card mri w/stress img & dye		$298		
75563	TC	Card mri w/stress img & dye		$916		
75563		Card mri w/stress img & dye		$1,214		
75565	26	Card mri veloc flow mapping		$25		
75565	TC	Card mri veloc flow mapping		$111		
75565		Card mri veloc flow mapping		$136		
75571	26	Ct hrt w/o dye w/ca test		$57		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
75571	TC	Ct hrt w/o dye w/ca test		$179		
75571		Ct hrt w/o dye w/ca test		$235		
75572	26	Ct hrt w/3d image		$172		
75572	TC	Ct hrt w/3d image		$473		
75572		Ct hrt w/3d image		$645		
75573	26	Ct hrt w/3d image congen		$252		
75573	TC	Ct hrt w/3d image congen		$634		
75573		Ct hrt w/3d image congen		$886		
75574	26	Ct angio hrt w/3d image		$237		
75574	TC	Ct angio hrt w/3d image		$719		
75574		Ct angio hrt w/3d image		$956		
75600		Contrast X-ray exam of		$956		
75600	26	Contrast X-ray exam of		$53		
75600	TC	Contrast X-ray exam of		$903		
75605		Contrast X-ray exam of		$1,025		
75605	26	Contrast X-ray exam of		$122		
75605	TC	Contrast X-ray exam of		$903		
75625		Contrast X-ray exam of		$1,025		
75625	26	Contrast X-ray exam of		$122		
75625	TC	Contrast X-ray exam of		$903		
75630		X-ray aorta, leg arteries		$1,082		
75630	26	X-ray aorta, leg arteries		$140		
75630	TC	X-ray aorta, leg arteries		$942		
75635	26	Ct angio abdominal arteries		$238		
75635	TC	Ct angio abdominal arteries		$689		
75635		Ct angio abdominal arteries		$927		
75650		Artery X-rays, head & neck		$1,063		
75650	26	Artery X-rays, head & neck		$160		
75650	TC	Artery X-rays, head & neck		$903		
75658		X-ray exam of arm arteries		$1,043		
75658	26	X-ray exam of arm arteries		$140		
75658	TC	X-ray exam of arm arteries		$903		
75660		Artery X-rays, head & neck		$1,043		
75660	26	Artery X-rays, head & neck		$140		
75660	TC	Artery X-rays, head & neck		$903		
75662		Artery X-rays, head & neck		$1,081		
75662	26	Artery X-rays, head & neck		$178		
75662	TC	Artery X-rays, head & neck		$903		
75665		Artery X-rays, head & neck		$1,043		
75665	26	Artery X-rays, head & neck		$140		
75665	TC	Artery X-rays, head & neck		$903		
75671		Artery X-rays, head & neck		$1,081		
75671	26	Artery X-rays, head & neck		$178		
75671	TC	Artery X-rays, head & neck		$903		
75676		Artery X-rays, neck		$1,043		
75676	26	Artery X-rays, neck		$140		
75676	TC	Artery X-rays, neck		$903		
75680		Artery X-rays, neck		$1,081		
75680	26	Artery X-rays, neck		$178		
75680	TC	Artery X-rays, neck		$903		
75685		Artery X-rays, spine		$1,043		
75685	26	Artery X-rays, spine		$140		
75685	TC	Artery X-rays, spine		$903		
75705		Artery X-rays, spine		$1,137		
75705	26	Artery X-rays, spine		$234		
75705	TC	Artery X-rays, spine		$903		
75710		Artery X-rays, arm/leg		$1,025		
75710	26	Artery X-rays, arm/leg		$122		
75710	TC	Artery X-rays, arm/leg		$903		
75716		Artery X-rays, arms/legs		$1,043		
75716	26	Artery X-rays, arms/legs		$140		
75716	TC	Artery X-rays, arms/legs		$903		
75726		Artery X-rays, abdomen		$1,025		
75726	26	Artery X-rays, abdomen		$122		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
75726	TC	Artery X-rays, abdomen		$903		
75731		Artery X-rays, adrenal		$1,025		
75731	26	Artery X-rays, adrenal		$122		
75731	TC	Artery X-rays, adrenal		$903		
75733		Artery X-rays,adrenal		$1,043		
75733	26	Artery X-rays,adrenal		$140		
75733	TC	Artery X-rays,adrenal		$903		
75736		Artery X-rays, pelvis		$1,025		
75736	26	Artery X-rays, pelvis		$122		
75736	TC	Artery X-rays, pelvis		$903		
75741		Artery X-rays, lung		$1,043		
75741	26	Artery X-rays, lung		$140		
75741	TC	Artery X-rays, lung		$903		
75743		Artery X-rays, lungs		$1,081		
75743	26	Artery X-rays, lungs		$178		
75743	TC	Artery X-rays, lungs		$903		
75746		Artery X-rays, lung		$1,025		
75746	26	Artery X-rays, lung		$122		
75746	TC	Artery X-rays, lung		$903		
75756		Artery X-rays, chest		$1,025		
75756	26	Artery X-rays, chest		$122		
75756	TC	Artery X-rays, chest		$903		
75774		Artery X-ray, each vessel		$977		
75774	26	Artery X-ray, each vessel		$37		
75774	TC	Artery X-ray, each vessel		$940		
75791	26	Av dialysis shunt imaging		$168		
75791	TC	Av dialysis shunt imaging		$532		
75791		Av dialysis shunt imaging		$700		
75801		Lymph vessel X-ray, arm/leg		$476		
75801	26	Lymph vessel X-ray, arm/leg		$87		
75801	TC	Lymph vessel X-ray, arm/leg		$389		
75803		Lymph vessel X-ray, arm/leg		$514		
75803	26	Lymph vessel X-ray, arm/leg		$125		
75803	TC	Lymph vessel X-ray, arm/leg		$389		
75805		Lymph vessel X-ray, trunk		$524		
75805	26	Lymph vessel X-ray, trunk		$87		
75805	TC	Lymph vessel X-ray, trunk		$437		
75807		Lymph vessel X-ray, trunk		$562		
75807	26	Lymph vessel X-ray, trunk		$125		
75807	TC	Lymph vessel X-ray, trunk		$437		
75809		Nonvascular shunt, X-ray		$106		
75809	26	Nonvascular shunt, X-ray		$49		
75809	TC	Nonvascular shunt, X-ray		$57		
75810		Vein X-ray, spleen/liver		$1,025		
75810	26	Vein X-ray, spleen/liver		$122		
75810	TC	Vein X-ray, spleen/liver		$903		
75820		Vein X-ray, arm/leg		$144		
75820	26	Vein X-ray, arm/leg		$76		
75820	TC	Vein X-ray, arm/leg		$68		
75822		Vein X-ray, arms/legs		$220		
75822	26	Vein X-ray, arms/legs		$114		
75822	TC	Vein X-ray, arms/legs		$107		
75825		Vein X-ray, trunk		$1,025		
75825	26	Vein X-ray, trunk		$122		
75825	TC	Vein X-ray, trunk		$903		
75827		Vein X-ray, chest		$1,025		
75827	26	Vein X-ray, chest		$122		
75827	TC	Vein X-ray, chest		$903		
75831		Vein X-ray, kidney		$1,025		
75831	26	Vein X-ray, kidney		$122		
75831	TC	Vein X-ray, kidney		$903		
75833		Vein X-ray, kidneys		$1,063		
75833	26	Vein X-ray, kidneys		$160		
75833	TC	Vein X-ray, kidneys		$903		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
75840		Vein X-ray, adrenal gland		$1,025		
75840	26	Vein X-ray, adrenal gland		$122		
75840	TC	Vein X-ray, adrenal gland		$903		
75842		Vein X-ray, adrenal glands		$1,063		
75842	26	Vein X-ray, adrenal glands		$160		
75842	TC	Vein X-ray, adrenal glands		$903		
75860		Vein X-ray, neck		$1,025		
75860	26	Vein X-ray, neck		$122		
75860	TC	Vein X-ray, neck		$903		
75870		Vein X-ray, skull		$1,025		
75870	26	Vein X-ray, skull		$122		
75870	TC	Vein X-ray, skull		$903		
75872		Vein X-ray, skull		$1,025		
75872	26	Vein X-ray, skull		$122		
75872	TC	Vein X-ray, skull		$903		
75880		Vein X-ray, eye socket		$144		
75880	26	Vein X-ray, eye socket		$76		
75880	TC	Vein X-ray, eye socket		$68		
75885		Vein X-ray, liver		$1,058		
75885	26	Vein X-ray, liver		$155		
75885	TC	Vein X-ray, liver		$903		
75887		Vein X-ray, liver		$1,058		
75887	26	Vein X-ray, liver		$155		
75887	TC	Vein X-ray, liver		$903		
75889		Vein X-ray, liver		$1,025		
75889	26	Vein X-ray, liver		$122		
75889	TC	Vein X-ray, liver		$903		
75891		Vein X-ray, liver		$1,025		
75891	26	Vein X-ray, liver		$122		
75891	TC	Vein X-ray, liver		$903		
75893		Venous sampling by catheter		$962		
75893	26	Venous sampling by catheter		$59		
75893	TC	Venous sampling by catheter		$903		
75894		X-rays, transcatheter therapy		$1,871		
75894	26	X-rays, transcatheter therapy		$140		
75894	TC	X-rays, transcatheter therapy		$1,731		
75896		X-rays, transcatheter therapy		$1,644		
75896	26	X-rays, transcatheter therapy		$140		
75896	TC	X-rays, transcatheter therapy		$1,504		
75898		Follow-up angiogram		$253		
75898	26	Follow-up angiogram		$178		
75898	TC	Follow-up angiogram		$76		
75900		Arterial catheter exchange		$1,540		
75900	26	Arterial catheter exchange		$53		
75900	TC	Arterial catheter exchange		$1,488		
75901	26	Remove cva device obstruct		$49		
75901	TC	Remove cva device obstruct		$321		
75901		Remove cva device obstruct		$370		
75902	26	Remove cva lumen obstruct		$40		
75902	TC	Remove cva lumen obstruct		$121		
75902		Remove cva lumen obstruct		$160		
75945		Intravascular us.....		$385		
75945	26	Intravascular us.....		$45		
75945	TC	Intravascular us.....		$341		
75946		Intravascular us add- on		$216		
75946	26	Intravascular us add- on		$45		
75946	TC	Intravascular us add- on		$171		
75952		Endovasc repair abdom aorta		$474		
75953		Abdom aneurysm endovas rpr		$144		
75954		Iliac aneurysm endovas rpr		$236		
75956		Xray endovasc thor ao repr		$741		
75957		Xray endovasc thor ao repr		$635		
75958		Xray place prox ext thor ao		$424		
75959		Xray place dist ext thor ao		$368		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
75960		Transcatheter intro, stent		$1,156		
75960	26	Transcatheter intro, stent		$89		
75960	TC	Transcatheter intro, stent		$1,068		
75961		Retrieval, broken catheter		$1,208		
75961	26	Retrieval, broken catheter		$455		
75961	TC	Retrieval, broken catheter		$753		
75962		Repair arterial blockage		$1,188		
75962	26	Repair arterial blockage		$59		
75962	TC	Repair arterial blockage		$1,129		
75964		Repair artery blockage, each		$664		
75964	26	Repair artery blockage, each		$38		
75964	TC	Repair artery blockage, each		$626		
75966		Repair artery blockage, each		$1,269		
75966	26	Repair artery blockage, each		$140		
75966	TC	Repair artery blockage, each		$1,129		
75968		Repair artery blockage, each		$664		
75968	26	Repair artery blockage, each		$38		
75968	TC	Repair artery blockage, each		$626		
75970		Vascular biopsy		$917		
75970	26	Vascular biopsy		$90		
75970	TC	Vascular biopsy		$828		
75978		Repair venous blockage		$1,204		
75978	26	Repair venous blockage		$76		
75978	TC	Repair venous blockage		$1,129		
75980		Contrast X-ray exam bile duct		$544		
75980	26	Contrast X-ray exam bile duct		$155		
75980	TC	Contrast X-ray exam bile duct		$389		
75982		Contrast X-ray exam bile duct		$592		
75982	26	Contrast X-ray exam bile duct		$155		
75982	TC	Contrast X-ray exam bile duct		$437		
75984		X-ray control catheter change		$218		
75984	26	X-ray control catheter change		$78		
75984	TC	X-ray control catheter change		$140		
75989		Abscess drainage under X-ray		$358		
75989	26	Abscess drainage under X-ray		$122		
75989	TC	Abscess drainage under X-ray		$235		
76000		Fluoroscope examination		$115		
76000	26	Fluoroscope examination		$18		
76000	TC	Fluoroscope examination		$97		
76001		Fluoroscope exam, extensive		$262		
76001	26	Fluoroscope exam, extensive		$73		
76001	TC	Fluoroscope exam, extensive		$189		
76010		X-ray, nose to rectum		$57		
76010	26	X-ray, nose to rectum		$19		
76010	TC	X-ray, nose to rectum		$38		
76080		X-ray exam of fistula		$135		
76080	26	X-ray exam of fistula		$57		
76080	TC	X-ray exam of fistula		$79		
76098		X-ray exam, breast specimen		$47		
76098	26	X-ray exam, breast specimen		$17		
76098	TC	X-ray exam, breast specimen		$31		
76100		X-ray exam of body section		$153		
76100	26	X-ray exam of body section		$63		
76100	TC	X-ray exam of body section		$90		
76101		Complex body section X-ray		$165		
76101	26	Complex body section X-ray		$63		
76101	TC	Complex body section X-ray		$102		
76102		Complex body section X-ray		$188		
76102	26	Complex body section X-ray		$63		
76102	TC	Complex body section X-ray		$125		
76120		Cinematic X-rays		$117		
76120	26	Cinematic X-rays		$41		
76120	TC	Cinematic X-rays		$76		
76125		Cinematic X-rays add- on		$87		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
76125	26	Cinematic X-rays add- on		$29		
76125	TC	Cinematic X-rays add- on		$59		
76140		X-ray consultation		BR		
76376	26	3d render w/o postprocess		$20		
76376	TC	3d render w/o postprocess		$103		
76376		3d render w/o postprocess		$122		
76377	26	3d rendering w/postprocess		$79		
76377	TC	3d rendering w/postprocess		$85		
76377		3d rendering w/postprocess		$164		
76380		Cat scan follow-up study		$357		
76380	26	Cat scan follow-up study		$105		
76380	TC	Cat scan follow-up study		$252		
76390		Mr spectroscopy.....		$986		
76390	26	Mr spectroscopy.....		$150		
76390	TC	Mr spectroscopy.....		$836		
76499		Radiographic procedure		BR		
76499	26	Radiographic procedure		BR		
76499	TC	Radiographic procedure		BR		
76506		Echo exam of head		$170		
76506	26	Echo exam of head		$68		
76506	TC	Echo exam of head		$102		
76510	26	Ophth us b & quant a		$197		
76510	TC	Ophth us b & quant a		$164		
76510		Ophth us b & quant a		$361		
76511		Echo exam of eye		$177		
76511	26	Echo exam of eye		$87		
76511	TC	Echo exam of eye		$90		
76512		Echo exam of eye		$182		
76512	26	Echo exam of eye		$72		
76512	TC	Echo exam of eye		$110		
76513		Echo exam of eye, water bath		$186		
76513	26	Echo exam of eye, water bath		$72		
76513	TC	Echo exam of eye, water bath		$114		
76514	26	Echo exam of eye thickness		$20		
76514	TC	Echo exam of eye thickness		$11		
76514		Echo exam of eye thickness		$31		
76516		Echo exam of eye		$149		
76516	26	Echo exam of eye		$59		
76516	TC	Echo exam of eye		$90		
76519		Echo exam of eye		$149		
76519	26	Echo exam of eye		$59		
76519	TC	Echo exam of eye		$90		
76529		Echo exam of eye		$160		
76529	26	Echo exam of eye		$62		
76529	TC	Echo exam of eye		$98		
76536		Echo exam of head and neck		$163		
76536	26	Echo exam of head and neck		$61		
76536	TC	Echo exam of head and neck		$102		
76604		Echo exam of chest		$154		
76604	26	Echo exam of chest		$61		
76604	TC	Echo exam of chest		$94		
76645		Echo exam of breast		$135		
76645	26	Echo exam of breast		$59		
76645	TC	Echo exam of breast		$76		
76700		Echo exam of abdomen		$229		
76700	26	Echo exam of abdomen		$87		
76700	TC	Echo exam of abdomen		$142		
76705		Echo exam of abdomen		$166		
76705	26	Echo exam of abdomen		$64		
76705	TC	Echo exam of abdomen		$102		
76770		Echo exam abdomen back wall		$222		
76770	26	Echo exam abdomen back wall		$80		
76770	TC	Echo exam abdomen back wall		$142		
76775		Echo exam abdomen back wall		$165		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
76775	26	Echo exam abdomen back wall		$63		
76775	TC	Echo exam abdomen back wall		$102		
76776	26	Us exam k transpl w/doppler		$76		
76776	TC	Us exam k transpl w/doppler		$245		
76776		Us exam k transpl w/doppler		$321		
76778	TC	-		$142		
76800		Echo exam spinal canal		$223		
76800	26	Echo exam spinal canal		$122		
76800	TC	Echo exam spinal canal		$102		
76801	26	Ob us < 14 wks single fetus		$99		
76801	TC	Ob us < 14 wks single fetus		$167		
76801		Ob us < 14 wks single fetus		$266		
76802	26	Ob us < 14 wks addl fetus		$84		
76802	TC	Ob us < 14 wks addl fetus		$56		
76802		Ob us < 14 wks addl fetus		$140		
76805		Echo exam of pregnant uterus		$257		
76805	26	Echo exam of pregnant uterus		$107		
76805	TC	Echo exam of pregnant uterus		$151		
76810		Echo exam of pregnant uterus		$511		
76810	26	Echo exam of pregnant uterus		$211		
76810	TC	Echo exam of pregnant uterus		$301		
76811	26	Ob us detailed sngl fetus		$196		
76811	TC	Ob us detailed sngl fetus		$194		
76811		Ob us detailed sngl fetus		$390		
76812	26	Ob us detailed addl fetus		$184		
76812	TC	Ob us detailed addl fetus		$262		
76812		Ob us detailed addl fetus		$446		
76813	26	Ob us nuchal meas 1 gest		$123		
76813	TC	Ob us nuchal meas 1 gest		$138		
76813		Ob us nuchal meas 1 gest		$261		
76814	26	Ob us nuchal meas add-on		$103		
76814	TC	Ob us nuchal meas add-on		$67		
76814		Ob us nuchal meas add-on		$170		
76815		Echo exam of pregnant uterus		$175		
76815	26	Echo exam of pregnant uterus		$69		
76815	TC	Echo exam of pregnant uterus		$106		
76816		Echo exam followup or repeat		$142		
76816	26	Echo exam followup or repeat		$62		
76816	TC	Echo exam followup or repeat		$80		
76817	26	Transvaginal us obstetric		$77		
76817	TC	Transvaginal us obstetric		$138		
76817		Transvaginal us obstetric		$215		
76818		Fetal biophysical profile		$199		
76818	26	Fetal biophysical profile		$83		
76818	TC	Fetal biophysical profile		$117		
76819	26	Fetal biophys profil w/o nst		$79		
76819	TC	Fetal biophys profil w/o nst		$108		
76819		Fetal biophys profil w/o nst		$187		
76820	26	Umbilical artery echo		$52		
76820	TC	Umbilical artery echo		$33		
76820		Umbilical artery echo		$85		
76821	26	Middle cerebral artery echo		$74		
76821	TC	Middle cerebral artery echo		$129		
76821		Middle cerebral artery echo		$203		
76825		Echo exam of fetal heart		$239		
76825	26	Echo exam of fetal heart		$98		
76825	TC	Echo exam of fetal heart		$142		
76826		Echo exam of fetal heart		$162		
76826	26	Echo exam of fetal heart		$111		
76826	TC	Echo exam of fetal heart		$52		
76827		Echo exam of fetal heart		$220		
76827	26	Echo exam of fetal heart		$94		
76827	TC	Echo exam of fetal heart		$126		
76828		Echo exam of fetal heart		$143		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
76828	26	Echo exam of fetal heart		$61		
76828	TC	Echo exam of fetal heart		$82		
76830		Echo exam, transvaginal		$185		
76830	26	Echo exam, transvaginal		$75		
76830	TC	Echo exam, transvaginal		$110		
76831		Echo exam, uterus.....		$189		
76831	26	Echo exam, uterus.....		$75		
76831	TC	Echo exam, uterus.....		$114		
76856		Echo exam of pelvis		$185		
76856	26	Echo exam of pelvis		$75		
76856	TC	Echo exam of pelvis		$110		
76857		Echo exam of pelvis		$117		
76857	26	Echo exam of pelvis		$41		
76857	TC	Echo exam of pelvis		$76		
76870		Echo exam of scrotum		$179		
76870	26	Echo exam of scrotum		$69		
76870	TC	Echo exam of scrotum		$110		
76872		Echo exam, transrectal		$187		
76872	26	Echo exam, transrectal		$73		
76872	TC	Echo exam, transrectal		$114		
76873		Echograp trans r, pros study		358		
76873	26	Echograp trans r, pros study		$157		
76873	TC	Echograp trans r, pros study		$200		
76881	26	Us xtr non-vasc complete		$63		
76881	TC	Us xtr non-vasc complete		$190		
76881		Us xtr non-vasc complete		$254		
76882	26	Us xtr non-vasc lmtd		$50		
76882	TC	Us xtr non-vasc lmtd		$22		
76882		Us xtr non-vasc lmtd		$72		
76885		Echo exam, infant hips		$190		
76885	26	Echo exam, infant hips		$76		
76885	TC	Echo exam, infant hips		$114		
76886		Echo exam, infant hips		$170		
76886	26	Echo exam, infant hips		$64		
76886	TC	Echo exam, infant hips		$106		
76930		Echo guide for heart sac tap		$183		
76930	26	Echo guide for heart sac tap		$73		
76930	TC	Echo guide for heart sac tap		$110		
76932		Echo guide for heart biopsy		$183		
76932	26	Echo guide for heart biopsy		$73		
76932	TC	Echo guide for heart biopsy		$110		
76936		Echo guide for artery repair		$600		
76936	26	Echo guide for artery repair		$153		
76936	TC	Echo guide for artery repair		$447		
76937	26	Us guide vascular access		$30		
76937	TC	Us guide vascular access		$42		
76937		Us guide vascular access		$72		
76940		Us guide tissue ablation		$213		
76941		Echo guide for transfusion		$252		
76941	26	Echo guide for transfusion		$144		
76941	TC	Echo guide for transfusion		$109		
76942		Echo guide for biopsy		$183		
76942	26	Echo guide for biopsy		$73		
76942	TC	Echo guide for biopsy		$110		
76945		Echo guide, villus sampling		$205		
76945	26	Echo guide, villus sampling		$97		
76945	TC	Echo guide, villus sampling		$109		
76946		Echo guide for amniocentesis		$151		
76946	26	Echo guide for amniocentesis		$41		
76946	TC	Echo guide for amniocentesis		$110		
76948		Echo guide, ova aspiration		$151		
76948	26	Echo guide, ova aspiration		$41		
76948	TC	Echo guide, ova aspiration		$110		
76950		Echo guidance radiotherapy		$157		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
76950	26	Echo guidance radiotherapy		$63		
76950	TC	Echo guidance radiotherapy		$94		
76965		Echo guidance radiotherapy		$611		
76965	26	Echo guidance radiotherapy		$195		
76965	TC	Echo guidance radiotherapy		$416		
76970		Ultrasound exam follow-up		$119		
76970	26	Ultrasound exam follow-up		$43		
76970	TC	Ultrasound exam follow-up		$76		
76975		Gi endoscopic ultrasound		$195		
76975	26	Gi endoscopic ultrasound		$85		
76975	TC	Gi endoscopic ultrasound		$110		
76977		Us bone density measure		$85		
76977	26	Us bone density measure		$22		
76977	TC	Us bone density measure		$62		
76998		Us guide intraop		$134		
76999		Echo examination procedure		BR		
76999	26	Echo examination procedure		BR		
76999	TC	Echo examination procedure		BR		
77001	26	Fluoroguide for vein device		$38		
77001	TC	Fluoroguide for vein device		$210		
77001		Fluoroguide for vein device		$248		
77002	26	Needle localization by xray		$57		
77002	TC	Needle localization by xray		$107		
77002		Needle localization by xray		$163		
77003	26	Fluoroguide for spine inject		$64		
77003	TC	Fluoroguide for spine inject		$73		
77003		Fluoroguide for spine inject		$136		
77011	26	Ct scan for localization		$125		
77011	TC	Ct scan for localization		$357		
77011		Ct scan for localization		$482		
77012	26	Ct scan for needle biopsy		$113		
77012	TC	Ct scan for needle biopsy		$151		
77012		Ct scan for needle biopsy		$265		
77013		Ct guide for tissue ablation		$405		
77014	26	Ct scan for therapy guide		$86		
77014	TC	Ct scan for therapy guide		$171		
77014		Ct scan for therapy guide		$257		
77021	26	Mr guidance for needle place		$151		
77021	TC	Mr guidance for needle place		$659		
77021		Mr guidance for needle place		$810		
77022		Mri for tissue ablation		$427		
77031	26	Stereotact guide for brst bx		$161		
77031	TC	Stereotact guide for brst bx		$105		
77031		Stereotact guide for brst bx		$267		
77032	26	Guidance for needle breast		$56		
77032	TC	Guidance for needle breast		$50		
77032		Guidance for needle breast		$106		
77051	26	Computer dx mammogram add-on		$6		
77051	TC	Computer dx mammogram add-on		$15		
77051		Computer dx mammogram add-on		$21		
77052	26	Comp screen mammogram add-on		$6		
77052	TC	Comp screen mammogram add-on		$14		
77052		Comp screen mammogram add-on		$20		
77053	26	X-ray of mammary duct		$35		
77053	TC	X-ray of mammary duct		$85		
77053		X-ray of mammary duct		$121		
77054	26	X-ray of mammary ducts		$45		
77054	TC	X-ray of mammary ducts		$119		
77054		X-ray of mammary ducts		$164		
77055	26	Mammogram one breast		$70		
77055	TC	Mammogram one breast		$109		
77055		Mammogram one breast		$179		
77056	26	Mammogram both breasts		$87		
77056	TC	Mammogram both breasts		$142		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
77056		Mammogram both breasts		$229		
77057	26	Mammogram screening		$70		
77057	TC	Mammogram screening		$93		
77057		Mammogram screening		$164		
77058	26	Mri one breast		$162		
77058	TC	Mri one breast		$1,135		
77058		Mri one breast		$1,297		
77059	26	Mri both breasts		$162		
77059	TC	Mri both breasts		$1,131		
77059		Mri both breasts		$1,293		
77071		X-ray stress view		$109		
77072	26	X-rays for bone age		$19		
77072	TC	X-rays for bone age		$29		
77072		X-rays for bone age		$48		
77073	26	X-rays bone length studies		$30		
77073	TC	X-rays bone length studies		$51		
77073		X-rays bone length studies		$81		
77074	26	X-rays bone survey limited		$45		
77074	TC	X-rays bone survey limited		$98		
77074		X-rays bone survey limited		$144		
77075	26	X-rays bone survey complete		$54		
77075	TC	X-rays bone survey complete		$162		
77075		X-rays bone survey complete		$216		
77076	26	X-rays bone survey infant		$72		
77076	TC	X-rays bone survey infant		$160		
77076		X-rays bone survey infant		$232		
77077	26	Joint survey single view		$35		
77077	TC	Joint survey single view		$51		
77077		Joint survey single view		$85		
77078	26	Ct bone density axial		$25		
77078	TC	Ct bone density axial		$256		
77078		Ct bone density axial		$281		
77080	26	Dxa bone density axial		$21		
77080	TC	Dxa bone density axial		$84		
77080		Dxa bone density axial		$105		
77081	26	Dxa bone density/peripheral		$23		
77081	TC	Dxa bone density/peripheral		$35		
77081		Dxa bone density/peripheral		$58		
77082	26	Dxa bone density vert fx		$18		
77082	TC	Dxa bone density vert fx		$40		
77082		Dxa bone density vert fx		$58		
77084	26	Magnetic image bone marrow		$160		
77084	TC	Magnetic image bone marrow		$756		
77084		Magnetic image bone marrow		$916		
77261		Radiation therapy planning		$150		
77262		Radiation therapy planning		$226		
77263		Radiation therapy planning		$336		
77280		Set radiation therapy field		$325		
77280	26	Set radiation therapy field		$76		
77280	TC	Set radiation therapy field		$250		
77285		Set radiation therapy field		$512		
77285	26	Set radiation therapy field		$112		
77285	TC	Set radiation therapy field		$400		
77290		Set radiation therapy field		$635		
77290	26	Set radiation therapy field		$168		
77290	TC	Set radiation therapy field		$467		
77295		Set radiation therapy field		$2,558		
77295	26	Set radiation therapy field		$472		
77295	TC	Set radiation therapy field		$2,086		
77299		Radiation therapy planning		BR		
77299	26	Radiation therapy planning		BR		
77299	TC	Radiation therapy planning		BR		
77300		Radiation therapy dose plan		$163		
77300	26	Radiation therapy dose plan		$67		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
77300	TC	Radiation therapy dose plan		$96		
77301	26	Radiotherapy dose plan imrt		$815		
77301	TC	Radiotherapy dose plan imrt		$2,998		
77301		Radiotherapy dose plan imrt		$3,813		
77305		Radiation therapy dose plan		$210		
77305	26	Radiation therapy dose plan		$76		
77305	TC	Radiation therapy dose plan		$134		
77310		Radiation therapy dose plan		$280		
77310	26	Radiation therapy dose plan		$112		
77310	TC	Radiation therapy dose plan		$168		
77315		Radiation therapy dose plan		$360		
77315	26	Radiation therapy dose plan		$168		
77315	TC	Radiation therapy dose plan		$192		
77321		Radiation therapy port plan		$391		
77321	26	Radiation therapy port plan		$102		
77321	TC	Radiation therapy port plan		$290		
77326		Radiation therapy dose plan		$270		
77326	26	Radiation therapy dose plan		$100		
77326	TC	Radiation therapy dose plan		$171		
77327		Radiation therapy dose plan		$399		
77327	26	Radiation therapy dose plan		$150		
77327	TC	Radiation therapy dose plan		$250		
77328		Radiation therapy dose plan		$579		
77328	26	Radiation therapy dose plan		$224		
77328	TC	Radiation therapy dose plan		$356		
77331		Special radiation dosimetry		$130		
77331	26	Special radiation dosimetry		$94		
77331	TC	Special radiation dosimetry		$37		
77332		Radiation treatment aid(s)		$155		
77332	26	Radiation treatment aid(s)		$59		
77332	TC	Radiation treatment aid(s)		$96		
77333		Radiation treatment aid(s)		$227		
77333	26	Radiation treatment aid(s)		$91		
77333	TC	Radiation treatment aid(s)		$137		
77334		Radiation treatment aid(s)		$364		
77334	26	Radiation treatment aid(s)		$132		
77334	TC	Radiation treatment aid(s)		$233		
77336		Radiation physics consult.		$223		
77338	26	Design mlc device for imrt		$438		
77338	TC	Design mlc device for imrt		$576		
77338		Design mlc device for imrt		$1,014		
77370		Radiation physics consult		$251		
77372		Srs linear based		$1,651		
77373		Sbrt delivery		$3,176		
77401		Radiation treatment delivery		$128		
77402		Radiation treatment delivery		$128		
77403		Radiation treatment delivery		$128		
77404		Radiation treatment delivery		$128		
77406		Radiation treatment delivery		$128		
77407		Radiation treatment delivery		$150		
77408		Radiation treatment delivery		$150		
77409		Radiation treatment delivery		$150		
77411		Radiation treatment delivery		$150		
77412		Radiation treatment delivery		$168		
77413		Radiation treatment delivery		$168		
77414		Radiation treatment delivery		$168		
77416		Radiation treatment delivery		$168		
77417		Radiology port film(s)		$43		
77418		Radiation tx delivery imrt		$896		
77421	26	Stereoscopic x-ray guidance		$39		
77421	TC	Stereoscopic x-ray guidance		$114		
77421		Stereoscopic x-ray guidance		$153		
77422		Neutron beam tx simple		$540		
77423		Neutron beam tx complex		$541		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
77427		Radiation tx management, x5		$366		
77427		Radiation tx management x5		$366		
77431		Radiation therapy management		$194		
77432		Stereotactic radiation trmt		$939		
77435		Sbrt management		$1,246		
77469		Io radiation tx management		$618		
77470		Special radiation treatment		$1,022		
77470	26	Special radiation treatment		$224		
77470	TC	Special radiation treatment		$799		
77499		Radiation therapy management		BR		
77499	26	Radiation therapy management		BR		
77499	TC	Radiation therapy management		BR		
77520		Proton beam delivery..		BR		
77523		Proton beam delivery..		BR		
77600		Hyperthermia treatment		$386		
77600	26	Hyperthermia treatment		$168		
77600	TC	Hyperthermia treatment		$218		
77605		Hyperthermia treatment		$515		
77605	26	Hyperthermia treatment		$224		
77605	TC	Hyperthermia treatment		$292		
77610		Hyperthermia treatment		$386		
77610	26	Hyperthermia treatment		$168		
77610	TC	Hyperthermia treatment		$218		
77615		Hyperthermia treatment		$515		
77615	26	Hyperthermia treatment		$224		
77615	TC	Hyperthermia treatment		$292		
77620		Hyperthermia treatment		$386		
77620	26	Hyperthermia treatment		$168		
77620	TC	Hyperthermia treatment		$218		
77750		Infuse radioactive materials	90	$586		
77750	26	Infuse radioactive materials	90	$491		
77750	TC	Infuse radioactive materials	90	$96		
77761		Radioelement application	90	$562		
77761	26	Radioelement application	90	$381		
77761	TC	Radioelement application	90	$181		
77762		Radioelement application	90	$832		
77762	26	Radioelement application	90	$573		
77762	TC	Radioelement application	90	$259		
77763		Radioelement application	90	$1,179		
77763	26	Radioelement application	90	$857		
77763	TC	Radioelement application	90	$322		
77776		Radioelement application		$656		
77776	26	Radioelement application		$500		
77776	TC	Radioelement application		$157		
77777		Radioelement application	90	$1,052		
77777	26	Radioelement application	90	$748		
77777	TC	Radioelement application	90	$304		
77778		Radioelement application	90	$1,488		
77778	26	Radioelement application	90	$1,120		
77778	TC	Radioelement application	90	$368		
77785	26	Hdr brachytx 1 channel		$145		
77785	TC	Hdr brachytx 1 channel		$357		
77785		Hdr brachytx 1 channel		$502		
77786	26	Hdr brachytx 2-12 channel		$332		
77786	TC	Hdr brachytx 2-12 channel		$792		
77786		Hdr brachytx 2-12 channel		$1,123		
77787	26	Hdr brachytx over 12 chan		$501		
77787	TC	Hdr brachytx over 12 chan		$1,429		
77787		Hdr brachytx over 12 chan		$1,930		
77789		Radioelement application	90	$145		
77789	26	Radioelement application	90	$112		
77789	TC	Radioelement application	90	$33		
77790		Radioelement handling		$149		
77790	26	Radioelement handling		$112		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
77790	TC	Radioelement handling		$37		
77799		Radium/radioisotope therapy		BR		
77799	26	Radium/radioisotope therapy		BR		
77799	TC	Radium/radioisotope therapy		BR		
78000		Thyroid, single uptake		$90		
78000	26	Thyroid, single uptake		$21		
78000	TC	Thyroid, single uptake		$70		
78001		Thyroid, multiple uptakes		$122		
78001	26	Thyroid, multiple uptakes		$28		
78001	TC	Thyroid, multiple uptakes		$94		
78003		Thyroid suppress/stimul		$105		
78003	26	Thyroid suppress/stimul		$35		
78003	TC	Thyroid suppress/stimul		$70		
78006		Thyroid,imaging with uptake		$224		
78006	26	Thyroid,imaging with uptake		$53		
78006	TC	Thyroid,imaging with uptake		$172		
78007		Thyroid,imaging with uptake		$239		
78007	26	Thyroid,imaging with uptake		$54		
78007	TC	Thyroid,imaging with uptake		$185		
78010		Thyroid imaging		$172		
78010	26	Thyroid imaging		$42		
78010	TC	Thyroid imaging		$131		
78011		Thyroid imaging with flow		$222		
78011	26	Thyroid imaging with flow		$49		
78011	TC	Thyroid imaging with flow		$173		
78015		Thyroid met imaging		$258		
78015	26	Thyroid met imaging		$73		
78015	TC	Thyroid met imaging		$185		
78016		Thyroid met imaging/studies		$339		
78016	26	Thyroid met imaging/studies		$89		
78016	TC	Thyroid met imaging/studies		$250		
78018		Thyroid, met imaging, body		$491		
78018	26	Thyroid, met imaging, body		$102		
78018	TC	Thyroid, met imaging, body		$390		
78020		Thyroid met uptake....		$60		
78020	26	Thyroid met uptake....		$45		
78020	TC	Thyroid met uptake....		$15		
78070		Parathyroid nuclear imaging		$186		
78070	26	Parathyroid nuclear imaging		$56		
78070	TC	Parathyroid nuclear imaging		$131		
78075		Adrenal nuclear imaging		$469		
78075	26	Adrenal nuclear imaging		$80		
78075	TC	Adrenal nuclear imaging		$390		
78099		Endocrine nuclear procedure		BR		
78099	26	Endocrine nuclear procedure		BR		
78099	TC	Endocrine nuclear procedure		BR		
78102		Bone marrow imaging, ltd		$206		
78102	26	Bone marrow imaging, ltd		$60		
78102	TC	Bone marrow imaging, ltd		$147		
78103		Bone marrow imaging, mult		$308		
78103	26	Bone marrow imaging, mult		$81		
78103	TC	Bone marrow imaging, mult		$227		
78104		Bone marrow imaging, body		$378		
78104	26	Bone marrow imaging, body		$87		
78104	TC	Bone marrow imaging, body		$292		
78110		Plasma volume, single		$91		
78110	26	Plasma volume, single		$20		
78110	TC	Plasma volume, single		$71		
78111		Plasma volume, multiple		$209		
78111	26	Plasma volume, multiple		$24		
78111	TC	Plasma volume, multiple		$185		
78120		Red cell mass, single		$150		
78120	26	Red cell mass, single		$26		
78120	TC	Red cell mass, single		$125		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
78121		Red cell mass, multiple		$243		
78121	26	Red cell mass, multiple		$35		
78121	TC	Red cell mass, multiple		$208		
78122		Blood volume.....		$391		
78122	26	Blood volume.....		$47		
78122	TC	Blood volume.....		$344		
78130		Red cell survival study		$271		
78130	26	Red cell survival study		$66		
78130	TC	Red cell survival study		$205		
78135		Red cell survival kinetics		$418		
78135	26	Red cell survival kinetics		$69		
78135	TC	Red cell survival kinetics		$350		
78140		Red cell sequestration		$348		
78140	26	Red cell sequestration		$66		
78140	TC	Red cell sequestration		$283		
78185		Spleen imaging		$213		
78185	26	Spleen imaging		$43		
78185	TC	Spleen imaging		$170		
78190		Platelet survival, kinetics		$527		
78190	26	Platelet survival, kinetics		$117		
78190	TC	Platelet survival, kinetics		$411		
78191		Platelet survival		$592		
78191	26	Platelet survival		$66		
78191	TC	Platelet survival		$526		
78195		Lymph system imaging		$368		
78195	26	Lymph system imaging		$76		
78195	TC	Lymph system imaging		$292		
78199		Blood/lymph nuclear exam		BR		
78199	26	Blood/lymph nuclear exam		BR		
78199	TC	Blood/lymph nuclear exam		BR		
78201		Liver imaging		$216		
78201	26	Liver imaging		$47		
78201	TC	Liver imaging		$170		
78202		Liver imaging with flow		$262		
78202	26	Liver imaging with flow		$56		
78202	TC	Liver imaging with flow		$207		
78205		Liver imaging (3D)....		$516		
78205	26	Liver imaging (3D)....		$75		
78205	TC	Liver imaging (3D)....		$441		
78206		Liver image (3d) w/ flow		$516		
78206	26	Liver image (3d) w/ flow		$89		
78206	TC	Liver image (3d) w/ flow		$428		
78215		Liver and spleen imaging		$263		
78215	26	Liver and spleen imaging		$53		
78215	TC	Liver and spleen imaging		$210		
78216		Liver & spleen image, flow		$312		
78216	26	Liver & spleen image, flow		$62		
78216	TC	Liver & spleen image, flow		$250		
78220		Liver function study		$320		
78226	26	Hepatobiliary system imaging		$73		
78226	TC	Hepatobiliary system imaging		$601		
78226		Hepatobiliary system imaging		$674		
78227	26	Hepatobil syst image w/drug		$88		
78227	TC	Hepatobil syst image w/drug		$835		
78227		Hepatobil syst image w/drug		$923		
78230		Salivary gland imaging		$206		
78230	26	Salivary gland imaging		$49		
78230	TC	Salivary gland imaging		$157		
78231		Serial salivary imaging		$284		
78231	26	Serial salivary imaging		$57		
78231	TC	Serial salivary imaging		$227		
78232		Salivary gland function exam		$305		
78232	26	Salivary gland function exam		$52		
78232	TC	Salivary gland function exam		$254		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
78258		Esophageal motility study		$287		
78258	26	Esophageal motility study		$80		
78258	TC	Esophageal motility study		$207		
78261		Gastric mucosa imaging		$369		
78261	26	Gastric mucosa imaging		$75		
78261	TC	Gastric mucosa imaging		$294		
78262		Gastroesophageal reflux exam		$378		
78262	26	Gastroesophageal reflux exam		$74		
78262	TC	Gastroesophageal reflux exam		$305		
78264		Gastric emptying study		$380		
78264	26	Gastric emptying study		$84		
78264	TC	Gastric emptying study		$296		
78267		Breath tst attain/anal c-14		BR		
78268		Breath test analysis, c-14		BR		
78270		Vit b-12 absorption exam		$133		
78270	26	Vit b-12 absorption exam		$22		
78270	TC	Vit b-12 absorption exam		$112		
78271		Vit b-12 absorp exam, if		$140		
78271	26	Vit b-12 absorp exam, if		$22		
78271	TC	Vit b-12 absorp exam, if		$119		
78272		Vit b-12 absorp, combined		$196		
78272	26	Vit b-12 absorp, combined		$30		
78272	TC	Vit b-12 absorp, combined		$167		
78278		Acute gi blood loss imaging		$456		
78278	26	Acute gi blood loss imaging		$107		
78278	TC	Acute gi blood loss imaging		$350		
78282		Gi protein loss exam		BR		
78282	26	Gi protein loss exam		$41		
78282	TC	Gi protein loss exam		BR		
78282		GI protein loss exam		$38		
78290		Meckel's divert exam		$292		
78290	26	Meckel's divert exam		$74		
78290	TC	Meckel's divert exam		$218		
78291		Leveen/shunt patency exam		$313		
78291	26	Leveen/shunt patency exam		$94		
78291	TC	Leveen/shunt patency exam		$220		
78299		Gi nuclear procedure		BR		
78299	26	Gi nuclear procedure		BR		
78299	TC	Gi nuclear procedure		BR		
78300		Bone imaging, limited area		$247		
78300	26	Bone imaging, limited area		$68		
78300	TC	Bone imaging, limited area		$180		
78305		Bone imaging, multiple areas		$353		
78305	26	Bone imaging, multiple areas		$90		
78305	TC	Bone imaging, multiple areas		$263		
78306		Bone imaging, whole body		$399		
78306	26	Bone imaging, whole body		$93		
78306	TC	Bone imaging, whole body		$307		
78315		Bone imaging, 3 phase		$452		
78315	26	Bone imaging, 3 phase		$110		
78315	TC	Bone imaging, 3 phase		$343		
78320		Bone imaging (3d)		$535		
78320	26	Bone imaging (3d)		$112		
78320	TC	Bone imaging (3d)		$424		
78350		Bone mineral, single photon		$80		
78350	26	Bone mineral, single photon		$24		
78350	TC	Bone mineral, single photon		$57		
78351		Bone mineral, dual photon		$55		
78399		Musculoskeletal nuclear exam		BR		
78399	26	Musculoskeletal nuclear exam		BR		
78399	TC	Musculoskeletal nuclear exam		BR		
78414		Non-imaging heart function		BR		
78414	26	Non-imaging heart function		$48		
78414	TC	Non-imaging heart function		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
78414		Non-imaging heart function		$48		
78428		Cardiac shunt imaging		$246		
78428	26	Cardiac shunt imaging		$84		
78428	TC	Cardiac shunt imaging		$162		
78445		Vascular flow imaging		$191		
78445	26	Vascular flow imaging		$52		
78445	TC	Vascular flow imaging		$139		
78451	26	Ht muscle image spect sing		$136		
78451	TC	Ht muscle image spect sing		$606		
78451		Ht muscle image spect sing		$742		
78452	26	Ht muscle image spect mult		$160		
78452	TC	Ht muscle image spect mult		$875		
78452		Ht muscle image spect mult		$1,035		
78453	26	Ht muscle image planar sing		$99		
78453	TC	Ht muscle image planar sing		$541		
78453		Ht muscle image planar sing		$639		
78454	26	Ht musc image planar mult		$131		
78454	TC	Ht musc image planar mult		$782		
78454		Ht musc image planar mult		$913		
78456		Acute venous thrombus image		$797		
78456	26	Acute venous thrombus image		$100		
78456	TC	Acute venous thrombus		$697		
78457		Venous thrombosis imaging		$279		
78457	26	Venous thrombosis imaging		$80		
78457	TC	Venous thrombosis imaging		$199		
78458		Ven thrombosis images, bilat		$384		
78458	26	Ven thrombosis images, bilat		$96		
78458	TC	Ven thrombosis images, bilat		$288		
78459		Heart muscle imaging (PET)		BR		
78459	26	Heart muscle imaging (PET)		$225		
78459	TC	Heart muscle imaging (PET)		BR		
78466		Heart infarct image		$264		
78466	26	Heart infarct image		$75		
78466	TC	Heart infarct image		$189		
78468		Heart infarct image, ef		$348		
78468	26	Heart infarct image, ef		$86		
78468	TC	Heart infarct image, ef		$263		
78469		Heart infarct image (3D)		$486		
78469	26	Heart infarct image (3D)		$96		
78469	TC	Heart infarct image (3D)		$390		
78472		Gated heart, planar, single		$515		
78472	26	Gated heart, planar, single		$103		
78472	TC	Gated heart, planar, single		$413		
78473		Gated heart, multiple		$770		
78473	26	Gated heart, multiple		$154		
78473	TC	Gated heart, multiple		$616		
78481		Heart first pass, single		$493		
78481	26	Heart first pass, single		$103		
78481	TC	Heart first pass, single		$390		
78483		Heart first pass, multiple		$743		
78483	26	Heart first pass, multiple		$155		
78483	TC	Heart first pass, multiple		$588		
78491		Heart image (pet), single		BR		
78491	26	Heart image (pet), single		$196		
78491	TC	Heart image (pet), single		BR		
78492		Heart image (pet), multiple		BR		
78492	26	Heart image (pet), multiple		$224		
78492	TC	Heart image (pet), multiple		BR		
78494		Heart image, spect....		$525		
78494	26	Heart image, spect....		$112		
78494	TC	Heart image, spect....		$413		
78496		Heart first pass add- on		$183		
78496	26	Heart first pass add- on		$52		
78496	TC	Heart first pass add- on		$131		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
78499		Cardiovascular nuclear exam		BR		
78499	26	Cardiovascular nuclear exam		BR		
78499	TC	Cardiovascular nuclear exam		BR		
78579	26	Lung ventilation imaging		$48		
78579	TC	Lung ventilation imaging		$310		
78579		Lung ventilation imaging		$359		
78580		Lung perfusion imaging		$327		
78580	26	Lung perfusion imaging		$80		
78580	TC	Lung perfusion imaging		$247		
78582	26	Lung ventilat&perfus imaging		$104		
78582	TC	Lung ventilat&perfus imaging		$557		
78582		Lung ventilat&perfus imaging		$662		
78597	26	Lung perfusion differential		$72		
78597	TC	Lung perfusion differential		$333		
78597		Lung perfusion differential		$404		
78598	26	Lung perf&ventilat diferentl		$82		
78598	TC	Lung perf&ventilat diferentl		$539		
78598		Lung perf&ventilat diferentl		$621		
78599		Respiratory nuclear exam		BR		
78599	26	Respiratory nuclear exam		BR		
78599	TC	Respiratory nuclear exam		BR		
78600		Brain imaging, ltd static		$254		
78600	26	Brain imaging, ltd static		$47		
78600	TC	Brain imaging, ltd static		$207		
78605		Brain imaging, complete		$302		
78605	26	Brain imaging, complete		$59		
78605	TC	Brain imaging, complete		$244		
78606		Brain imaging comp & flow		$346		
78606	26	Brain imaging comp & flow		$69		
78606	TC	Brain imaging comp & flow		$278		
78607		Brain imaging (3d)		$601		
78607	26	Brain imaging (3d)		$131		
78607	TC	Brain imaging (3d)		$470		
78608		Brain imaging (pet)		$145		
78609		Brain imaging (pet)		$156		
78610		Brain flow imaging only		$146		
78610	26	Brain flow imaging only		$33		
78610	TC	Brain flow imaging only		$114		
78630		Cerebrospinal fluid scan		$435		
78630	26	Cerebrospinal fluid scan		$74		
78630	TC	Cerebrospinal fluid scan		$362		
78635		Csf ventriculography		$249		
78635	26	Csf ventriculography		$66		
78635	TC	Csf ventriculography		$183		
78645		Csf shunt evaluation		$308		
78645	26	Csf shunt evaluation		$62		
78645	TC	Csf shunt evaluation		$247		
78647		Cerebrospinal fluid scan		$515		
78647	26	Cerebrospinal fluid scan		$96		
78647	TC	Cerebrospinal fluid scan		$419		
78650		Csf leakage imaging		$399		
78650	26	Csf leakage imaging		$66		
78650	TC	Csf leakage imaging		$333		
78660		Nuclear exam of tear flow		$214		
78660	26	Nuclear exam of tear flow		$56		
78660	TC	Nuclear exam of tear flow		$158		
78699		Nervous system nuclear exam		BR		
78699	26	Nervous system nuclear exam		BR		
78699	TC	Nervous system nuclear exam		BR		
78700		Kidney imaging, static		$266		
78700	26	Kidney imaging, static		$48		
78700	TC	Kidney imaging, static		$218		
78701		Kidney imaging with flow		$308		
78701	26	Kidney imaging with flow		$53		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
78701	TC	Kidney imaging with flow		$255		
78707		Kidney flow/function image		$433		
78707	26	Kidney flow/function image		$99		
78707	TC	Kidney flow/function image		$334		
78708		Kidney flow/function image		$452		
78708	26	Kidney flow/function image		$118		
78708	TC	Kidney flow/function image		$334		
78709		Kidney flow/function image		$467		
78709	26	Kidney flow/function image		$133		
78709	TC	Kidney flow/function image		$334		
78710		Kidney imaging (3D)...		$511		
78710	26	Kidney imaging (3D)...		$70		
78710	TC	Kidney imaging (3D)...		$441		
78725		Kidney function study		$172		
78725	26	Kidney function study		$39		
78725	TC	Kidney function study		$133		
78730		Urinary bladder retention		$143		
78730	26	Urinary bladder retention		$38		
78730	TC	Urinary bladder retention		$105		
78740		Ureteral reflux study		$217		
78740	26	Ureteral reflux study		$59		
78740	TC	Ureteral reflux study		$158		
78761		Testicular imaging & flow		$306		
78761	26	Testicular imaging & flow		$77		
78761	TC	Testicular imaging & flow		$229		
78799		Genitourinary nuclear exam		BR		
78799	26	Genitourinary nuclear exam		BR		
78799	TC	Genitourinary nuclear exam		BR		
78800		Tumor imaging, limited area		$323		
78800	26	Tumor imaging, limited area		$69		
78800	TC	Tumor imaging, limited area		$254		
78801		Tumor imaging, mult areas		$388		
78801	26	Tumor imaging, mult areas		$85		
78801	TC	Tumor imaging, mult areas		$304		
78802		Tumor imaging, whole body		$490		
78802	26	Tumor imaging, whole body		$93		
78802	TC	Tumor imaging, whole body		$397		
78803		Tumor imaging (3D)....		$602		
78803	26	Tumor imaging (3D)....		$113		
78803	TC	Tumor imaging (3D)....		$490		
78804	26	Tumor imaging whole body		$103		
78804	TC	Tumor imaging whole body		$1,085		
78804		Tumor imaging whole body		$1,188		
78805		Abscess imaging, ltd area		$330		
78805	26	Abscess imaging, ltd area		$76		
78805	TC	Abscess imaging, ltd area		$254		
78806		Abscess imaging, whole body		$544		
78806	26	Abscess imaging, whole body		$83		
78806	TC	Abscess imaging, whole body		$462		
78807		Nuclear localization/abscess		$586		
78807	26	Nuclear localization/abscess		$117		
78807	TC	Nuclear localization/abscess		$470		
78808		Iv inj ra drug dx study		$84		
78811		Pet image ltd area		$158		
78812		Pet image skull-thigh		$192		
78813		Pet image full body		$201		
78814		Pet image w/ct lmtd		$221		
78815		Pet image w/ct skull-thigh		$243		
78816		Pet image w/ct full body		$245		
78990		Provide diag radionuclide(s)		BR		
78999		Nuclear diagnostic exam		BR		
78999	26	Nuclear diagnostic exam		BR		
78999	TC	Nuclear diagnostic exam		BR		
79005	26	Nuclear rx oral admin		$176		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
79005	TC	Nuclear rx oral admin		$95		
79005		Nuclear rx oral admin		$271		
79101	26	Nuclear rx iv admin		$204		
79101	TC	Nuclear rx iv admin		$102		
79101		Nuclear rx iv admin		$306		
79200		Intracavitary nuc treatment		$403		
79200	26	Intracavitary nuc treatment		$214		
79200	TC	Intracavitary nuc treatment		$189		
79300		Interstitial nuclear therapy		BR		
79300	26	Interstitial nuclear therapy		$172		
79300	TC	Interstitial nuclear therapy		BR		
79403	26	Hematopoietic nuclear tx		$218		
79403	TC	Hematopoietic nuclear tx		$156		
79403		Hematopoietic nuclear tx		$374		
79440		Nuclear joint therapy		$403		
79440	26	Nuclear joint therapy		$214		
79440	TC	Nuclear joint therapy		$189		
79445		Nuclear rx intra-arterial		$236		
79900		Provide ther radiopharm(s)		BR		
80048		Basic metabolic panel		BR		
80050		General health panel..		BR		
80050	26	General health panel..		BR		
80050	TC	General health panel..		BR		
80051		Electrolyte panel.....		BR		
80053		Comprehen metabolic panel		BR		
80055		Obstetric panel.....		$106		
80055	26	Obstetric panel.....		$43		
80055	TC	Obstetric panel.....		$63		
80061		Lipid panel		$88		
80061	26	Lipid panel		$43		
80061	TC	Lipid panel		$45		
80069		Renal function panel..		BR		
80074		Acute hepatitis panel		BR		
80076		Hepatic function panel		BR		
80100		Drug screen		$71		
80100	26	Drug screen		$20		
80100	TC	Drug screen		$51		
80101		Drug screen		$65		
80101	26	Drug screen		$18		
80101	TC	Drug screen		$47		
80102		Drug confirmation		$106		
80102	26	Drug confirmation		$33		
80102	TC	Drug confirmation		$73		
80103		Drug analysis, tissue		BR		
80103	26	Drug analysis, tissue		BR		
80103	TC	Drug analysis, tissue		BR		
80150		Assay of amikacin		$75		
80150	26	Assay of amikacin		$24		
80150	TC	Assay of amikacin		$51		
80152		Assay of amitriptyline		$81		
80152	26	Assay of amitriptyline		$26		
80152	TC	Assay of amitriptyline		$55		
80154		Assay of benzodiazepin		$92		
80154	26	Assay of benzodiazepin		$29		
80154	TC	Assay of benzodiazepin		$63		
80156		Assay carbamazepine		$65		
80156	26	Assay carbamazepine		$20		
80156	TC	Assay carbamazepine		$45		
80158		Assay of cyclosporine		BR		
80158	26	Assay of cyclosporine		BR		
80158	TC	Assay of cyclosporine		BR		
80160		Assay of desipramine		BR		
80160	26	Assay of desipramine		BR		
80160	TC	Assay of desipramine		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
80162		Assay for digoxin		$61		
80162	26	Assay for digoxin		$18		
80162	TC	Assay for digoxin		$43		
80164		Assay, dipropylacetic		BR		
80164	26	Assay, dipropylacetic		BR		
80164	TC	Assay, dipropylacetic		BR		
80166		Assay of doxepin		$65		
80166	26	Assay of doxepin		$18		
80166	TC	Assay of doxepin		$47		
80168		Assay of ethosuximide		$82		
80168	26	Assay of ethosuximide		$33		
80168	TC	Assay of ethosuximide		$49		
80170		Gentamicin		$84		
80170	26	Gentamicin		$29		
80170	TC	Gentamicin		$55		
80172		Assay for gold		$83		
80172	26	Assay for gold		$24		
80172	TC	Assay for gold		$59		
80174		Assay of imipramine		$77		
80174	26	Assay of imipramine		$22		
80174	TC	Assay of imipramine		$55		
80176		Assay for lidocaine		$65		
80176	26	Assay for lidocaine		$20		
80176	TC	Assay for lidocaine		$45		
80178		Assay for lithium		$32		
80178	26	Assay for lithium		$12		
80178	TC	Assay for lithium		$20		
80182		Assay for nortriptylin		BR		
80182	26	Assay for nortriptylin		BR		
80182	TC	Assay for nortriptylin		BR		
80184		Assay for phenobarbita		BR		
80184	26	Assay for phenobarbita		BR		
80184	TC	Assay for phenobarbita		BR		
80185		Assay for phenytoin		$67		
80185	26	Assay for phenytoin		$18		
80185	TC	Assay for phenytoin		$49		
80186		Assay for phenytoin, f		BR		
80186	26	Assay for phenytoin, f		BR		
80186	TC	Assay for phenytoin, f		BR		
80188		Assay for primidone		$65		
80188	26	Assay for primidone		$20		
80188	TC	Assay for primidone		$45		
80190		Assay for procainamide		$77		
80190	26	Assay for procainamide		$24		
80190	TC	Assay for procainamide		$53		
80192		Assay for procainamide		BR		
80192	26	Assay for procainamide		BR		
80192	TC	Assay for procainamide		BR		
80194		Assay for quinidine		$61		
80194	26	Assay for quinidine		$18		
80194	TC	Assay for quinidine		$43		
80196		Assay for salicylate		$34		
80196	26	Assay for salicylate		$10		
80196	TC	Assay for salicylate		$24		
80197		Assay of tacrolimus...		BR		
80198		Assay for theophylline		$51		
80198	26	Assay for theophylline		$12		
80198	TC	Assay for theophylline		$39		
80200		Assay for tobramycin		$79		
80200	26	Assay for tobramycin		$26		
80200	TC	Assay for tobramycin		$53		
80201		Assay of topiramate...		BR		
80202		Assay for vancomycin		BR		
80202	26	Assay for vancomycin		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
80202	TC	Assay for vancomycin		BR		
80299		Quantitative assay, dr		BR		
80299	26	Quantitative assay, dr		BR		
80299	TC	Quantitative assay, dr		BR		
80400		Acth stimulation panel		$141		
80400	26	Acth stimulation panel		$41		
80400	TC	Acth stimulation panel		$100		
80402		Acth stimulation panel		$254		
80402	26	Acth stimulation panel		$79		
80402	TC	Acth stimulation panel		$175		
80406		Acth stimulation panel		$254		
80406	26	Acth stimulation panel		$79		
80406	TC	Acth stimulation panel		$175		
80408		Aldosterone suppressio		$312		
80408	26	Aldosterone suppressio		$102		
80408	TC	Aldosterone suppressio		$210		
80410		Calcitonin stimul panel.		$289		
80410	26	Calcitonin stimul panel.		$92		
80410	TC	Calcitonin stimul panel.		$197		
80412		CRH stimulation panel		$570		
80412	26	CRH stimulation panel		$163		
80412	TC	CRH stimulation panel		$407		
80414		Testosterone response		$306		
80414	26	Testosterone response		$98		
80414	TC	Testosterone response		$208		
80415		Estradiol response pan		$252		
80415	26	Estradiol response pan		$61		
80415	TC	Estradiol response pan		$191		
80416		Renin stimulation panel		BR		
80417		Renin stimulation panel		BR		
80418		Pituitary evaluation p		$1,303		
80418	26	Pituitary evaluation p		$350		
80418	TC	Pituitary evaluation p		$953		
80420		Dexamethasone panel		$197		
80420	26	Dexamethasone panel		$61		
80420	TC	Dexamethasone panel		$136		
80422		Glucagon tolerance pan		$116		
80422	26	Glucagon tolerance pan		$35		
80422	TC	Glucagon tolerance pan		$81		
80424		Glucagon tolerance pan		$173		
80424	26	Glucagon tolerance pan		$51		
80424	TC	Glucagon tolerance pan		$122		
80426		Gonadotropin hormone p		$269		
80426	26	Gonadotropin hormone p		$53		
80426	TC	Gonadotropin hormone p		$216		
80428		Growth hormone panel		$171		
80428	26	Growth hormone panel		$37		
80428	TC	Growth hormone panel		$134		
80430		Growth hormone panel		$183		
80430	26	Growth hormone panel		$47		
80430	TC	Growth hormone panel		$136		
80432		Insulin suppression pa		$448		
80432	26	Insulin suppression pa		$106		
80432	TC	Insulin suppression pa		$342		
80434		Insulin tolerance pane		$214		
80434	26	Insulin tolerance pane		$61		
80434	TC	Insulin tolerance pane		$153		
80435		Insulin tolerance pane		$220		
80435	26	Insulin tolerance pane		$61		
80435	TC	Insulin tolerance pane		$159		
80436		Metyrapone panel		$222		
80436	26	Metyrapone panel		$65		
80436	TC	Metyrapone panel		$157		
80438		TRH stimulation panel		$89		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
80438	26	TRH stimulation panel		$22		
80438	TC	TRH stimulation panel		$67		
80439		TRH stimulation panel		$119		
80439	26	TRH stimulation panel		$29		
80439	TC	TRH stimulation panel		$90		
80440		TRH stimulation panel		$149		
80440	26	TRH stimulation panel		$49		
80440	TC	TRH stimulation panel		$100		
80500		Lab pathology consulta		$63		
80500	26	Lab pathology consulta		$63		
80500	TC	Lab pathology consulta		$0		
80502		Lab pathology consulta		$132		
80502	26	Lab pathology consulta		$132		
80502	TC	Lab pathology consulta		$0		
81000		Urinalysis, nonauto w/scope		$16		
81000	26	Urinalysis, nonauto w/scope		$7		
81000	TC	Urinalysis, nonauto w/scope		$9		
81001		Urinalysis, auto w/ scope		$16		
81001	26	Urinalysis, auto w/ scope		$7		
81001	TC	Urinalysis, auto w/ scope		$9		
81002		Urinalysis nonauto w/o scope		$14		
81002	26	Urinalysis nonauto w/o scope		$7		
81002	TC	Urinalysis nonauto w/o scope		$7		
81003		Urinalysis, auto, w/o scope		$10		
81003	26	Urinalysis, auto, w/o scope		$4		
81003	TC	Urinalysis, auto, w/o scope		$6		
81005		Urinalysis		$6		
81005	26	Urinalysis		$2		
81005	TC	Urinalysis		$4		
81007		Urine screen for bacte		$6		
81007	26	Urine screen for bacte		$2		
81007	TC	Urine screen for bacte		$4		
81015		Microscopic exam of ur		$10		
81015	26	Microscopic exam of ur		$4		
81015	TC	Microscopic exam of ur		$6		
81020		Urinalysis, glass test		BR		
81025		Urine pregnancy test		$8		
81025	26	Urine pregnancy test		$4		
81025	TC	Urine pregnancy test		$4		
81050		Urinalysis, volume mea		BR		
81050	26	Urinalysis, volume mea		BR		
81050	TC	Urinalysis, volume mea		BR		
81099		Urinalysis test proced		BR		
81099	26	Urinalysis test proced		BR		
81099	TC	Urinalysis test proced		BR		
82000		Assay blood acetaldehy		$47		
82000	26	Assay blood acetaldehy		$14		
82000	TC	Assay blood acetaldehy		$33		
82003		Assay acetaminophen		$67		
82003	26	Assay acetaminophen		$18		
82003	TC	Assay acetaminophen		$49		
82009		Test for acetone/keton		$18		
82009	26	Test for acetone/keton		$6		
82009	TC	Test for acetone/keton		$12		
82010		Acetone assay		$43		
82010	26	Acetone assay		$14		
82010	TC	Acetone assay		$29		
82013		Acetylcholinesterase a		$47		
82013	26	Acetylcholinesterase a		$14		
82013	TC	Acetylcholinesterase a		$33		
82016		Acylcarnitines, qual..		BR		
82017		Acylcarnitines, quant		BR		
82024		ACTH		$143		
82024	26	ACTH		$43		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82024	TC	ACTH		$100		
82030		ADP & AMP		$82		
82030	26	ADP & AMP		$33		
82030	TC	ADP & AMP		$49		
82040		Assay serum albumin		$20		
82040	26	Assay serum albumin		$6		
82040	TC	Assay serum albumin		$14		
82042		Assay urine albumin		$22		
82042	26	Assay urine albumin		$6		
82042	TC	Assay urine albumin		$16		
82043		Microalbumin, quantita		BR		
82043	26	Microalbumin, quantita		BR		
82043	TC	Microalbumin, quantita		BR		
82044		Microalbumin, semiquan		BR		
82044	26	Microalbumin, semiquan		BR		
82044	TC	Microalbumin, semiquan		BR		
82055		Assay ethanol		$61		
82055	26	Assay ethanol		$18		
82055	TC	Assay ethanol		$43		
82075		Assay breath ethanol		$59		
82075	26	Assay breath ethanol		$18		
82075	TC	Assay breath ethanol		$41		
82085		Assay of aldolase		$47		
82085	26	Assay of aldolase		$14		
82085	TC	Assay of aldolase		$33		
82088		Aldosterone		$169		
82088	26	Aldosterone		$53		
82088	TC	Aldosterone		$116		
82101		Assay of urine alkaloi		$112		
82101	26	Assay of urine alkaloi		$35		
82101	TC	Assay of urine alkaloi		$77		
82103		Alpha-1-antitrypsin, t		BR		
82103	26	Alpha-1-antitrypsin, t		BR		
82103	TC	Alpha-1-antitrypsin, t		BR		
82104		Alpha-1-antitrypsin, p		BR		
82104	26	Alpha-1-antitrypsin, p		BR		
82104	TC	Alpha-1-antitrypsin, p		BR		
82105		Alpha-fetoprotein, ser		BR		
82105	26	Alpha-fetoprotein, ser		BR		
82105	TC	Alpha-fetoprotein, ser		BR		
82106		Alpha-fetoprotein; amn		BR		
82106	26	Alpha-fetoprotein; amn		BR		
82106	TC	Alpha-fetoprotein; amn		BR		
82108		Assay, aluminum		$85		
82108	26	Assay, aluminum		$26		
82108	TC	Assay, aluminum		$59		
82120		Amines, vaginal fluid qual		BR		
82127		Amino acid, single qual		$54		
82127	26	Amino acid, single qual		$14		
82127	TC	Amino acid, single qual		$40		
82128		Amino acids, mult qual		$54		
82128	26	Amino acids, mult qual		$14		
82128	TC	Amino acids, mult qual		$40		
82131		Amino acids, single quant		BR		
82131	26	Amino acids, single quant		BR		
82131	TC	Amino acids, single quant		BR		
82135		Assay, aminolevulinic		$77		
82135	26	Assay, aminolevulinic		$24		
82135	TC	Assay, aminolevulinic		$53		
82136		Amino acids, quant, 2- 5		BR		
82136	26	Amino acids, quant, 2- 5		BR		
82136	TC	Amino acids, quant, 2- 5		BR		
82139		Amino acids, quan, 6 or more		BR		
82139	26	Amino acids, quan, 6 or more		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82139	TC	Amino acids, quan, 6 or more		BR		
82140		Assay of ammonia		$75		
82140	26	Assay of ammonia		$22		
82140	TC	Assay of ammonia		$53		
82143		Amniotic fluid scan		$53		
82143	26	Amniotic fluid scan		$16		
82143	TC	Amniotic fluid scan		$37		
82145		Assay of amphetamines		$65		
82145	26	Assay of amphetamines		$18		
82145	TC	Assay of amphetamines		$47		
82150		Assay of amylase		$30		
82150	26	Assay of amylase		$10		
82150	TC	Assay of amylase		$20		
82154		Androstanediol glucuro		BR		
82154	26	Androstanediol glucuro		BR		
82154	TC	Androstanediol glucuro		BR		
82157		Assay of androstenedio		$108		
82157	26	Assay of androstenedio		$33		
82157	TC	Assay of androstenedio		$75		
82160		Androsterone assay		$122		
82160	26	Androsterone assay		$41		
82160	TC	Androsterone assay		$81		
82163		Assay of angiotensin I		$79		
82163	26	Assay of angiotensin I		$22		
82163	TC	Assay of angiotensin I		$57		
82164		Angiotensin I enzyme t		$59		
82164	26	Angiotensin I enzyme t		$18		
82164	TC	Angiotensin I enzyme t		$41		
82172		Apolipoprotein		$65		
82172	26	Apolipoprotein		$20		
82172	TC	Apolipoprotein		$45		
82175		Assay of arsenic		$90		
82175	26	Assay of arsenic		$29		
82175	TC	Assay of arsenic		$61		
82180		Assay of ascorbic acid		$49		
82180	26	Assay of ascorbic acid		$16		
82180	TC	Assay of ascorbic acid		$33		
82190		Atomic absorption		BR		
82190	26	Atomic absorption		BR		
82190	TC	Atomic absorption		BR		
82205		Assay of barbiturates		$63		
82205	26	Assay of barbiturates		$18		
82205	TC	Assay of barbiturates		$45		
82232		Beta-2 protein		$81		
82232	26	Beta-2 protein		$26		
82232	TC	Beta-2 protein		$55		
82239		Bile acids, total		BR		
82239	26	Bile acids, total		BR		
82239	TC	Bile acids, total		BR		
82240		Bile acids, cholylglyc		$92		
82240	26	Bile acids, cholylglyc		$29		
82240	TC	Bile acids, cholylglyc		$63		
82247		Bilirubin, total.....		BR		
82247	26	Bilirubin, total.....		BR		
82247	TC	Bilirubin, total.....		BR		
82248		Bilirubin, direct.....		BR		
82248	26	Bilirubin, direct.....		BR		
82248	TC	Bilirubin, direct.....		BR		
82252		Fecal bilirubin test		$20		
82252	26	Fecal bilirubin test		$6		
82252	TC	Fecal bilirubin test		$14		
82261		Assay of biotinidase..		BR		
82270		Test for blood, feces		$12		
82270	26	Test for blood, feces		$5		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82270	TC	Test for blood, feces		$7		
82286		Assay of bradykinin		$22		
82286	26	Assay of bradykinin		$6		
82286	TC	Assay of bradykinin		$16		
82300		Assay cadmium		$90		
82300	26	Assay cadmium		$29		
82300	TC	Assay cadmium		$61		
82306		Assay of vitamin D		$147		
82306	26	Assay of vitamin D		$49		
82306	TC	Assay of vitamin D		$98		
82308		Assay of calcitonin		$116		
82308	26	Assay of calcitonin		$35		
82308	TC	Assay of calcitonin		$81		
82310		Assay calcium		$20		
82310	26	Assay calcium		$6		
82310	TC	Assay calcium		$14		
82330		Assay calcium		$69		
82330	26	Assay calcium		$20		
82330	TC	Assay calcium		$49		
82331		Calcium infusion test		$26		
82331	26	Calcium infusion test		$8		
82331	TC	Calcium infusion test		$18		
82340		Assay calcium in urine		$24		
82340	26	Assay calcium in urine		$8		
82340	TC	Assay calcium in urine		$16		
82355		Calculus (stone) analy		$57		
82355	26	Calculus (stone) analy		$18		
82355	TC	Calculus (stone) analy		$39		
82360		Calculus (stone) assay		$57		
82360	26	Calculus (stone) assay		$18		
82360	TC	Calculus (stone) assay		$39		
82365		Calculus (stone) assay		$57		
82365	26	Calculus (stone) assay		$16		
82365	TC	Calculus (stone) assay		$41		
82370		X-ray assay, calculus		$43		
82370	26	X-ray assay, calculus		$14		
82370	TC	X-ray assay, calculus		$29		
82374		Assay blood carbon dio		$18		
82374	26	Assay blood carbon dio		$6		
82374	TC	Assay blood carbon dio		$12		
82375		Assay blood carbon mon		$63		
82375	26	Assay blood carbon mon		$18		
82375	TC	Assay blood carbon mon		$45		
82376		Test for carbon monoxi		$20		
82376	26	Test for carbon monoxi		$6		
82376	TC	Test for carbon monoxi		$14		
82378		Carcinoembryonic antig		BR		
82378	26	Carcinoembryonic antig		BR		
82378	TC	Carcinoembryonic antig		BR		
82379		Assay of carnitine....		BR		
82380		Assay carotene		$41		
82380	26	Assay carotene		$12		
82380	TC	Assay carotene		$29		
82382		Assay urine catecholam		$71		
82382	26	Assay urine catecholam		$22		
82382	TC	Assay urine catecholam		$49		
82383		Assay blood catecholam		$116		
82383	26	Assay blood catecholam		$35		
82383	TC	Assay blood catecholam		$81		
82384		Assay three catecholam		$116		
82384	26	Assay three catecholam		$35		
82384	TC	Assay three catecholam		$81		
82387		Cathepsin-D		BR		
82387	26	Cathepsin-D		BR		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82387	TC	Cathepsin-D		BR		
82390		Assay ceruloplasmin		$47		
82390	26	Assay ceruloplasmin		$14		
82390	TC	Assay ceruloplasmin		$33		
82397		Chemiluminescent assay		BR		
82397	26	Chemiluminescent assay		BR		
82397	TC	Chemiluminescent assay		BR		
82415		Assay chloramphenicol		$53		
82415	26	Assay chloramphenicol		$16		
82415	TC	Assay chloramphenicol		$37		
82435		Assay blood chloride		$16		
82435	26	Assay blood chloride		$4		
82435	TC	Assay blood chloride		$12		
82436		Assay urine chloride		$26		
82436	26	Assay urine chloride		$8		
82436	TC	Assay urine chloride		$18		
82438		Assay other fluid chlo		$24		
82438	26	Assay other fluid chlo		$8		
82438	TC	Assay other fluid chlo		$16		
82441		Test for chlorohydroca		$30		
82441	26	Test for chlorohydroca		$10		
82441	TC	Test for chlorohydroca		$20		
82465		Assay serum cholestero		$16		
82465	26	Assay serum cholestero		$4		
82465	TC	Assay serum cholestero		$12		
82480		Assay serum cholineste		$45		
82480	26	Assay serum cholineste		$12		
82480	TC	Assay serum cholineste		$33		
82482		Assay rbc cholinestera		$53		
82482	26	Assay rbc cholinestera		$16		
82482	TC	Assay rbc cholinestera		$37		
82485		Assay chondroitin sulf		$69		
82485	26	Assay chondroitin sulf		$16		
82485	TC	Assay chondroitin sulf		$53		
82486		Gas/liquid chromatography		$79		
82486	26	Gas/liquid chromatography		$26		
82486	TC	Gas/liquid chromatography		$53		
82487		Paper chromatography		$81		
82487	26	Paper chromatography		$26		
82487	TC	Paper chromatography		$55		
82488		Paper chromatography		$108		
82488	26	Paper chromatography		$37		
82488	TC	Paper chromatography		$71		
82489		Thin layer chromatogra		$88		
82489	26	Thin layer chromatogra		$29		
82489	TC	Thin layer chromatogra		$59		
82491		Chromotography, quant, sing		BR		
82491	26	Chromotography, quant, sing		BR		
82491	TC	Chromotography, quant, sing		BR		
82492		Chromotography, quant, sing mult		BR		
82495		Assay chromium		$90		
82495	26	Assay chromium		$31		
82495	TC	Assay chromium		$59		
82507		Assay citrate		$104		
82507	26	Assay citrate		$31		
82507	TC	Assay citrate		$73		
82520		Assay for cocaine		$51		
82520	26	Assay for cocaine		$16		
82520	TC	Assay for cocaine		$35		
82523		Collagen crosslinks...		BR		
82525		Assay copper		$63		
82525	26	Assay copper		$18		
82525	TC	Assay copper		$45		
82528		Assay corticosterone		$75		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82528	26	Assay corticosterone		$24		
82528	TC	Assay corticosterone		$51		
82530		Cortisol, free		BR		
82530	26	Cortisol, free		BR		
82530	TC	Cortisol, free		BR		
82533		Total cortisol		$65		
82533	26	Total cortisol		$18		
82533	TC	Total cortisol		$47		
82540		Assay creatine		$18		
82540	26	Assay creatine		$6		
82540	TC	Assay creatine		$12		
82541		Column chromotography, qual		BR		
82542		Column chromotography, quant		BR		
82543		Column chromotograph/ isotope		BR		
82544		Column chromotograph/isotope		BR		
82550		Assay CK (CPK)		$30		
82550	26	Assay CK (CPK)		$8		
82550	TC	Assay CK (CPK)		$22		
82552		Assay CPK in blood		$61		
82552	26	Assay CPK in blood		$18		
82552	TC	Assay CPK in blood		$43		
82553		Creatine, MB fraction		BR		
82553	26	Creatine, MB fraction		BR		
82553	TC	Creatine, MB fraction		BR		
82554		Creatine, isoforms		BR		
82554	26	Creatine, isoforms		BR		
82554	TC	Creatine, isoforms		BR		
82565		Assay creatinine		$24		
82565	26	Assay creatinine		$4		
82565	TC	Assay creatinine		$20		
82570		Assay urine creatinine		$24		
82570	26	Assay urine creatinine		$6		
82570	TC	Assay urine creatinine		$18		
82575		Creatinine clearance t		$49		
82575	26	Creatinine clearance t		$16		
82575	TC	Creatinine clearance t		$33		
82585		Assay cryofibrinogen		$28		
82585	26	Assay cryofibrinogen		$6		
82585	TC	Assay cryofibrinogen		$22		
82595		Assay cryoglobulin		$32		
82595	26	Assay cryoglobulin		$10		
82595	TC	Assay cryoglobulin		$22		
82600		Assay cyanide		$75		
82600	26	Assay cyanide		$22		
82600	TC	Assay cyanide		$53		
82607		Vitamin B-12		$77		
82607	26	Vitamin B-12		$22		
82607	TC	Vitamin B-12		$55		
82608		B-12 binding capacity		$75		
82608	26	B-12 binding capacity		$24		
82608	TC	B-12 binding capacity		$51		
82615		Test for urine cystine		$32		
82615	26	Test for urine cystine		$10		
82615	TC	Test for urine cystine		$22		
82626		Dehydroepiandrosterone		$112		
82626	26	Dehydroepiandrosterone		$37		
82626	TC	Dehydroepiandrosterone		$75		
82627		Dehydroepiandrosterone		BR		
82627	26	Dehydroepiandrosterone		BR		
82627	TC	Dehydroepiandrosterone		BR		
82633		Desoxycorticosterone		$151		
82633	26	Desoxycorticosterone		$45		
82633	TC	Desoxycorticosterone		$106		
82634		Deoxycortisol		$151		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82634	26	Deoxycortisol		$45		
82634	TC	Deoxycortisol		$106		
82638		Assay dibucaine number		$45		
82638	26	Assay dibucaine number		$14		
82638	TC	Assay dibucaine number		$31		
82646		Assay of dihydrocodein		$69		
82646	26	Assay of dihydrocodein		$20		
82646	TC	Assay of dihydrocodein		$49		
82649		Assay of dihydromorphi		$82		
82649	26	Assay of dihydromorphi		$33		
82649	TC	Assay of dihydromorphi		$49		
82651		Dihydrotestosterone as		$82		
82651	26	Dihydrotestosterone as		$33		
82651	TC	Dihydrotestosterone as		$49		
82652		Assay, dihydroxyvitami		$165		
82652	26	Assay, dihydroxyvitami		$49		
82652	TC	Assay, dihydroxyvitami		$116		
82654		Assay of dimethadione		$69		
82654	26	Assay of dimethadione		$20		
82654	TC	Assay of dimethadione		$49		
82657		Enzyme cell activity..		BR		
82658		Enzyme cell activity, ra.		BR		
82664		Electrophoretic test		$75		
82664	26	Electrophoretic test		$24		
82664	TC	Electrophoretic test		$51		
82666		Epiandrosterone assay		$110		
82666	26	Epiandrosterone assay		$33		
82666	TC	Epiandrosterone assay		$77		
82668		Erythropoietin		$85		
82668	26	Erythropoietin		$26		
82668	TC	Erythropoietin		$59		
82670		Estradiol		$114		
82670	26	Estradiol		$35		
82670	TC	Estradiol		$79		
82671		Estrogens assay		$114		
82671	26	Estrogens assay		$33		
82671	TC	Estrogens assay		$81		
82672		Estrogen assay		$108		
82672	26	Estrogen assay		$31		
82672	TC	Estrogen assay		$77		
82677		Estriol		$98		
82677	26	Estriol		$33		
82677	TC	Estriol		$65		
82679		Estrone		$129		
82679	26	Estrone		$39		
82679	TC	Estrone		$90		
82690		Ethchlorvynol		$100		
82690	26	Ethchlorvynol		$41		
82690	TC	Ethchlorvynol		$59		
82693		Ethylene glycol		BR		
82693	26	Ethylene glycol		BR		
82693	TC	Ethylene glycol		BR		
82696		Etiocholanolone		$108		
82696	26	Etiocholanolone		$37		
82696	TC	Etiocholanolone		$71		
82705		Fats/lipids,feces,qual		$26		
82705	26	Fats/lipids,feces,qual		$10		
82705	TC	Fats/lipids,feces,qual		$16		
82710		Fats/lipids,feces,quan		$79		
82710	26	Fats/lipids,feces,quan		$24		
82710	TC	Fats/lipids,feces,quan		$55		
82715		Fecal fat assay		$61		
82715	26	Fecal fat assay		$20		
82715	TC	Fecal fat assay		$41		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82725		Assay blood fatty acid		$53		
82725	26	Assay blood fatty acid		$16		
82725	TC	Assay blood fatty acid		$37		
82726		Long chain fatty acids		BR		
82728		Assay ferritin		$47		
82728	26	Assay ferritin		$14		
82728	TC	Assay ferritin		$33		
82731		Assay of fetal fibronectin.		BR		
82735		Assay fluoride		$67		
82735	26	Assay fluoride		$22		
82735	TC	Assay fluoride		$45		
82742		Assay of flurazepam		$79		
82742	26	Assay of flurazepam		$24		
82742	TC	Assay of flurazepam		$55		
82746		Blood folic acid serum		$73		
82746	26	Blood folic acid serum		$24		
82746	TC	Blood folic acid serum		$49		
82747		Folic acid, RBC		BR		
82747	26	Folic acid, RBC		BR		
82747	TC	Folic acid, RBC		BR		
82757		Assay semen fructose		$67		
82757	26	Assay semen fructose		$20		
82757	TC	Assay semen fructose		$47		
82759		RBC galactokinase assay		$71		
82759	26	RBC galactokinase assay		$22		
82759	TC	RBC galactokinase assay		$49		
82760		Assay galactose		$51		
82760	26	Assay galactose		$16		
82760	TC	Assay galactose		$35		
82775		Assay galactose transf		$87		
82775	26	Assay galactose transf		$26		
82775	TC	Assay galactose transf		$61		
82776		Galactose transferase		$26		
82776	26	Galactose transferase		$6		
82776	TC	Galactose transferase		$20		
82784		Assay gammaglobulin Ig		$28		
82784	26	Assay gammaglobulin Ig		$8		
82784	TC	Assay gammaglobulin Ig		$20		
82785		Assay, gammaglobulin I		$61		
82785	26	Assay, gammaglobulin I		$20		
82785	TC	Assay, gammaglobulin I		$41		
82787		IgG1, 2, 3 and 4		BR		
82787	26	IgG1, 2, 3 and 4		BR		
82787	TC	IgG1, 2, 3 and 4		BR		
82800		Blood pH		$43		
82800	26	Blood pH		$12		
82800	TC	Blood pH		$31		
82803		Blood gases: pH, pO2 &		$100		
82803	26	Blood gases: pH, pO2 &		$31		
82803	TC	Blood gases: pH, pO2 &		$69		
82805		Blood gases W/02 satur		$53		
82805	26	Blood gases W/02 satur		$16		
82805	TC	Blood gases W/02 satur		$37		
82810		Blood gases, O2 sat on		$53		
82810	26	Blood gases, O2 sat on		$16		
82810	TC	Blood gases, O2 sat on		$37		
82820		Hemoglobin-oxygen affi		BR		
82820	26	Hemoglobin-oxygen affi		BR		
82820	TC	Hemoglobin-oxygen affi		BR		
82938		Gastrin test		$90		
82938	26	Gastrin test		$31		
82938	TC	Gastrin test		$59		
82941		Assay of gastrin		$88		
82941	26	Assay of gastrin		$29		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
82941	TC	Assay of gastrin		$59		
82943		Assay of glucagon		$71		
82943	26	Assay of glucagon		$22		
82943	TC	Assay of glucagon		$49		
82946		Glucagon tolerance test		$55		
82946	26	Glucagon tolerance test		$14		
82946	TC	Glucagon tolerance test		$41		
82947		Assay quantitative, gl		$20		
82947	26	Assay quantitative, gl		$6		
82947	TC	Assay quantitative, gl		$14		
82948		Reagent strip/blood gl		$10		
82948	26	Reagent strip/blood gl		$4		
82948	TC	Reagent strip/blood gl		$6		
82950		Glucose test		$22		
82950	26	Glucose test		$8		
82950	TC	Glucose test		$14		
82951		Glucose tolerance test		$43		
82951	26	Glucose tolerance test		$14		
82951	TC	Glucose tolerance test		$29		
82952		GTT-added samples		$20		
82952	26	GTT-added samples		$6		
82952	TC	GTT-added samples		$14		
82953		Glucose-tolbutamide test		$77		
82953	26	Glucose-tolbutamide test		$26		
82953	TC	Glucose-tolbutamide test		$51		
82955		Assay G6PD enzyme		$49		
82955	26	Assay G6PD enzyme		$14		
82955	TC	Assay G6PD enzyme		$35		
82960		Test for G6PD enzyme		$26		
82960	26	Test for G6PD enzyme		$8		
82960	TC	Test for G6PD enzyme		$18		
82962		Glucose blood test		BR		
82962	26	Glucose blood test		BR		
82962	TC	Glucose blood test		BR		
82963		Glucosidase assay		$102		
82963	26	Glucosidase assay		$33		
82963	TC	Glucosidase assay		$69		
82965		Assay GDH enzyme		$36		
82965	26	Assay GDH enzyme		$12		
82965	TC	Assay GDH enzyme		$24		
82975		Assay glutamine		$53		
82975	26	Assay glutamine		$16		
82975	TC	Assay glutamine		$37		
82977		Assay of GGT		$30		
82977	26	Assay of GGT		$8		
82977	TC	Assay of GGT		$22		
82978		Glutathione assay		$49		
82978	26	Glutathione assay		$14		
82978	TC	Glutathione assay		$35		
82979		Assay RBC glutathione		$34		
82979	26	Assay RBC glutathione		$10		
82979	TC	Assay RBC glutathione		$24		
82980		Assay of glutethimide		$79		
82980	26	Assay of glutethimide		$18		
82980	TC	Assay of glutethimide		$61		
82985		Glycated protein		$77		
82985	26	Glycated protein		$22		
82985	TC	Glycated protein		$55		
83001		Gonadotropin (FSH)		$75		
83001	26	Gonadotropin (FSH)		$22		
83001	TC	Gonadotropin (FSH)		$53		
83002		Gonadotropin (LH)		$79		
83002	26	Gonadotropin (LH)		$24		
83002	TC	Gonadotropin (LH)		$55		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
83003		Assay growth hormone		$67		
83003	26	Assay growth hormone		$18		
83003	TC	Assay growth hormone		$49		
83008		Assay guanosine		$63		
83008	26	Assay guanosine		$18		
83008	TC	Assay guanosine		$45		
83010		Quant assay haptoglobi		$51		
83010	26	Quant assay haptoglobi		$16		
83010	TC	Quant assay haptoglobi		$35		
83012		Assay haptoglobins		$67		
83012	26	Assay haptoglobins		$26		
83012	TC	Assay haptoglobins		$41		
83013		H pylori breath tst analysis.		BR		
83014		H pylori drug admin/collect		BR		
83015		Heavy metal screen		$96		
83015	26	Heavy metal screen		$29		
83015	TC	Heavy metal screen		$67		
83018		Quantitative screen, m		$106		
83018	26	Quantitative screen, m		$31		
83018	TC	Quantitative screen, m		$75		
83020		Hemoglobin electrophoresis		$78		
83020	26	Hemoglobin electrophoresis		$40		
83020	TC	Hemoglobin electrophoresis		$38		
83021		Hemoglobin chromotography		BR		
83026		Hemoglobin, copper sul		BR		
83026	26	Hemoglobin, copper sul		BR		
83026	TC	Hemoglobin, copper sul		BR		
83030		Fetal hemoglobin assay		$34		
83030	26	Fetal hemoglobin assay		$12		
83030	TC	Fetal hemoglobin assay		$22		
83033		Fetal fecal hemoglobin		$28		
83033	26	Fetal fecal hemoglobin		$8		
83033	TC	Fetal fecal hemoglobin		$20		
83036		Glycated hemoglobin test		$28		
83036	26	Glycated hemoglobin test		$10		
83036	TC	Glycated hemoglobin test		$18		
83045		Blood methemoglobin test		$24		
83045	26	Blood methemoglobin test		$8		
83045	TC	Blood methemoglobin test		$16		
83050		Blood methemoglobin assay		$36		
83050	26	Blood methemoglobin assay		$12		
83050	TC	Blood methemoglobin as		$24		
83051		Assay plasma hemoglobin		$36		
83051	26	Assay plasma hemoglobin		$12		
83051	TC	Assay plasma hemoglobin		$24		
83055		Blood sulfhemoglobin test		$24		
83055	26	Blood sulfhemoglobin test		$8		
83055	TC	Blood sulfhemoglobin test		$16		
83060		Blood sulfhemoglobin a		$43		
83060	26	Blood sulfhemoglobin a		$12		
83060	TC	Blood sulfhemoglobin a		$31		
83065		Hemoglobin heat assay		$34		
83065	26	Hemoglobin heat assay		$12		
83065	TC	Hemoglobin heat assay		$22		
83068		Hemoglobin stability s		$39		
83068	26	Hemoglobin stability s		$10		
83068	TC	Hemoglobin stability s		$29		
83069		Assay urine hemoglobin		$20		
83069	26	Assay urine hemoglobin		$6		
83069	TC	Assay urine hemoglobin		$14		
83070		Qualt assay hemosideri		$24		
83070	26	Qualt assay hemosideri		$8		
83070	TC	Qualt assay hemosideri		$16		
83071		Quant assay of hemosid		$34		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
83071	26	Quant assay of hemosid		$10		
83071	TC	Quant assay of hemosid		$24		
83080		Assay of b hexosaminidase		BR		
83088		Assay histamine		$112		
83088	26	Assay histamine		$35		
83088	TC	Assay histamine		$77		
83150		Assay for HVA		$92		
83150	26	Assay for HVA		$31		
83150	TC	Assay for HVA		$61		
83491		Assay of corticosteroi		$69		
83491	26	Assay of corticosteroi		$20		
83491	TC	Assay of corticosteroi		$49		
83497		Assay 5-HIAA		$65		
83497	26	Assay 5-HIAA		$20		
83497	TC	Assay 5-HIAA		$45		
83498		Assay of progesterone		$116		
83498	26	Assay of progesterone		$39		
83498	TC	Assay of progesterone		$77		
83499		Assay of progesterone		$96		
83499	26	Assay of progesterone		$29		
83499	TC	Assay of progesterone		$67		
83500		Assay free hydroxyprol		$127		
83500	26	Assay free hydroxyprol		$41		
83500	TC	Assay free hydroxyprol		$86		
83505		Assay total hydroxypro		$143		
83505	26	Assay total hydroxypro		$41		
83505	TC	Assay total hydroxypro		$102		
83516		Immunoassay, nonantibody		BR		
83518		Immunoassay, dipstick		BR		
83518	26	Immunoassay, dipstick		BR		
83518	TC	Immunoassay, dipstick		BR		
83519		Immunoassay, nonantibody		BR		
83519	26	Immunoassay, nonantibody		BR		
83519	TC	Immunoassay, nonantibody		BR		
83520		Immunoassay, RIA		BR		
83520	26	Immunoassay, RIA		BR		
83520	TC	Immunoassay, RIA		BR		
83525		Assay of insulin		$57		
83525	26	Assay of insulin		$16		
83525	TC	Assay of insulin		$41		
83527		Assay of insulin		$65		
83527	26	Assay of insulin		$20		
83527	TC	Assay of insulin		$45		
83528		Assay intrinsic factor		$81		
83528	26	Assay intrinsic factor		$26		
83528	TC	Assay intrinsic factor		$55		
83540		Assay iron		$32		
83540	26	Assay iron		$8		
83540	TC	Assay iron		$24		
83550		Iron binding test		$39		
83550	26	Iron binding test		$10		
83550	TC	Iron binding test		$29		
83570		Assay IDH enzyme		$45		
83570	26	Assay IDH enzyme		$14		
83570	TC	Assay IDH enzyme		$31		
83582		Assay ketogenic steroi		$63		
83582	26	Assay ketogenic steroi		$16		
83582	TC	Assay ketogenic steroi		$47		
83586		Assay 17-(17-KS)ketost		$71		
83586	26	Assay 17-(17-KS)ketost		$24		
83586	TC	Assay 17-(17-KS)ketost		$47		
83593		Fractionation ketoster		$112		
83593	26	Fractionation ketoster		$35		
83593	TC	Fractionation ketoster		$77		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
83605		Lactic acid assay		$36		
83605	26	Lactic acid assay		$12		
83605	TC	Lactic acid assay		$24		
83615		Lactate (LD) (LDH) enz		$30		
83615	26	Lactate (LD) (LDH) enz		$10		
83615	TC	Lactate (LD) (LDH) enz		$20		
83625		Assay LDH enzymes		$45		
83625	26	Assay LDH enzymes		$12		
83625	TC	Assay LDH enzymes		$33		
83632		Placental lactogen		$79		
83632	26	Placental lactogen		$26		
83632	TC	Placental lactogen		$53		
83633		Test urine for lactose		$28		
83633	26	Test urine for lactose		$8		
83633	TC	Test urine for lactose		$20		
83634		Assay urine for lactos		$59		
83634	26	Assay urine for lactos		$18		
83634	TC	Assay urine for lactos		$41		
83655		Assay for lead		$57		
83655	26	Assay for lead		$16		
83655	TC	Assay for lead		$41		
83661		Assay L/S ratio		$32		
83661	26	Assay L/S ratio		$10		
83661	TC	Assay L/S ratio		$22		
83662		L/S ratio, foam stabil		BR		
83662	26	L/S ratio, foam stabil		BR		
83662	TC	L/S ratio, foam stabil		BR		
83670		Assay LAP enzyme		$34		
83670	26	Assay LAP enzyme		$10		
83670	TC	Assay LAP enzyme		$24		
83690		Assay lipase		$34		
83690	26	Assay lipase		$12		
83690	TC	Assay lipase		$22		
83718		Blood lipoprotein assa		$36		
83718	26	Blood lipoprotein assa		$10		
83718	TC	Blood lipoprotein assa		$26		
83719		Assay of blood lipoprotein		$51		
83719	26	Assay of blood lipoprotein		$17		
83719	TC	Assay of blood lipoprotein		$34		
83721		Assay of blood lipoprotein		BR		
83721	26	Assay of blood lipoprotein		BR		
83721	TC	Assay of blood lipoprotein		BR		
83727		LRH hormone assay		$81		
83727	26	LRH hormone assay		$26		
83727	TC	LRH hormone assay		$55		
83735		Assay magnesium		$28		
83735	26	Assay magnesium		$10		
83735	TC	Assay magnesium		$18		
83775		Assay of md enzyme		$32		
83775	26	Assay of md enzyme		$10		
83775	TC	Assay of md enzyme		$22		
83785		Assay of manganese		$110		
83785	26	Assay of manganese		$33		
83785	TC	Assay of manganese		$77		
83788		Mass spectrometry qual		BR		
83789		Mass spectrometry quant		BR		
83805		Assay of meprobamate		$84		
83805	26	Assay of meprobamate		$29		
83805	TC	Assay of meprobamate		$55		
83825		Assay mercury		$63		
83825	26	Assay mercury		$20		
83825	TC	Assay mercury		$43		
83835		Assay metanephrines		$77		
83835	26	Assay metanephrines		$22		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
83835	TC	Assay metanephrines		$55		
83840		Assay methadone		$79		
83840	26	Assay methadone		$26		
83840	TC	Assay methadone		$53		
83857		Assay methemalbumin		$51		
83857	26	Assay methemalbumin		$16		
83857	TC	Assay methemalbumin		$35		
83858		Assay methsuximide		$69		
83858	26	Assay methsuximide		$22		
83858	TC	Assay methsuximide		$47		
83864		Mucopolysaccharides		$59		
83864	26	Mucopolysaccharides		$16		
83864	TC	Mucopolysaccharides		$43		
83866		Mucopolysaccharides sc		$51		
83866	26	Mucopolysaccharides sc		$14		
83866	TC	Mucopolysaccharides sc		$37		
83872		Assay synovial fluid m		$24		
83872	26	Assay synovial fluid m		$8		
83872	TC	Assay synovial fluid m		$16		
83873		Assay, CSF protein		$102		
83873	26	Assay, CSF protein		$35		
83873	TC	Assay, CSF protein		$67		
83874		Myoglobin		$49		
83874	26	Myoglobin		$16		
83874	TC	Myoglobin		$33		
83883		Nephelometry, not spec		BR		
83883	26	Nephelometry, not spec		BR		
83883	TC	Nephelometry, not spec		BR		
83885		Assay for nickel		$85		
83885	26	Assay for nickel		$26		
83885	TC	Assay for nickel		$59		
83887		Assay nicotine		$110		
83887	26	Assay nicotine		$33		
83887	TC	Assay nicotine		$77		
83890		Molecule isolate.....		BR		
83890	26	Molecule isolate.....		BR		
83890	TC	Molecule isolate.....		BR		
83891		Molecule isolate nucleic.		BR		
83892		Molecular diagnostics		BR		
83892	26	Molecular diagnostics		BR		
83892	TC	Molecular diagnostics		BR		
83893		Molecule dot/slot/blot		BR		
83894		Molecule gel electrophor.		BR		
83894	26	Molecule gel electrophor.		BR		
83894	TC	Molecule gel electrophor.		BR		
83896		Molecular diagnostics		BR		
83896	26	Molecular diagnostics		BR		
83896	TC	Molecular diagnostics		BR		
83897		Molecule nucleic transfer		BR		
83898		Molecule nucleic ampli		BR		
83898	26	Molecule nucleic ampli		BR		
83898	TC	Molecule nucleic ampli		BR		
83901		Molecule nucleic ampli		BR		
83902		Molecular diagnostics		BR		
83903		Molecule mutation scan		BR		
83904		Molecule mutation identify		BR		
83905		Molecule mutation identify		BR		
83906		Molecule mutation identify		BR		
83912		Genetic examination		$73		
83912	26	Genetic examination		$20		
83912	TC	Genetic examination		$53		
83915		Assay nucleotidase		$57		
83915	26	Assay nucleotidase		$18		
83915	TC	Assay nucleotidase		$39		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
83916		Oligoclonal bands		$102		
83916	26	Oligoclonal bands		$35		
83916	TC	Oligoclonal bands		$67		
83918		Assay, organic acids quant		$67		
83918	26	Assay, organic acids quant		$19		
83918	TC	Assay, organic acids quant		$48		
83919		Assay, organic acids qual		BR		
83925		Opiates		BR		
83925	26	Opiates		BR		
83925	TC	Opiates		BR		
83930		Assay blood osmolality		$32		
83930	26	Assay blood osmolality		$10		
83930	TC	Assay blood osmolality		$22		
83935		Assay urine osmolality		$32		
83935	26	Assay urine osmolality		$10		
83935	TC	Assay urine osmolality		$22		
83937		Assay for osteocalcin		BR		
83937	26	Assay for osteocalcin		BR		
83937	TC	Assay for osteocalcin		BR		
83945		Assay of oxalate ….		BR		
83970		Assay of parathormone		$173		
83970	26	Assay of parathormone		$57		
83970	TC	Assay of parathormone		$116		
83986		Assay body fluid acidi		$16		
83986	26	Assay body fluid acidi		$6		
83986	TC	Assay body fluid acidi		$10		
83992		Assay for phencyclidin		$75		
83992	26	Assay for phencyclidin		$22		
83992	TC	Assay for phencyclidin		$53		
84022		Assay of phenothiazine		$77		
84022	26	Assay of phenothiazine		$24		
84022	TC	Assay of phenothiazine		$53		
84030		Assay blood PKU		$20		
84030	26	Assay blood PKU		$6		
84030	TC	Assay blood PKU		$14		
84035		Assay phenylketones		$22		
84035	26	Assay phenylketones		$6		
84035	TC	Assay phenylketones		$16		
84060		Assay acid phosphatase		$67		
84060	26	Assay acid phosphatase		$22		
84060	TC	Assay acid phosphatase		$45		
84061		Phosphatase, forensic		BR		
84061	26	Phosphatase, forensic		BR		
84061	TC	Phosphatase, forensic		BR		
84066		Assay prostate phospha		$34		
84066	26	Assay prostate phospha		$12		
84066	TC	Assay prostate phospha		$22		
84075		Assay alkaline phospha		$22		
84075	26	Assay alkaline phospha		$6		
84075	TC	Assay alkaline phospha		$16		
84078		Assay alkaline phospha		$36		
84078	26	Assay alkaline phospha		$10		
84078	TC	Assay alkaline phospha		$26		
84080		Assay alkaline phospha		$67		
84080	26	Assay alkaline phospha		$20		
84080	TC	Assay alkaline phospha		$47		
84081		Amniotic fluid enzyme		$86		
84081	26	Amniotic fluid enzyme		$29		
84081	TC	Amniotic fluid enzyme		$57		
84085		Assay RBC PG6D enzyme		$28		
84085	26	Assay RBC PG6D enzyme		$10		
84085	TC	Assay RBC PG6D enzyme		$18		
84087		Assay phosphohexose en		$49		
84087	26	Assay phosphohexose en		$14		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
84087	TC	Assay phosphohexose en		$35		
84100		Assay phosphorus		$20		
84100	26	Assay phosphorus		$6		
84100	TC	Assay phosphorus		$14		
84105		Assay urine phosphorus		$20		
84105	26	Assay urine phosphorus		$6		
84105	TC	Assay urine phosphorus		$14		
84106		Test for porphobilinog		$18		
84106	26	Test for porphobilinog		$4		
84106	TC	Test for porphobilinog		$14		
84110		Assay porphobilinogen		$41		
84110	26	Assay porphobilinogen		$12		
84110	TC	Assay porphobilinogen		$29		
84119		Test urine for porphyr		$41		
84119	26	Test urine for porphyr		$12		
84119	TC	Test urine for porphyr		$29		
84120		Assay urine porphyrins		$71		
84120	26	Assay urine porphyrins		$20		
84120	TC	Assay urine porphyrins		$51		
84126		Assay feces porphyrins		$131		
84126	26	Assay feces porphyrins		$39		
84126	TC	Assay feces porphyrins		$92		
84127		Porphyrins, feces		BR		
84127	26	Porphyrins, feces		BR		
84127	TC	Porphyrins, feces		BR		
84132		Assay serum potassium		$20		
84132	26	Assay serum potassium		$6		
84132	TC	Assay serum potassium		$14		
84133		Assay urine potassium		$20		
84133	26	Assay urine potassium		$6		
84133	TC	Assay urine potassium		$14		
84134		Prealbumin		BR		
84134	26	Prealbumin		BR		
84134	TC	Prealbumin		BR		
84135		Assay pregnanediol		$108		
84135	26	Assay pregnanediol		$37		
84135	TC	Assay pregnanediol		$71		
84138		Assay pregnanetriol		$106		
84138	26	Assay pregnanetriol		$35		
84138	TC	Assay pregnanetriol		$71		
84140		Assay for pregnenolone		$77		
84140	26	Assay for pregnenolone		$16		
84140	TC	Assay for pregnenolone		$61		
84143		Assay/17-hydroxypregne		$116		
84143	26	Assay/17-hydroxypregne		$39		
84143	TC	Assay/17-hydroxypregne		$77		
84144		Assay progesterone		$71		
84144	26	Assay progesterone		$14		
84144	TC	Assay progesterone		$57		
84146		Assay for prolactin		$100		
84146	26	Assay for prolactin		$33		
84146	TC	Assay for prolactin		$67		
84150		Assay of prostaglandin		$127		
84150	26	Assay of prostaglandin		$39		
84150	TC	Assay of prostaglandin		$88		
84153		Assay of psa, total...		BR		
84153	26	Assay of psa, total...		BR		
84153	TC	Assay of psa, total...		BR		
84154		Assay of psa, free....		BR		
84155		Assay protein		$22		
84155	26	Assay protein		$8		
84155	TC	Assay protein		$14		
84160		Assay serum protein		$22		
84160	26	Assay serum protein		$8		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
84160	TC	Assay serum protein		$14		
84165		Assay serum proteins		$47		
84165	26	Assay serum proteins		$16		
84165	TC	Assay serum proteins		$31		
84181		Western blot test		$40		
84181	26	Western blot test		BR		
84181	TC	Western blot test		BR		
84182		Protein, western blot		$37		
84182	26	Protein, western blot		BR		
84182	TC	Protein, western blot		BR		
84202		Assay RBC protoporphyr		$73		
84202	26	Assay RBC protoporphyr		$24		
84202	TC	Assay RBC protoporphyr		$49		
84203		Test RBC protoporphyri		$30		
84203	26	Test RBC protoporphyri		$10		
84203	TC	Test RBC protoporphyri		$20		
84206		Assay of proinsulin		$59		
84206	26	Assay of proinsulin		$18		
84206	TC	Assay of proinsulin		$41		
84207		Assay vitamin B-6		$102		
84207	26	Assay vitamin B-6		$31		
84207	TC	Assay vitamin B-6		$71		
84210		Assay pyruvate		$47		
84210	26	Assay pyruvate		$18		
84210	TC	Assay pyruvate		$29		
84220		Assay pyruvate kinase		$49		
84220	26	Assay pyruvate kinase		$16		
84220	TC	Assay pyruvate kinase		$33		
84228		Assay quinine		$59		
84228	26	Assay quinine		$18		
84228	TC	Assay quinine		$41		
84233		Assay estrogen		$216		
84233	26	Assay estrogen		$65		
84233	TC	Assay estrogen		$151		
84234		Assay progesterone		$216		
84234	26	Assay progesterone		$65		
84234	TC	Assay progesterone		$151		
84235		Assay endocrine hormon		$212		
84235	26	Assay endocrine hormon		$63		
84235	TC	Assay endocrine hormon		$149		
84238		Assay non-endocrine re		$179		
84238	26	Assay non-endocrine re		$59		
84238	TC	Assay non-endocrine re		$120		
84244		Assay of renin		$96		
84244	26	Assay of renin		$33		
84244	TC	Assay of renin		$63		
84252		Assay vitamin B-2		$87		
84252	26	Assay vitamin B-2		$26		
84252	TC	Assay vitamin B-2		$61		
84255		Assay selenium		$110		
84255	26	Assay selenium		$33		
84255	TC	Assay selenium		$77		
84260		Assay serotonin		$102		
84260	26	Assay serotonin		$31		
84260	TC	Assay serotonin		$71		
84270		Sex hormone globulin		BR		
84270	26	Sex hormone globulin		BR		
84270	TC	Sex hormone globulin		BR		
84275		Assay sialic acid		$69		
84275	26	Assay sialic acid		$20		
84275	TC	Assay sialic acid		$49		
84285		Assay silica		$112		
84285	26	Assay silica		$33		
84285	TC	Assay silica		$79		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
84295		Assay serum sodium		$18		
84295	26	Assay serum sodium		$6		
84295	TC	Assay serum sodium		$12		
84300		Assay urine sodium		$18		
84300	26	Assay urine sodium		$6		
84300	TC	Assay urine sodium		$12		
84305		Somatomedin		BR		
84305	26	Somatomedin		BR		
84305	TC	Somatomedin		BR		
84307		Somatostatin		BR		
84307	26	Somatostatin		BR		
84307	TC	Somatostatin		BR		
84311		Spectrophotometry		BR		
84311	26	Spectrophotometry		BR		
84311	TC	Spectrophotometry		BR		
84315		Body fluid specific gr		$10		
84315	26	Body fluid specific gr		$4		
84315	TC	Body fluid specific gr		$6		
84375		Chromatogram assay, su		$69		
84375	26	Chromatogram assay, su		$20		
84375	TC	Chromatogram assay, su		$49		
84376		Sugars, single, qual..		BR		
84377		Sugars, multiple, qual		BR		
84378		Sugars single quant...		BR		
84379		Sugars multiple quant		BR		
84392		Assay urine sulfate		BR		
84392	26	Assay urine sulfate		BR		
84392	TC	Assay urine sulfate		BR		
84402		Testosterone		BR		
84402	26	Testosterone		BR		
84402	TC	Testosterone		BR		
84403		Assay total testostero		$123		
84403	26	Assay total testostero		$37		
84403	TC	Assay total testostero		$86		
84425		Assay vitamin B-1		$102		
84425	26	Assay vitamin B-1		$33		
84425	TC	Assay vitamin B-1		$69		
84430		Assay thiocyanate		$57		
84430	26	Assay thiocyanate		$18		
84430	TC	Assay thiocyanate		$39		
84432		Thyroglobulin		BR		
84432	26	Thyroglobulin		BR		
84432	TC	Thyroglobulin		BR		
84436		Assay, total thyroxine		$26		
84436	26	Assay, total thyroxine		$6		
84436	TC	Assay, total thyroxine		$20		
84437		Assay neonatal thyroxi		$24		
84437	26	Assay neonatal thyroxi		$8		
84437	TC	Assay neonatal thyroxi		$16		
84439		Assay, free thyroxine		$30		
84439	26	Assay, free thyroxine		$8		
84439	TC	Assay, free thyroxine		$22		
84442		Thyroid activity (TBG)		$49		
84442	26	Thyroid activity (TBG)		$12		
84442	TC	Thyroid activity (TBG)		$37		
84443		Assay thyroid stim hor		$59		
84443	26	Assay thyroid stim hor		$14		
84443	TC	Assay thyroid stim hor		$45		
84445		Thyroid immunoglobulin		$181		
84445	26	Thyroid immunoglobulin		$55		
84445	TC	Thyroid immunoglobulin		$126		
84446		Assay vitamin E		$65		
84446	26	Assay vitamin E		$20		
84446	TC	Assay vitamin E		$45		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
84449		Assay for transcortin		BR		
84449	26	Assay for transcortin		BR		
84449	TC	Assay for transcortin		BR		
84450		Transferase (AST) (SGO		$20		
84450	26	Transferase (AST) (SGO		$6		
84450	TC	Transferase (AST) (SGO		$14		
84460		Alanine amino (ALT) (S		$24		
84460	26	Alanine amino (ALT) (S		$8		
84460	TC	Alanine amino (ALT) (S		$16		
84466		Transferrin		BR		
84466	26	Transferrin		BR		
84466	TC	Transferrin		BR		
84478		Assay triglycerides		$22		
84478	26	Assay triglycerides		$6		
84478	TC	Assay triglycerides		$16		
84479		Assay of thyroid (t3 or t4).		$30		
84479	26	Assay of thyroid (t3 or t4).		$11		
84479	TC	Assay of thyroid (t3 or t4).		$19		
84480		Assay triiodothyronine		$47		
84480	26	Assay triiodothyronine		$16		
84480	TC	Assay triiodothyronine		$31		
84481		Free assay (FT-3)		$88		
84481	26	Free assay (FT-3)		$29		
84481	TC	Free assay (FT-3)		$59		
84482		T3 reverse		BR		
84482	26	T3 reverse		BR		
84482	TC	T3 reverse		BR		
84484		Assay of troponin, quant.		BR		
84485		Assay duodenal fluid t		$28		
84485	26	Assay duodenal fluid t		$8		
84485	TC	Assay duodenal fluid t		$20		
84488		Test feces for trypsin		$28		
84488	26	Test feces for trypsin		$8		
84488	TC	Test feces for trypsin		$20		
84490		Assay feces for trypsin		$28		
84490	26	Assay feces for trypsin		$8		
84490	TC	Assay feces for trypsin		$20		
84510		Assay tyrosine		$51		
84510	26	Assay tyrosine		$16		
84510	TC	Assay tyrosine		$35		
84512		Assay of troponin, qual.		BR		
84520		Assay urea nitrogen		$22		
84520	26	Assay urea nitrogen		$6		
84520	TC	Assay urea nitrogen		$16		
84525		Urea nitrogen semi-qua		$14		
84525	26	Urea nitrogen semi-qua		$4		
84525	TC	Urea nitrogen semi-qua		$10		
84540		Assay urine urea-N		$24		
84540	26	Assay urine urea-N		$8		
84540	TC	Assay urine urea-N		$16		
84545		Urea-N clearance test		$34		
84545	26	Urea-N clearance test		$10		
84545	TC	Urea-N clearance test		$24		
84550		Assay blood uric acid		$22		
84550	26	Assay blood uric acid		$8		
84550	TC	Assay blood uric acid		$14		
84560		Assay urine uric acid		$22		
84560	26	Assay urine uric acid		$6		
84560	TC	Assay urine uric acid		$16		
84577		Assay feces urobilinogen		$63		
84577	26	Assay feces urobilinogen		$20		
84577	TC	Assay feces urobilinogen		$43		
84578		Test urine urobilinogen		$14		
84578	26	Test urine urobilinogen		$4		

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84578	TC	Test urine urobilinogen		$10		
84580		Assay urine urobilinogen		$32		
84580	26	Assay urine urobilinogen		$10		
84580	TC	Assay urine urobilinogen		$22		
84583		Assay urine urobilinogen		$20		
84583	26	Assay urine urobilinogen		$6		
84583	TC	Assay urine urobilinogen		$14		
84585		Assay urine VMA		$67		
84585	26	Assay urine VMA		$20		
84585	TC	Assay urine VMA		$47		
84586		VIP assay		BR		
84586	26	VIP assay		BR		
84586	TC	VIP assay		BR		
84588		Assay vasopressin		$108		
84588	26	Assay vasopressin		$37		
84588	TC	Assay vasopressin		$71		
84590		Assay vitamin-A		$61		
84590	26	Assay vitamin-A		$20		
84590	TC	Assay vitamin-A		$41		
84597		Assay vitamin-K		$69		
84597	26	Assay vitamin-K		$20		
84597	TC	Assay vitamin-K		$49		
84600		Assay for volatiles		$81		
84600	26	Assay for volatiles		$24		
84600	TC	Assay for volatiles		$57		
84620		Xylose tolerance test		$55		
84620	26	Xylose tolerance test		$16		
84620	TC	Xylose tolerance test		$39		
84630		Assay zinc		$51		
84630	26	Assay zinc		$16		
84630	TC	Assay zinc		$35		
84681		Assay C-peptide		$98		
84681	26	Assay C-peptide		$33		
84681	TC	Assay C-peptide		$65		
84702		Chorionic gonadotropin		$75		
84702	26	Chorionic gonadotropin		$24		
84702	TC	Chorionic gonadotropin		$51		
84703		Chorionic gonadotropin		$71		
84703	26	Chorionic gonadotropin		$22		
84703	TC	Chorionic gonadotropin		$49		
84830		Ovulation tests		BR		
84830	26	Ovulation tests		BR		
84830	TC	Ovulation tests		BR		
84999		Clinical chemistry test		BR		
84999	26	Clinical chemistry test		BR		
84999	TC	Clinical chemistry test		BR		
85002		Bleeding time test		$18		
85002	26	Bleeding time test		$6		
85002	TC	Bleeding time test		$12		
85007		Differential WBC count		$12		
85007	26	Differential WBC count		$4		
85007	TC	Differential WBC count		$8		
85008		Nondifferential WBC co		BR		
85008	26	Nondifferential WBC co		BR		
85008	TC	Nondifferential WBC co		BR		
85009		Differential WBC count		$16		
85009	26	Differential WBC count		$6		
85009	TC	Differential WBC count		$10		
85013		Hematocrit		BR		
85013	26	Hematocrit		BR		
85013	TC	Hematocrit		BR		
85014		Hematocrit		$8		
85014	26	Hematocrit		$2		
85014	TC	Hematocrit		$6		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
85018		Hemoglobinen		$10		
85018	26	Hemoglobin		$4		
85018	TC	Hemoglobin		$6		
85025		Automated hemogram		$41		
85025	26	Automated hemogram		$12		
85025	TC	Automated hemogram		$29		
85027		Automated hemogram		$36		
85027	26	Automated hemogram		$12		
85027	TC	Automated hemogram		$24		
85041		Red blood cell (RBC)		$14		
85041	26	Red blood cell (RBC)		$6		
85041	TC	Red blood cell (RBC)		$8		
85044		Reticulocyte count		$18		
85044	26	Reticulocyte count		$6		
85044	TC	Reticulocyte count		$12		
85045		Reticulocyte count		BR		
85045	26	Reticulocyte count		BR		
85045	TC	Reticulocyte count		BR		
85046		Reticyte/hgb concentrate.		BR		
85048		White blood cell (WBC)		$14		
85048	26	White blood cell (WBC)		$6		
85048	TC	White blood cell (WBC)		$8		
85060		Blood smear interpreta		$49		
85060	26	Blood smear interpreta		$14		
85060	TC	Blood smear interpreta		$35		
85097		Bone marrow interpreta		$112		
85097	26	Bone marrow interpreta		$112		
85097	TC	Bone marrow interpreta		$0		
85130		Chromogenic substrate		BR		
85130	26	Chromogenic substrate		BR		
85130	TC	Chromogenic substrate		BR		
85170		Blood clot retraction		$18		
85170	26	Blood clot retraction		$6		
85170	TC	Blood clot retraction		$12		
85175		Blood clot lysis time		$18		
85175	26	Blood clot lysis time		$6		
85175	TC	Blood clot lysis time		$12		
85210		Blood clot factor II test		$57		
85210	26	Blood clot factor II test		$16		
85210	TC	Blood clot factor II test		$41		
85220		Blood clot factor V test		$88		
85220	26	Blood clot factor V test		$29		
85220	TC	Blood clot factor V test		$59		
85230		Blood clot factor VII		$87		
85230	26	Blood clot factor VII		$26		
85230	TC	Blood clot factor VII		$61		
85240		Blood clot factor VIII		$90		
85240	26	Blood clot factor VIII		$29		
85240	TC	Blood clot factor VIII		$61		
85244		Blood clot factor VIII		$102		
85244	26	Blood clot factor VIII		$35		
85244	TC	Blood clot factor VIII		$67		
85245		Blood clot factor VIII		BR		
85245	26	Blood clot factor VIII		BR		
85245	TC	Blood clot factor VIII		BR		
85246		Blood clot factor VIII		BR		
85246	26	Blood clot factor VIII		BR		
85246	TC	Blood clot factor VIII		BR		
85247		Blood clot factor VIII		BR		
85247	26	Blood clot factor VIII		BR		
85247	TC	Blood clot factor VIII		BR		
85250		Blood clot factor IX test		$91		
85250	26	Blood clot factor IX test		$26		
85250	TC	Blood clot factor IX test		$65		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
85260		Blood clot factor X test		$91		
85260	26	Blood clot factor X test		$26		
85260	TC	Blood clot factor X test		$65		
85270		Blood clot factor XI test		$91		
85270	26	Blood clot factor XI test		$26		
85270	TC	Blood clot factor XI test		$65		
85280		Blood clot factor XII		$91		
85280	26	Blood clot factor XII		$26		
85280	TC	Blood clot factor XII		$65		
85290		Blood clot factor XIII		$83		
85290	26	Blood clot factor XIII		$24		
85290	TC	Blood clot factor XIII		$59		
85291		Blood clot factor XIII		$38		
85291	26	Blood clot factor XIII		$12		
85291	TC	Blood clot factor XIII		$26		
85292		Blood clot factor assay		$96		
85292	26	Blood clot factor assay		$33		
85292	TC	Blood clot factor assay		$63		
85293		Blood clot factor assay		$96		
85293	26	Blood clot factor assay		$33		
85293	TC	Blood clot factor assay		$63		
85300		Antithrombin III test		$55		
85300	26	Antithrombin III test		$18		
85300	TC	Antithrombin III test		$37		
85301		Antithrombin III test		$55		
85301	26	Antithrombin III test		$18		
85301	TC	Antithrombin III test		$37		
85302		Blood clot inhibitor assay		$61		
85302	26	Blood clot inhibitor assay		$20		
85302	TC	Blood clot inhibitor assay		$41		
85303		Blood clot inhibitor test		BR		
85303	26	Blood clot inhibitor test		BR		
85303	TC	Blood clot inhibitor test		BR		
85305		Blood clot inhibitor assay		BR		
85305	26	Blood clot inhibitor assay		BR		
85305	TC	Blood clot inhibitor assay		BR		
85306		Blood clot inhibitor test		BR		
85306	26	Blood clot inhibitor test		BR		
85306	TC	Blood clot inhibitor test		BR		
85335		Factor inhibitor test		BR		
85335	26	Factor inhibitor test		BR		
85335	TC	Factor inhibitor test		BR		
85337		Thrombomodulin		BR		
85337	26	Thrombomodulin		BR		
85337	TC	Thrombomodulin		BR		
85345		Coagulation time		$22		
85345	26	Coagulation time		$6		
85345	TC	Coagulation time		$16		
85347		Coagulation time		$16		
85347	26	Coagulation time		$4		
85347	TC	Coagulation time		$12		
85348		Coagulation time		$18		
85348	26	Coagulation time		$6		
85348	TC	Coagulation time		$12		
85360		Euglobulin lysis		$30		
85360	26	Euglobulin lysis		$8		
85360	TC	Euglobulin lysis		$22		
85362		Fibrin degradation pro		$34		
85362	26	Fibrin degradation pro		$14		
85362	TC	Fibrin degradation pro		$20		
85366		Fibrinogen test		BR		
85366	26	Fibrinogen test		BR		
85366	TC	Fibrinogen test		BR		
85370		Fibrinogen test		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
85370	26	Fibrinogen test		BR		
85370	TC	Fibrinogen test		BR		
85378		Fibrin degradation		BR		
85378	26	Fibrin degradation		BR		
85378	TC	Fibrin degradation		BR		
85379		Fibrin degradation		BR		
85379	26	Fibrin degradation		BR		
85379	TC	Fibrin degradation		BR		
85384		Fibrinogen		BR		
85384	26	Fibrinogen		BR		
85384	TC	Fibrinogen		BR		
85385		Fibrinogen		BR		
85385	26	Fibrinogen		BR		
85385	TC	Fibrinogen		BR		
85390		Fibrinolysins screen		$18		
85390	26	Fibrinolysins screen		$4		
85390	TC	Fibrinolysins screen		$14		
85396		Clotting assay whole blood		$40		
85400		Fibrinolytic plasmin		$22		
85400	26	Fibrinolytic plasmin		$6		
85400	TC	Fibrinolytic plasmin		$16		
85410		Fibrinolytic antiplasm		$22		
85410	26	Fibrinolytic antiplasm		$6		
85410	TC	Fibrinolytic antiplasm		$16		
85415		Fibrinolytic plasminog		BR		
85415	26	Fibrinolytic plasminog		BR		
85415	TC	Fibrinolytic plasminog		BR		
85420		Fibrinolytic plasminog		$32		
85420	26	Fibrinolytic plasminog		$8		
85420	TC	Fibrinolytic plasminog		$24		
85421		Fibrinolytic plasminog		$73		
85421	26	Fibrinolytic plasminog		$22		
85421	TC	Fibrinolytic plasminog		$51		
85441		Heinz bodies; direct		$14		
85441	26	Heinz bodies; direct		$4		
85441	TC	Heinz bodies; direct		$10		
85445		Heinz bodies; induced		$30		
85445	26	Heinz bodies; induced		$10		
85445	TC	Heinz bodies; induced		$20		
85460		Hemoglobin, fetal.....		$32		
85460	26	Hemoglobin, fetal.....		$9		
85460	TC	Hemoglobin, fetal.....		$23		
85461		Hemoglobin, fetal		BR		
85475		Hemolysin		BR		
85475	26	Hemolysin		BR		
85475	TC	Hemolysin		BR		
85520		Heparin assay		$43		
85520	26	Heparin assay		$12		
85520	TC	Heparin assay		$31		
85525		Heparin		BR		
85525	26	Heparin		BR		
85525	TC	Heparin		BR		
85530		Heparin-protamine tole		$73		
85530	26	Heparin-protamine tole		$22		
85530	TC	Heparin-protamine tole		$51		
85540		Wbc alkaline phosphata		$43		
85540	26	Wbc alkaline phosphata		$12		
85540	TC	Wbc alkaline phosphata		$31		
85547		RBC mechanical fragili		$45		
85547	26	RBC mechanical fragili		$12		
85547	TC	RBC mechanical fragili		$33		
85549		Muramidase		$86		
85549	26	Muramidase		$29		
85549	TC	Muramidase		$57		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
85555		RBC osmotic fragility		$32		
85555	26	RBC osmotic fragility		$10		
85555	TC	RBC osmotic fragility		$22		
85557		RBC osmotic fragility		$63		
85557	26	RBC osmotic fragility		$18		
85557	TC	RBC osmotic fragility		$45		
85576		Blood platelet aggrega		$41		
85576	26	Blood platelet aggrega		$10		
85597		Platelet neutralizatio		BR		
85597	26	Platelet neutralizatio		BR		
85597	TC	Platelet neutralizatio		BR		
85610		Prothrombin time		$12		
85610	26	Prothrombin time		$4		
85610	TC	Prothrombin time		$8		
85611		Prothrombin test		BR		
85611	26	Prothrombin test		BR		
85611	TC	Prothrombin test		BR		
85612		Viper venom prothrombi		$43		
85612	26	Viper venom prothrombi		$12		
85612	TC	Viper venom prothrombi		$31		
85613		Russell viper venom, d		BR		
85613	26	Russell viper venom, d		BR		
85613	TC	Russell viper venom, d		BR		
85635		Reptilase test		$51		
85635	26	Reptilase test		$16		
85635	TC	Reptilase test		$35		
85651		Rbc sed rate, nonautomated		$15		
85651	26	Rbc sed rate, nonautomated		$3		
85651	TC	Rbc sed rate, nonautomated		$10		
85652		Rbc sed rate, automated		BR		
85660		RBC sickle cell test		$18		
85660	26	RBC sickle cell test		$6		
85660	TC	RBC sickle cell test		$12		
85670		Thrombin time, plasma		$24		
85670	26	Thrombin time, plasma		$6		
85670	TC	Thrombin time, plasma		$18		
85675		Thrombin time, titer		$24		
85675	26	Thrombin time, titer		$8		
85675	TC	Thrombin time, titer		$16		
85705		Thromboplastin inhibit		BR		
85705	26	Thromboplastin inhibit		BR		
85705	TC	Thromboplastin inhibit		BR		
85730		Thromboplastin time, p		$20		
85730	26	Thromboplastin time, p		$6		
85730	TC	Thromboplastin time, p		$14		
85732		Thromboplastin time, p		$32		
85732	26	Thromboplastin time, p		$10		
85732	TC	Thromboplastin time, p		$22		
85810		Blood viscosity examin		$37		
85810	26	Blood viscosity examin		$8		
85810	TC	Blood viscosity examin		$29		
85999		Hematology procedure		BR		
85999	26	Hematology procedure		BR		
85999	TC	Hematology procedure		BR		
86000		Agglutinins; febrile		$34		
86000	26	Agglutinins; febrile		$12		
86000	TC	Agglutinins; febrile		$22		
86003		Allergen specific IgE		BR		
86003	26	Allergen specific IgE		BR		
86003	TC	Allergen specific IgE		BR		
86005		Allergen specific IgE		BR		
86005	26	Allergen specific IgE		BR		
86005	TC	Allergen specific IgE		BR		
86021		WBC antibody identific		$77		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86021	26	WBC antibody identific		$22		
86021	TC	WBC antibody identific		$55		
86022		Platelet antibodies		$108		
86022	26	Platelet antibodies		$35		
86022	TC	Platelet antibodies		$73		
86023		Immunoglobulin assay		$53		
86023	26	Immunoglobulin assay		$18		
86023	TC	Immunoglobulin assay		$35		
86038		Antinuclear antibodies		$63		
86038	26	Antinuclear antibodies		$20		
86038	TC	Antinuclear antibodies		$43		
86039		Antinuclear antibodies		BR		
86039	26	Antinuclear antibodies		BR		
86039	TC	Antinuclear antibodies		BR		
86060		Antistreptolysin O titer		$24		
86060	26	Antistreptolysin O titer		$6		
86060	TC	Antistreptolysin O titer		$18		
86063		Antistreptolysin O screen		$41		
86063	26	Antistreptolysin O screen		$12		
86063	TC	Antistreptolysin O screen		$29		
86077		Physician blood bank s		$169		
86077	26	Physician blood bank s		$51		
86077	TC	Physician blood bank s		$118		
86078		Physician blood bank s		$169		
86078	26	Physician blood bank s		$51		
86078	TC	Physician blood bank s		$118		
86079		Physician blood bank s		$147		
86079	26	Physician blood bank s		$49		
86079	TC	Physician blood bank s		$98		
86140		C-reactive protein		$26		
86140	26	C-reactive protein		$8		
86140	TC	C-reactive protein		$18		
86147		Cardiolipin antibody		BR		
86147	26	Cardiolipin antibody		BR		
86147	TC	Cardiolipin antibody		BR		
86148		Phospholipid antibody		BR		
86155		Chemotaxis assay		$51		
86155	26	Chemotaxis assay		$16		
86155	TC	Chemotaxis assay		$35		
86156		Cold agglutinin screen		BR		
86156	26	Cold agglutinin screen		BR		
86156	TC	Cold agglutinin screen		BR		
86157		Cold agglutinin, titer		BR		
86157	26	Cold agglutinin, titer		BR		
86157	TC	Cold agglutinin, titer		BR		
86160		Complement, antigen		BR		
86160	26	Complement, antigen		BR		
86160	TC	Complement, antigen		BR		
86161		Complement/function ac		BR		
86161	26	Complement/function ac		BR		
86161	TC	Complement/function ac		BR		
86162		Complement, total (CH5		$102		
86162	26	Complement, total (CH5		$35		
86162	TC	Complement, total (CH5		$67		
86171		Complement fixation, each		$49		
86171	26	Complement fixation, each		$14		
86171	TC	Complement fixation, each		$35		
86185		Counterimmunoelectroph		$36		
86185	26	Counterimmunoelectroph		$12		
86185	TC	Counterimmunoelectroph		$24		
86215		Deoxyribonuclease, ant		$67		
86215	26	Deoxyribonuclease, ant		$22		
86215	TC	Deoxyribonuclease, ant		$45		
86225		DNA antibody		$67		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86225	26	DNA antibody		$20		
86225	TC	DNA antibody		$47		
86226		DNA antibody, single s		BR		
86226	26	DNA antibody, single s		BR		
86226	TC	DNA antibody, single s		BR		
86235		Nuclear antigen antibody		$61		
86235	26	Nuclear antigen antibody		$18		
86235	TC	Nuclear antigen antibody		$43		
86243		Fc receptor		$94		
86243	26	Fc receptor		$29		
86243	TC	Fc receptor		$65		
86255		Fluorescent antibody, screen		$76		
86255	26	Fluorescent antibody, screen		$41		
86255	TC	Fluorescent antibody,		$35		
86256		Fluorescent antibody		$49		
86256	26	Fluorescent antibody		$16		
86256	TC	Fluorescent antibody		$33		
86277		Growth hormone antibody		$77		
86277	26	Growth hormone antibody		$26		
86277	TC	Growth hormone antibody		$51		
86280		Hemagglutination inhib		$28		
86280	26	Hemagglutination inhib		$6		
86280	TC	Hemagglutination inhib		$22		
86308		Heterophile antibodies		BR		
86308	26	Heterophile antibodies		BR		
86308	TC	Heterophile antibodies		BR		
86309		Heterophile antibodies		BR		
86309	26	Heterophile antibodies		BR		
86309	TC	Heterophile antibodies		BR		
86310		Heterophile antibodies		$36		
86310	26	Heterophile antibodies		$12		
86310	TC	Heterophile antibodies		$24		
86316		Immunoassay, tumor ant		$69		
86316	26	Immunoassay, tumor ant		$20		
86316	TC	Immunoassay, tumor ant		$49		
86317		Immunoassay,infectious agent		$64		
86317	26	Immunoassay,infectious agent		$20		
86317	TC	Immunoassay,infectious agent		$44		
86318		Immunoassay,infectious agent		$64		
86318	26	Immunoassay,infectious agent		$26		
86318	TC	Immunoassay,infectious agent		$38		
86320		Serum immunoelectropho		$92		
86320	26	Serum immunoelectropho		$37		
86320	TC	Serum immunoelectropho		$55		
86325		Other immunoelectropho		$92		
86325	26	Other immunoelectropho		$31		
86325	TC	Other immunoelectropho		$61		
86327		Immunoelectrophoresis		$116		
86327	26	Immunoelectrophoresis		$37		
86327	TC	Immunoelectrophoresis		$79		
86329		Immunodiffusion		$69		
86329	26	Immunodiffusion		$22		
86329	TC	Immunodiffusion		$47		
86331		Immunodiffusion ouchte		$61		
86331	26	Immunodiffusion ouchte		$18		
86331	TC	Immunodiffusion ouchte		$43		
86332		Immune complex assay		$102		
86332	26	Immune complex assay		$35		
86332	TC	Immune complex assay		$67		
86334		Immunofixation procedure		$121		
86334	26	Immunofixation procedure		$35		
86334	TC	Immunofixation procedure		$86		
86335		Immunfix e-phorsis/urine/csf		$40		
86337		Insulin antibodies		$102		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86337	26	Insulin antibodies		$35		
86337	TC	Insulin antibodies		$67		
86340		Intrinsic factor antibody		$73		
86340	26	Intrinsic factor antibody		$24		
86340	TC	Intrinsic factor antibody		$49		
86341		Islet cell antibody		BR		
86341	26	Islet cell antibody		BR		
86341	TC	Islet cell antibody		BR		
86343		Leukocyte histamine re		$61		
86343	26	Leukocyte histamine re		$20		
86343	TC	Leukocyte histamine re		$41		
86344		Leukocyte phagocytosis		$40		
86344	26	Leukocyte phagocytosis		$14		
86344	TC	Leukocyte phagocytosis		$26		
86353		Lymphocyte transformat		$189		
86353	26	Lymphocyte transformat		$57		
86353	TC	Lymphocyte transformat		$132		
86359		T cells, total count		BR		
86359	26	T cells, total count		BR		
86359	TC	T cells, total count		BR		
86360		T cell, absolute count ratio		BR		
86360	26	T cell, absolute count ratio		BR		
86360	TC	T cell, absolute count ratio		BR		
86361		T cell, absolute count		BR		
86376		Microsomal antibody		$65		
86376	26	Microsomal antibody		$20		
86376	TC	Microsomal antibody		$45		
86378		Migration inhibitory f		$86		
86378	26	Migration inhibitory f		$29		
86378	TC	Migration inhibitory f		$57		
86382		Neutralization test, viral		$85		
86382	26	Neutralization test, viral		$26		
86382	TC	Neutralization test, viral		$59		
86384		Nitroblue tetrazolium		$47		
86384	26	Nitroblue tetrazolium		$16		
86384	TC	Nitroblue tetrazolium		$31		
86403		Particle agglutination test		$38		
86403	26	Particle agglutination test		$8		
86403	TC	Particle agglutination test		$30		
86406		Particle agglutination		BR		
86430		Rheumatoid factor test		$24		
86430	26	Rheumatoid factor test		$8		
86430	TC	Rheumatoid factor test		$16		
86431		Rheumatoid factor, qua		$32		
86431	26	Rheumatoid factor, qua		$12		
86431	TC	Rheumatoid factor, qua		$20		
86485		Skin test, candida		BR		
86485	26	Skin test, candida		BR		
86485	TC	Skin test, candida		BR		
86486		Skin test nos antigen		$11		
86490		Coccidioidomycosis skin		$32		
86490	26	Coccidioidomycosis skin		$10		
86490	TC	Coccidioidomycosis skin		$22		
86510		Histoplasmosis skin test		$24		
86510	26	Histoplasmosis skin test		$8		
86510	TC	Histoplasmosis skin test		$16		
86580		TB intradermal test		$24		
86580	26	TB intradermal test		$8		
86580	TC	TB intradermal test		$16		
86590		Streptokinase, antibody		$34		
86590	26	Streptokinase, antibody		$12		
86590	TC	Streptokinase, antibody		$22		
86592		Blood serology, quality		$16		
86592	26	Blood serology, quality		$4		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86592	TC	Blood serology, quality		$12		
86593		Blood serology, quantity		$20		
86593	26	Blood serology, quantity		$6		
86593	TC	Blood serology, quantity		$14		
86602		Antinomyces antibody		BR		
86602	26	Antinomyces antibody		BR		
86602	TC	Antinomyces antibody		BR		
86603		Adenovirus, antibody		BR		
86603	26	Adenovirus, antibody		BR		
86603	TC	Adenovirus, antibody		BR		
86606		Aspergillus antibody		BR		
86606	26	Aspergillus antibody		BR		
86606	TC	Aspergillus antibody		BR		
86609		Bacterium, antibody		BR		
86609	26	Bacterium, antibody		BR		
86609	TC	Bacterium, antibody		BR		
86612		Blastomyces, antibody		BR		
86612	26	Blastomyces, antibody		BR		
86612	TC	Blastomyces, antibody		BR		
86615		Bordetella antibody		BR		
86615	26	Bordetella antibody		BR		
86615	TC	Bordetella antibody		BR		
86617		Lyme disease antibody		BR		
86618		Lyme disease antibody		BR		
86618	26	Lyme disease antibody		BR		
86618	TC	Lyme disease antibody		BR		
86619		Borrelia antibody		BR		
86619	26	Borrelia antibody		BR		
86619	TC	Borrelia antibody		BR		
86622		Brucella, antibody		BR		
86622	26	Brucella, antibody		BR		
86622	TC	Brucella, antibody		BR		
86625		Campylobacter, antibody		BR		
86625	26	Campylobacter, antibody		BR		
86625	TC	Campylobacter, antibody		BR		
86628		Candida, antibody		BR		
86628	26	Candida, antibody		BR		
86628	TC	Candida, antibody		BR		
86631		Chlamydia, antibody		BR		
86631	26	Chlamydia, antibody		BR		
86631	TC	Chlamydia, antibody		BR		
86632		Chlamydia, IgM, antibody		BR		
86632	26	Chlamydia, IgM, antibody		BR		
86632	TC	Chlamydia, IgM, antibody		BR		
86635		Coccidioides, antibody		BR		
86635	26	Coccidioides, antibody		BR		
86635	TC	Coccidioides, antibody		BR		
86638		Q fever antibody		BR		
86638	26	Q fever antibody		BR		
86638	TC	Q fever antibody		BR		
86641		Cryptococcus antibody		BR		
86641	26	Cryptococcus antibody		BR		
86641	TC	Cryptococcus antibody		BR		
86644		CMV antibody		BR		
86644	26	CMV antibody		BR		
86644	TC	CMV antibody		BR		
86645		CMV antibody, IgM		BR		
86645	26	CMV antibody, IgM		BR		
86645	TC	CMV antibody, IgM		BR		
86648		Diphtheria antibody		BR		
86648	26	Diphtheria antibody		BR		
86648	TC	Diphtheria antibody		BR		
86651		Encephalitis antibody		BR		
86651	26	Encephalitis antibody		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86651	TC	Encephalitis antibody		BR		
86652		Encephalitis antibody		BR		
86652	26	Encephalitis antibody		BR		
86652	TC	Encephalitis antibody		BR		
86653		Encephalitis, antibody		BR		
86653	26	Encephalitis, antibody		BR		
86653	TC	Encephalitis, antibody		BR		
86654		Encephalitis, antibody		BR		
86654	26	Encephalitis, antibody		BR		
86654	TC	Encephalitis, antibody		BR		
86658		Enterovirus, antibody		BR		
86658	26	Enterovirus, antibody		BR		
86658	TC	Enterovirus, antibody		BR		
86663		Epstein-barr antibody		BR		
86663	26	Epstein-barr antibody		BR		
86663	TC	Epstein-barr antibody		BR		
86664		Epstein-barr antibody		BR		
86664	26	Epstein-barr antibody		BR		
86664	TC	Epstein-barr antibody		BR		
86665		Epstein-barr, antibody		BR		
86665	26	Epstein-barr, antibody		BR		
86665	TC	Epstein-barr, antibody		BR		
86668		Francisella tularensis		BR		
86668	26	Francisella tularensis		BR		
86668	TC	Francisella tularensis		BR		
86671		Fungus, antibody		BR		
86671	26	Fungus, antibody		BR		
86671	TC	Fungus, antibody		BR		
86674		Giardia lamblia		BR		
86674	26	Giardia lamblia		BR		
86674	TC	Giardia lamblia		BR		
86677		Helicobacter pylori		BR		
86677	26	Helicobacter pylori		BR		
86677	TC	Helicobacter pylori		BR		
86682		Helminth, antibody		BR		
86682	26	Helminth, antibody		BR		
86682	TC	Helminth, antibody		BR		
86684		Hemophilus influenza		BR		
86684	26	Hemophilus influenza		BR		
86684	TC	Hemophilus influenza		BR		
86687		HTLV I		$20		
86687	26	HTLV I		$6		
86687	TC	HTLV I		$14		
86688		HTLV-II		BR		
86688	26	HTLV-II		BR		
86688	TC	HTLV-II		BR		
86689		HTLV/HIV confirmatory		$20		
86689	26	HTLV/HIV confirmatory		$6		
86689	TC	HTLV/HIV confirmatory		$14		
86692		Hepatitis, delta agent		BR		
86692	26	Hepatitis, delta agent		BR		
86692	TC	Hepatitis, delta agent		BR		
86694		Herpes simplex test		BR		
86694	26	Herpes simplex test		BR		
86694	TC	Herpes simplex test		BR		
86695		Herpes simplex test		BR		
86695	26	Herpes simplex test		BR		
86695	TC	Herpes simplex test		BR		
86698		Histoplasma		BR		
86698	26	Histoplasma		BR		
86698	TC	Histoplasma		BR		
86701		HIV-1		BR		
86701	26	HIV-1		BR		
86701	TC	HIV-1		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86702		HIV-2		BR		
86702	26	HIV-2		BR		
86702	TC	HIV-2		BR		
86703		HIV-1/HIV-2, single assay		BR		
86703	26	HIV-1/HIV-2, single assay		BR		
86703	TC	HIV-1/HIV-2, single assay		BR		
86704		Hep b core antibody,		BR		
86705		Hep b core antibody, igm		BR		
86706		Hep b surface antibody		BR		
86707		Hep be antibody.....		BR		
86708		Hep a antibody, igg/ igm		BR		
86709		Hep a antibody, igm...		BR		
86710		Influenza virus antibody		BR		
86710	26	Influenza virus antibody		BR		
86710	TC	Influenza virus antibody		BR		
86713		Legionella		BR		
86713	26	Legionella		BR		
86713	TC	Legionella		BR		
86717		Leishmania		BR		
86717	26	Leishmania		BR		
86717	TC	Leishmania		BR		
86720		Leptospira		BR		
86720	26	Leptospira		BR		
86720	TC	Leptospira		BR		
86723		Listeria monocytogenes		BR		
86723	26	Listeria monocytogenes		BR		
86723	TC	Listeria monocytogenes		BR		
86727		Lymph choriomeningitis		BR		
86727	26	Lymph choriomeningitis		BR		
86727	TC	Lymph choriomeningitis		BR		
86729		Lympho venereum		BR		
86729	26	Lympho venereum		BR		
86729	TC	Lympho venereum		BR		
86732		Mucormycosis		BR		
86732	26	Mucormycosis		BR		
86732	TC	Mucormycosis		BR		
86735		Mumps		$24		
86735	26	Mumps		$8		
86735	TC	Mumps		$16		
86738		Mycoplasma		BR		
86738	26	Mycoplasma		BR		
86738	TC	Mycoplasma		BR		
86741		Neisseria meningitidis		BR		
86741	26	Neisseria meningitidis		BR		
86741	TC	Neisseria meningitidis		BR		
86744		Nocardia		BR		
86744	26	Nocardia		BR		
86744	TC	Nocardia		BR		
86747		Parvovirus		BR		
86747	26	Parvovirus		BR		
86747	TC	Parvovirus		BR		
86750		Malaria		BR		
86750	26	Malaria		BR		
86750	TC	Malaria		BR		
86753		Protozoa, not elsewhere		BR		
86753	26	Protozoa, not elsewhere		BR		
86753	TC	Protozoa, not elsewhere		BR		
86756		Respiratory virus		BR		
86756	26	Respiratory virus		BR		
86756	TC	Respiratory virus		BR		
86759		Rotavirus		BR		
86759	26	Rotavirus		BR		
86759	TC	Rotavirus		BR		
86762		Rubella		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86762	26	Rubella		BR		
86762	TC	Rubella		BR		
86765		Rubeola		BR		
86765	26	Rubeola		BR		
86765	TC	Rubeola		BR		
86768		Salmonella		BR		
86768	26	Salmonella		BR		
86768	TC	Salmonella		BR		
86771		Shigella		BR		
86771	26	Shigella		BR		
86771	TC	Shigella		BR		
86774		Tetanus		BR		
86774	26	Tetanus		BR		
86774	TC	Tetanus		BR		
86777		Toxoplasma		BR		
86777	26	Toxoplasma		BR		
86777	TC	Toxoplasma		BR		
86778		Toxoplasma, IgM		BR		
86778	26	Toxoplasma, IgM		BR		
86778	TC	Toxoplasma, IgM		BR		
86784		Trichinella		BR		
86784	26	Trichinella		BR		
86784	TC	Trichinella		BR		
86787		Varicella-zoster		BR		
86787	26	Varicella-zoster		BR		
86787	TC	Varicella-zoster		BR		
86790		Virus, not specified		BR		
86790	26	Virus, not specified		BR		
86790	TC	Virus, not specified		BR		
86793		Yersinia		BR		
86793	26	Yersinia		BR		
86793	TC	Yersinia		BR		
86800		Thyroglobulin antibody		$79		
86800	26	Thyroglobulin antibody		$26		
86800	TC	Thyroglobulin antibody		$53		
86803		Hepatitis c ab test...		BR		
86804		Hep c ab test, confirm		BR		
86805		Lymphocytotoxicity assay		$179		
86805	26	Lymphocytotoxicity assay		$61		
86805	TC	Lymphocytotoxicity assay		$118		
86806		Lymphocytotoxicity assay		$161		
86806	26	Lymphocytotoxicity assay		$53		
86806	TC	Lymphocytotoxicity assay		$108		
86807		Cytotoxic antibody scr		$137		
86807	26	Cytotoxic antibody scr		$41		
86807	TC	Cytotoxic antibody scr		$96		
86808		Cytotoxic antibody scr		$98		
86808	26	Cytotoxic antibody scr		$29		
86808	TC	Cytotoxic antibody scr		$69		
86812		HLA typing, A, B, or C		$244		
86812	26	HLA typing, A, B, or C		$73		
86812	TC	HLA typing, A, B, or C		$171		
86813		HLA typing, A, B, or C		$187		
86813	26	HLA typing, A, B, or C		$57		
86813	TC	HLA typing, A, B, or C		$130		
86816		HLA typing, DR/DQ		$119		
86816	26	HLA typing, DR/DQ		$35		
86816	TC	HLA typing, DR/DQ		$84		
86817		HLA typing, DR/DQ		$246		
86817	26	HLA typing, DR/DQ		$73		
86817	TC	HLA typing, DR/DQ		$173		
86821		Lymphocyte culture, mi		$226		
86821	26	Lymphocyte culture, mi		$67		
86821	TC	Lymphocyte culture, mi		$159		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86822		Lymphocyte culture, pr		$177		
86822	26	Lymphocyte culture, pr		$59		
86822	TC	Lymphocyte culture, pr		$118		
86849		Immunology procedure		BR		
86849	26	Immunology procedure		BR		
86849	TC	Immunology procedure		BR		
86850		RBC antibody screen		$22		
86850	26	RBC antibody screen		$8		
86850	TC	RBC antibody screen		$14		
86860		RBC antibody elution		$84		
86860	26	RBC antibody elution		$29		
86860	TC	RBC antibody elution		$55		
86870		RBC antibody identific		BR		
86870	26	RBC antibody identific		BR		
86870	TC	RBC antibody identific		BR		
86880		Coombs test		$24		
86880	26	Coombs test		$8		
86880	TC	Coombs test		$16		
86885		Coombs test		BR		
86885	26	Coombs test		BR		
86885	TC	Coombs test		BR		
86886		Coombs test		$26		
86886	26	Coombs test		$8		
86886	TC	Coombs test		$18		
86890		Autologous blood proce		BR		
86890	26	Autologous blood proce		BR		
86890	TC	Autologous blood proce		BR		
86891		Autologous blood, op s		$169		
86891	26	Autologous blood, op s		$51		
86891	TC	Autologous blood, op s		$118		
86900		Blood typing, ABO		$20		
86900	26	Blood typing, ABO		$6		
86900	TC	Blood typing, ABO		$14		
86901		Blood typing, Rh (D)		$22		
86901	26	Blood typing, Rh (D)		$8		
86901	TC	Blood typing, Rh (D)		$14		
86904		Blood typing, patient		$36		
86904	26	Blood typing, patient		$12		
86904	TC	Blood typing, patient		$24		
86905		Blood typing, RBC anti		$16		
86905	26	Blood typing, RBC anti		$4		
86905	TC	Blood typing, RBC anti		$12		
86906		Blood typing, Rh pheno		BR		
86906	26	Blood typing, Rh pheno		BR		
86906	TC	Blood typing, Rh pheno		BR		
86910		Blood typing, paternity test		$155		
86910	26	Blood typing, paternity test		$47		
86910	TC	Blood typing, paternity test		$108		
86911		Blood typing, antigen		BR		
86911	26	Blood typing, antigen		BR		
86911	TC	Blood typing, antigen		BR		
86920		Compatibility test		$39		
86920	26	Compatibility test		$8		
86920	TC	Compatibility test		$31		
86921		Compatibility test		$45		
86921	26	Compatibility test		$14		
86921	TC	Compatibility test		$31		
86922		Compatibility test		$45		
86922	26	Compatibility test		$14		
86922	TC	Compatibility test		$31		
86927		Plasma, fresh frozen		BR		
86927	26	Plasma, fresh frozen		BR		
86927	TC	Plasma, fresh frozen		BR		
86930		Frozen blood prep		$286		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
86930	26	Frozen blood prep		$86		
86930	TC	Frozen blood prep		$200		
86931		Frozen blood thaw		$286		
86931	26	Frozen blood thaw		$86		
86931	TC	Frozen blood thaw		$200		
86932		Frozen blood, freeze/t		$296		
86932	26	Frozen blood, freeze/t		$90		
86932	TC	Frozen blood, freeze/t		$206		
86940		Hemolysins/ agglutinins, auto		$34		
86940	26	Hemolysins/ agglutinins, auto		$10		
86940	TC	Hemolysins/ agglutinins, auto		$24		
86941		Hemolysins/agglutinins		$57		
86941	26	Hemolysins/agglutinins		$16		
86941	TC	Hemolysins/agglutinins		$41		
86945		Blood product/irradiation		$65		
86945	26	Blood product/irradiation		$20		
86945	TC	Blood product/irradiation		$45		
86950		Leukacyte transfusion		$183		
86950	26	Leukacyte transfusion		$55		
86950	TC	Leukacyte transfusion		$128		
86965		Pooling blood platelet		$49		
86965	26	Pooling blood platelet		$14		
86965	TC	Pooling blood platelet		$35		
86970		RBC pretreatment		$77		
86970	26	RBC pretreatment		$22		
86970	TC	RBC pretreatment		$55		
86971		RBC pretreatment		$39		
86971	26	RBC pretreatment		$10		
86971	TC	RBC pretreatment		$29		
86972		RBC pretreatment		$38		
86972	26	RBC pretreatment		$12		
86972	TC	RBC pretreatment		$26		
86975		RBC pretreatment, serum		$100		
86975	26	RBC pretreatment, serum		$31		
86975	TC	RBC pretreatment, serum		$69		
86976		RBC pretreatment, serum		$100		
86976	26	RBC pretreatment, serum		$31		
86976	TC	RBC pretreatment, serum		$69		
86977		RBC pretreatment, serum		$100		
86977	26	RBC pretreatment, serum		$31		
86977	TC	RBC pretreatment, serum		$69		
86978		RBC pretreatment, serum		$121		
86978	26	RBC pretreatment, serum		$37		
86978	TC	RBC pretreatment, serum		$84		
86985		Split blood or product		BR		
86985	26	Split blood or product		BR		
86985	TC	Split blood or product		BR		
86999		Transfusion procedure		BR		
86999	26	Transfusion procedure		BR		
86999	TC	Transfusion procedure		BR		
87001		Small animal inoculation		$65		
87001	26	Small animal inoculation		$20		
87001	TC	Small animal inoculation		$45		
87003		Small animal inoculation		$75		
87003	26	Small animal inoculation		$24		
87003	TC	Small animal inoculation		$51		
87015		Specimen concentration		$30		
87015	26	Specimen concentration		$10		
87015	TC	Specimen concentration		$20		
87040		Blood culture for bact		$34		
87040	26	Blood culture for bact		$12		
87040	TC	Blood culture for bact		$22		
87045		Stool culture for bact		$43		
87045	26	Stool culture for bact		$14		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
87045	TC	Stool culture for bact		$29		
87070		Culture specimen, bact		$26		
87070	26	Culture specimen, bact		$8		
87070	TC	Culture specimen, bact		$18		
87075		Culture specimen, bact		$34		
87075	26	Culture specimen, bact		$12		
87075	TC	Culture specimen, bact		$22		
87076		Bacteria identification		$47		
87076	26	Bacteria identification		$16		
87076	TC	Bacteria identification		$31		
87081		Bacteria culture screen		$22		
87081	26	Bacteria culture screen		$6		
87081	TC	Bacteria culture screen		$16		
87084		Culture of specimen by		$45		
87084	26	Culture of specimen by		$14		
87084	TC	Culture of specimen by		$31		
87086		Urine culture, colony		$26		
87086	26	Urine culture, colony		$6		
87086	TC	Urine culture, colony		$20		
87088		Urine bacteria culture		$34		
87088	26	Urine bacteria culture		$12		
87088	TC	Urine bacteria culture		$22		
87101		Skin fungus culture		$38		
87101	26	Skin fungus culture		$12		
87101	TC	Skin fungus culture		$26		
87102		Fungus isolation cultu		$38		
87102	26	Fungus isolation cultu		$12		
87102	TC	Fungus isolation cultu		$26		
87103		Blood fungus culture		$59		
87103	26	Blood fungus culture		$20		
87103	TC	Blood fungus culture		$39		
87106		Fungus identification		$49		
87106	26	Fungus identification		$14		
87106	TC	Fungus identification		$35		
87109		Mycoplasma culture		$51		
87109	26	Mycoplasma culture		$16		
87109	TC	Mycoplasma culture		$35		
87110		Culture, chlamydia		$61		
87110	26	Culture, chlamydia		$18		
87110	TC	Culture, chlamydia		$43		
87116		Mycobacteria culture		$49		
87116	26	Mycobacteria culture		$14		
87116	TC	Mycobacteria culture		$35		
87118		Mycobacteria identific		$49		
87118	26	Mycobacteria identific		$14		
87118	TC	Mycobacteria identific		$35		
87140		Culture typing, fluore		$47		
87140	26	Culture typing, fluore		$14		
87140	TC	Culture typing, fluore		$33		
87143		Culture typing, GLC me		$63		
87143	26	Culture typing, GLC me		$20		
87143	TC	Culture typing, GLC me		$43		
87147		Culture typing, serolo		$51		
87147	26	Culture typing, serolo		$16		
87147	TC	Culture typing, serolo		$35		
87158		Culture typing, added		$18		
87158	26	Culture typing, added		$4		
87158	TC	Culture typing, added		$14		
87163		Special microbiology c		$57		
87163	26	Special microbiology c		$18		
87163	TC	Special microbiology c		$39		
87164		Dark field examination		$47		
87164	26	Dark field examination		$16		
87164	TC	Dark field examination		$31		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
87166		Dark field examination		$47		
87166	26	Dark field examination		$14		
87166	TC	Dark field examination		$33		
87176		Endotoxin, bacterial		$30		
87176	26	Endotoxin, bacterial		$10		
87176	TC	Endotoxin, bacterial		$20		
87177		Ova and parasites smear		$34		
87177	26	Ova and parasites smear		$12		
87177	TC	Ova and parasites smear		$22		
87181		Antibiotic sensitivity		$24		
87181	26	Antibiotic sensitivity		$8		
87181	TC	Antibiotic sensitivity		$16		
87184		Antibiotic sensitivity, each		$27		
87184	26	Antibiotic sensitivity, each		$7		
87184	TC	Antibiotic sensitivity, each		$20		
87186		Antibiotic sensitivity		$30		
87186	26	Antibiotic sensitivity		$8		
87186	TC	Antibiotic sensitivity		$22		
87187		Antibiotic sensitivity		$39		
87187	26	Antibiotic sensitivity		$6		
87187	TC	Antibiotic sensitivity		$33		
87188		Antibiotic sensitivity		$34		
87188	26	Antibiotic sensitivity		$10		
87188	TC	Antibiotic sensitivity		$24		
87190		TB antibiotic sensitivity		$14		
87190	26	TB antibiotic sensitivity		$4		
87190	TC	TB antibiotic sensitivity		$10		
87197		Bactericidal level, serum		$55		
87197	26	Bactericidal level, serum		$18		
87197	TC	Bactericidal level, serum		$37		
87205		Smear, stain & interpret		$20		
87205	26	Smear, stain & interpret		$6		
87205	TC	Smear, stain & interpret		$14		
87206		Smear, stain & interpret		$28		
87206	26	Smear, stain & interpret		$6		
87206	TC	Smear, stain & interpret		$22		
87207		Smear, stain & interpret		$18		
87207	26	Smear, stain & interpret		$6		
87207	TC	Smear, stain & interpret		$12		
87210		Smear, stain & interpret		$16		
87210	26	Smear, stain & interpret		$4		
87210	TC	Smear, stain & interpret		$12		
87220		Tissue exam for fungi		$22		
87220	26	Tissue exam for fungi		$8		
87220	TC	Tissue exam for fungi		$14		
87230		Assay, toxin or antitoxin		$65		
87230	26	Assay, toxin or antitoxin		$20		
87230	TC	Assay, toxin or antito		$45		
87250		Virus inoculation for test		$61		
87250	26	Virus inoculation for test		$24		
87250	TC	Virus inoculation for test		$37		
87252		Virus inoculation for test		$83		
87252	26	Virus inoculation for test		$26		
87252	TC	Virus inoculation for test		$57		
87253		Virus inoculation for test		$61		
87253	26	Virus inoculation for test		$18		
87253	TC	Virus inoculation for test		$43		
87260		Adenovirus ag, dfa....		BR		
87265		Pertussis ag, dfa.....		BR		
87270		Chylmd trach ag, dfa..		BR		
87272		Cryptosporidum ag, dfa		BR		
87274		Herpes simplex ag, dfa		BR		
87276		Influenza ag, dfa.....		BR		
87278		Legion pneumo ag, dfa.		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
87280		Resp syncytial ag, dfa		BR		
87285		Trepon pallidum ag, dfa.		BR		
87290		Varicella ag, dfa.....		BR		
87299		Ag detection nos, dfa.		BR		
87301		Adenovirus ag, eia....		BR		
87320		Chylmd trach ag, eia..		BR		
87324		Clostridium ag, eia...		BR		
87328		Cryptospor ag, eia		BR		
87332		Cytomegalovirus ag, eia		BR		
87335		E coli 0157 ag, eia...		BR		
87338		Hpylori, stool, eia...		BR		
87340		Hepatitis b surface ag, eia		BR		
87350		Hepatitis be ag, eia..		BR		
87380		Hepatitis delta ag, eia		BR		
87385		Histoplasma capsul ag, eia		BR		
87390		Hiv-1 ag, eia.....		BR		
87391		Hiv-2 ag, eia.....		BR		
87420		Resp syncytial ag, eia		BR		
87425		Rotavirus ag, eia.....		BR		
87430		Strep a ag, eia.....		BR		
87449		Ag detect nos, eia, mult		BR		
87450		Ag detect nos, eia, single		BR		
87470		Bartonella, dna, dir probe		BR		
87471		Bartonella, dna, amp probe		BR		
87472		Bartonella, dna, quant		BR		
87475		Lyme dis, dna, dir probe		BR		
87476		Lyme dis, dna, amp probe		BR		
87477		Lyme dis, dna, quant..		BR		
87480		Candida, dna, dir probe		BR		
87481		Candida, dna, amp probe		BR		
87482		Candida, dna, quant...		BR		
87485		Chylmd pneum, dna, dir probe		BR		
87486		Chylmd pneum, dna, amp probe		BR		
87487		Chylmd pneum, dna, quant		BR		
87490		Chylmd trach, dna, dir probe		BR		
87491		Chylmd trach, dna, amp v		BR		
87492		Chylmd trach, dna, quant		BR		
87495		Cytomeg, dna, dir probe		BR		
87496		Cytomeg, dna, amp probe		BR		
87497		Cytomeg, dna, quant...		BR		
87510		Gardner vag, dna, dir probe		BR		
87511		Gardner vag, dna, amp probe		BR		
87512		Gardner vag, dna, quant		BR		
87515		Hepatitis b, dna, dir probe		BR		
87516		Hepatitis b , dna, amp probe		BR		
87517		Hepatitis b , dna, quant		BR		
87520		Hepatitis c , rna, dir probe		BR		
87521		Hepatitis c , rna, amp probe		BR		
87522		Hepatitis c, rna, quant		BR		
87525		Hepatitis g , dna, dir probe		BR		
87526		Hepatitis g, dna, amp probe		BR		
87527		Hepatitis g, dna, quant		BR		
87528		Hsv, dna, dir probe...		BR		
87529		Hsv, dna, amp probe...		BR		
87530		Hsv, dna, quant.....		BR		
87531		Hhv-6, dna, dir probe		BR		
87532		Hhv-6, dna, amp probe		BR		
87533		Hhv-6, dna, quant.....		BR		
87534		Hiv-1, dna, dir probe		BR		
87535		Hiv-1, dna, amp probe		BR		
87536		Hiv-1, dna, quant.....		BR		
87537		Hiv-2, dna, dir probe		BR		
87538		Hiv-2, dna, amp probe		BR		
87539		Hiv-2, dna, quant.....		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
87540		Legion pneumo, dna, dir probe		BR		
87541		Legion pneumo, dna, amp probe		BR		
87542		Legion pneumo, dna, quant		BR		
87550		Mycobacteria, dna, dir probe		BR		
87551		Mycobacteria, dna, amp probe		BR		
87552		Mycobacteria, dna, quant		BR		
87555		M.tuberculo, dna, dir probe		BR		
87556		M.tuberculo, dna, amp probe		BR		
87557		M.tuberculo, dna, quant.		BR		
87560		M.avium-intra, dna, dir probe		BR		
87561		M.avium-intra, dna, amp		BR		
87562		M.avium-intra, dna, quant		BR		
87580		M.pneumon, dna, dir probe		BR		
87581		M.pneumon, dna, amp probe		BR		
87582		M.pneumon, dna, quant		BR		
87590		N.gonorrhoeae, dna, dir probe		BR		
87591		N.gonorrhoeae, dna, amp probe		BR		
87592		N.gonorrhoeae, dna, quant		BR		
87620		Hpv, dna, dir probe...		BR		
87621		Hpv, dna, amp probe...		BR		
87622		Hpv, dna, quant.....		BR		
87650		Strep a, dna, dir probe		BR		
87651		Strep a, dna, amp probe		BR		
87652		Strep a, dna, quant...		BR		
87797		Detect agent nos, dna, dir		BR		
87798		Detect agent nos, dna, amp		BR		
87799		Detect agent nos, dna, quant		BR		
87810		Chylmd trach assay w/optic		BR		
87850		N. gonorrhoeae assay w		BR		
87880		Strep a assay w/optic		BR		
87899		Agent nos assay w/optic		BR		
87999		Microbiology procedure		BR		
87999	26	Microbiology procedure		BR		
87999	TC	Microbiology procedure		BR		
88000		Autopsy (necropsy), gross		$815		
88000	26	Autopsy (necropsy), gross		$815		
88000	TC	Autopsy (necropsy), gross		$0		
88005		Autopsy (necropsy), gross		$917		
88005	26	Autopsy (necropsy), gross		$917		
88005	TC	Autopsy (necropsy), gross		$0		
88007		Autopsy (necropsy), gross		$1,019		
88007	26	Autopsy (necropsy), gross		$1,019		
88007	TC	Autopsy (necropsy), gross		$0		
88012		Autopsy (necropsy), gross		$856		
88012	26	Autopsy (necropsy), gross		$856		
88012	TC	Autopsy (necropsy), gross		$0		
88014		Autopsy (necropsy), gross		$856		
88014	26	Autopsy (necropsy), gross		$856		
88014	TC	Autopsy (necropsy), gross		$0		
88016		Autopsy (necropsy), gross		$815		
88016	26	Autopsy (necropsy), gross		$815		
88016	TC	Autopsy (necropsy), gross		$0		
88020		Autopsy (necropsy), co		$1,019		
88020	26	Autopsy (necropsy), co		$1,019		
88020	TC	Autopsy (necropsy), co		$0		
88025		Autopsy (necropsy), co		$1,120		
88025	26	Autopsy (necropsy), co		$1,120		
88025	TC	Autopsy (necropsy), co		$0		
88027		Autopsy (necropsy), co		$1,222		
88027	26	Autopsy (necropsy), co		$1,222		
88027	TC	Autopsy (necropsy), co		$0		
88028		Autopsy (necropsy), co		$1,059		
88028	26	Autopsy (necropsy), co		$1,059		
88028	TC	Autopsy (necropsy), co		$0		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
88029		Autopsy (necropsy), co		$1,059		
88029	26	Autopsy (necropsy), co		$1,059		
88029	TC	Autopsy (necropsy), co		$0		
88036		Limited autopsy		$876		
88036	26	Limited autopsy		$876		
88036	TC	Limited autopsy		$0		
88037		Limited autopsy		$713		
88037	26	Limited autopsy		$713		
88037	TC	Limited autopsy		$0		
88040		Forensic autopsy (necr		$2,648		
88040	26	Forensic autopsy (necr		$2,648		
88040	TC	Forensic autopsy (necr		$0		
88045		Coroner's autopsy (nec		BR		
88045	26	Coroner's autopsy (nec		BR		
88045	TC	Coroner's autopsy (nec		BR		
88099		Necropsy (autopsy) pro		BR		
88099	26	Necropsy (autopsy) pro		BR		
88099	TC	Necropsy (autopsy) pro		BR		
88104		Cytopathology, fluids		$73		
88104	26	Cytopathology, fluids		$57		
88104	TC	Cytopathology, fluids		$16		
88106		Cytopathology, fluids		$102		
88106	26	Cytopathology, fluids		$31		
88106	TC	Cytopathology, fluids		$71		
88108		Cytopath, concentrate tech		$77		
88108	26	Cytopath, concentrate tech		$59		
88108	TC	Cytopath, concentrate tech		$19		
88112	26	Cytopath cell enhance tech		$117		
88112	TC	Cytopath cell enhance tech		$91		
88112		Cytopath cell enhance tech		$208		
88120	26	Cytp urne 3-5 probes ea spec		$108		
88120	TC	Cytp urne 3-5 probes ea spec		$865		
88120		Cytp urne 3-5 probes ea spec		$973		
88121	26	Cytp urine 3-5 probes cmptr		$96		
88121	TC	Cytp urine 3-5 probes cmptr		$742		
88121		Cytp urine 3-5 probes cmptr		$838		
88125		Forensic cytopathology		$129		
88125	26	Forensic cytopathology		$39		
88125	TC	Forensic cytopathology		$90		
88130		Sex chromatin identifi		$49		
88130	26	Sex chromatin identifi		$14		
88130	TC	Sex chromatin identifi		$35		
88140		Sex chromatin identifi		$34		
88140	26	Sex chromatin identifi		$10		
88140	TC	Sex chromatin identifi		$24		
88141		Cytopath, c/v, interpret		$70		
88142		Cytopath, c/v, thin layer		BR		
88143		Cytopath c/v thin layer redo		BR		
88147		Cytopath, c/v, automated		BR		
88148		Cytopath, c/v, auto rescreen		BR		
88150		Cytopath, c/v, manual		$23		
88150	26	Cytopath, c/v, manual		$8		
88150	TC	Cytopath, c/v, manual		$15		
88152		Cytopath, c/v, auto redo		BR		
88153		Cytopath, c/v, redo...		BR		
88154		Cytopath, c/v, select		BR		
88155		Cytopath, c/v, index add-on		$25		
88155	26	Cytopath, c/v, index add-on		$7		
88155	TC	Cytopath, c/v, index add-on		$18		
88160		Cytopath smear, other		$73		
88160	26	Cytopath smear, other		$22		
88160	TC	Cytopath smear, other		$51		
88161		Cytopath smear, other		$102		
88161	26	Cytopath smear, other		$31		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
88161	TC	Cytopath smear, other		$71		
88162		Cytopath smear, other		$143		
88162	26	Cytopath smear, other		$43		
88162	TC	Cytopath smear, other		$100		
88164		Cytopath tbs, c/v, manual		BR		
88165		Cytopath tbs, c/v, redo		BR		
88166		Cytopath tbs, c/v, auto redo		BR		
88167		Cytopath tbs, c/v, select		BR		
88172		Evaluation of smear		$128		
88172	26	Evaluation of smear		$102		
88172	TC	Evaluation of smear		$26		
88173		Interpretation of smear		$128		
88173	26	Interpretation of smear		$128		
88173	TC	Interpretation of smear		$0		
88177	26	Cytp fna eval ea addl		$43		
88177	TC	Cytp fna eval ea addl		$14		
88177		Cytp fna eval ea addl		$57		
88182		Cell marker study		$163		
88182	26	Cell marker study		$61		
88182	TC	Cell marker study		$102		
88184		Flowcytometry/ tc 1 marker		$165		
88185		Flowcytometry/tc add-on		$100		
88187		Flowcytometry/read 2-8		$139		
88188		Flowcytometry/read 9-15		$176		
88189		Flowcytometry/read 16 & >		$213		
88199		Cytopathology procedure		BR		
88199	26	Cytopathology procedure		BR		
88199	TC	Cytopathology procedure		BR		
88230		Tissue culture, lymphocyte		$482		
88230	26	Tissue culture, lymphocyte		$143		
88230	TC	Tissue culture, lymphocyte		$339		
88233		Tissue culture, skin/b		$448		
88233	26	Tissue culture, skin/b		$134		
88233	TC	Tissue culture, skin/b		$314		
88235		Tissue culture, placenta		$469		
88235	26	Tissue culture, placenta		$141		
88235	TC	Tissue culture, placenra		$328		
88237		Tissue culture, bone		$526		
88237	26	Tissue culture, bone		$158		
88237	TC	Tissue culture, bone		$368		
88239		Tissue culture, tumor		$613		
88239	26	Tissue culture, tumor		$184		
88239	TC	Tissue culture, tumor		$429		
88240		Cell cryopreserve/ storage		BR		
88241		Frozen cell preparation		BR		
88245		Chromosome analysis, 20-		$617		
88245	26	Chromosome analysis, 20-		$184		
88245	TC	Chromosome analysis, 20-		$433		
88248		Chromosome analysis, 50-		$721		
88248	26	Chromosome analysis, 50-		$217		
88248	TC	Chromosome analysis, 50-		$504		
88249		Chromosome analysis, 100		BR		
88261		Chromosome analysis, 5		$736		
88261	26	Chromosome analysis, 5		$221		
88261	TC	Chromosome analysis, 5		$515		
88262		Chromosome analysis, 1		$580		
88262	26	Chromosome analysis, 1		$175		
88262	TC	Chromosome analysis, 1		$405		
88263		Chromosome analysis, 4		$489		
88263	26	Chromosome analysis, 4		$147		
88263	TC	Chromosome analysis, 4		$342		
88264		Chromosome analysis, 20-25		BR		
88267		Chromosome analysis:pl		$890		
88267	26	Chromosome analysis:pl		$267		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
88267	TC	Chromosome analysis:pl		$623		
88269		Chromosome analysis:am		$489		
88269	26	Chromosome analysis:am		$163		
88269	TC	Chromosome analysis:am		$326		
88271		Cytogenetics, dna probe		BR		
88272		Cytogenetics, 3-5.....		BR		
88273		Cytogenetics, 10-30...		BR		
88274		Cytogenetics, 25-99...		BR		
88275		Cytogenetics, 100-300		BR		
88280		Chromosome karyotype s		$114		
88280	26	Chromosome karyotype s		$35		
88280	TC	Chromosome karyotype s		$79		
88283		Chromosome banding stu		$224		
88283	26	Chromosome banding stu		$67		
88283	TC	Chromosome banding stu		$157		
88285		Chromosome count: addi		$61		
88285	26	Chromosome count: addi		$18		
88285	TC	Chromosome count: addi		$43		
88289		Chromosome study: addi		$114		
88289	26	Chromosome study: addi		$35		
88289	TC	Chromosome study: addi		$79		
88291		Cyto/molecular report		$52		
88299		Cytogenetic study		BR		
88299	26	Cytogenetic study		BR		
88299	TC	Cytogenetic study		BR		
88300		Surg path, gross		$47		
88300	26	Surg path, gross		$37		
88300	TC	Surg path, gross		$10		
88302		Tissue exam by pathologist		$99		
88302	26	Tissue exam by pathologist		$79		
88302	TC	Tissue exam by pathologist		$20		
88304		Tissue exam by pathologist		$128		
88304	26	Tissue exam by pathologist		$102		
88304	TC	Tissue exam by pathologist		$26		
88305		Tissue exam by pathologist		$130		
88305	26	Tissue exam by pathologist		$91		
88305	TC	Tissue exam by pathologist		$39		
88307		Tissue exam by pathologist		$229		
88307	26	Tissue exam by pathologist		$170		
88307	TC	Tissue exam by pathologist		$59		
88309		Tissue exam by pathologist		$591		
88309	26	Tissue exam by pathologist		$473		
88309	TC	Tissue exam by pathologist		$118		
88311		Decalcify tissue		$45		
88311	26	Decalcify tissue		$37		
88311	TC	Decalcify tissue		$8		
88312		Special stains		$45		
88312	26	Special stains		$14		
88312	TC	Special stains		$31		
88313		Special stains		$45		
88313	26	Special stains		$14		
88313	TC	Special stains		$31		
88314		Histochemical stain		$41		
88314	26	Histochemical stain		$12		
88314	TC	Histochemical stain		$29		
88319		Enzyme histochemistry		$50		
88319	26	Enzyme histochemistry		$24		
88319	TC	Enzyme histochemistry		$26		
88321		Microslide consultation		$81		
88323		Microslide consultation		$143		
88323	26	Microslide consultation		$143		
88323	TC	Microslide consultation		$0		
88325		Comprehensive review o		$102		
88325	26	Comprehensive review o		$102		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
88325	TC	Comprehensive review o		$0		
88329		Pathology consult in s		$96		
88329	26	Pathology consult in s		$96		
88329	TC	Pathology consult in s		$0		
88331		Pathology consult in s		$189		
88331	26	Pathology consult in s		$128		
88331	TC	Pathology consult in s		$61		
88332		Pathology consult in s		$100		
88332	26	Pathology consult in s		$67		
88332	TC	Pathology consult in s		$33		
88334	26	Intraop cyto path consult 2		$77		
88334	TC	Intraop cyto path consult 2		$49		
88334		Intraop cyto path consult 2		$126		
88342		Immunocytochemistry		$100		
88342	26	Immunocytochemistry		$67		
88342	TC	Immunocytochemistry		$33		
88346		Immunofluorescent stud		$204		
88346	26	Immunofluorescent stud		$143		
88346	TC	Immunofluorescent stud		$61		
88347		Immunofluorescent stud		$244		
88347	26	Immunofluorescent stud		$183		
88347	TC	Immunofluorescent stud		$61		
88348		Electron microscopy		$351		
88348	26	Electron microscopy		$267		
88348	TC	Electron microscopy		$84		
88349		Scanning electron micr		$351		
88349	26	Scanning electron micr		$267		
88349	TC	Scanning electron micr		$84		
88355		Analysis, skeletal mus		$200		
88355	26	Analysis, skeletal mus		$149		
88355	TC	Analysis, skeletal mus		$51		
88356		Analysis, nerve		$200		
88356	26	Analysis, nerve		$149		
88356	TC	Analysis, nerve		$51		
88358		Analysis, tumor		$200		
88358	26	Analysis, tumor		$149		
88358	TC	Analysis, tumor		$51		
88360	26	Tumor immunohistochem/manual		$106		
88360	TC	Tumor immunohistochem/manual		$139		
88360		Tumor immunohistochem/manual		$245		
88361	26	Tumor immunohistochem/comput		$116		
88361	TC	Tumor immunohistochem/comput		$190		
88361		Tumor immunohistochem/comput		$306		
88362		Nerve teasing preparations		$635		
88362	26	Nerve teasing preparations		$224		
88362	TC	Nerve teasing preparations		$412		
88363		Xm archive tissue molec anal		$73	$73	$32
88365		Tissue hybridization		$47		
88365	26	Tissue hybridization		$47		
88365	TC	Tissue hybridization		$0		
88367	26	Insitu hybridization auto		$126		
88367	TC	Insitu hybridization auto		$419		
88367		Insitu hybridization auto		$544		
88368	26	Insitu hybridization manual		$126		
88368	TC	Insitu hybridization manual		$324		
88368		Insitu hybridization manual		$451		
88371		Protein, western blot		BR		
88371	26	Protein, western blot		$39		
88371	TC	Protein, western blot		BR		
88372		Protein analysis w/pro		BR		
88372	26	Protein analysis w/pro		$33		
88372	TC	Protein analysis w/pro		BR		
88380	26	Microdissection laser		$155		
88380	TC	Microdissection laser		$204		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
88380		Microdissection laser		$359		
88381	26	Microdissection manual		$102		
88381	TC	Microdissection manual		$183		
88381		Microdissection manual		$284		
88385	26	Eval molecul probes 51-250		$127		
88385	TC	Eval molecul probes 51-250		$978		
88385		Eval molecul probes 51-250		$1,104		
88386	26	Eval molecul probes 251-500		$166		
88386	TC	Eval molecul probes 251-500		$1,029		
88386		Eval molecul probes 251-500		$1,195		
88387	26	Tiss exam molecular study		$13		
88387	TC	Tiss exam molecular study		$59		
88387		Tiss exam molecular study		$72		
88388	26	Tiss ex molecul study add-on		$47		
88388	TC	Tiss ex molecul study add-on		$17		
88388		Tiss ex molecul study add-on		$63		
88399		Surgical pathology pro		BR		
88399	26	Surgical pathology pro		BR		
88399	TC	Surgical pathology pro		BR		
89049		Chct for mal hyperthermia		$545		
89050		Body fluid cell count		$18		
89050	26	Body fluid cell count		$6		
89050	TC	Body fluid cell count		$12		
89051		Body fluid cell count		$24		
89051	26	Body fluid cell count		$8		
89051	TC	Body fluid cell count		$16		
89060		Exam,synovial fluid cr		$24		
89060	26	Exam,synovial fluid cr		$8		
89060	TC	Exam,synovial fluid cr		$16		
89125		Specimen fat stain		$26		
89125	26	Specimen fat stain		$8		
89125	TC	Specimen fat stain		$18		
89160		Exam feces for meat fibers		$12		
89160	26	Exam feces for meat fibers		$4		
89160	TC	Exam feces for meat fibers		$8		
89190		Nasal smear for eosino		$18		
89190	26	Nasal smear for eosino		$6		
89190	TC	Nasal smear for eosino		$12		
89220		Sputum specimen collection		$33		
89230		Collect sweat for test		$5		
89250		Fertilization of oocyte		BR		
89251		Culture oocyte w/ embryos		BR		
89252		Assist oocyte fertilization		BR		
89253		Embryo hatching.....		BR		
89254		Oocyte identification		BR		
89255		Prepare embryo for transfer		BR		
89256		Prepare cryopreserved embryo		BR		
89257		Sperm identification..		BR		
89258		Cryopreservation, embryo		BR		
89259		Cryopreservation, sperm		BR		
89260		Sperm isolation, simple		BR		
89261		Sperm isolation, complex		BR		
89264		Identify sperm tissue		BR		
89300		Semen analysis.....		$39		
89300	26	Semen analysis.....		$13		
89300	TC	Semen analysis.....		$26		
89310		Semen analysis		$36		
89310	26	Semen analysis		$10		
89310	TC	Semen analysis		$26		
89320		Semen analysis		$43		
89320	26	Semen analysis		$12		
89320	TC	Semen analysis		$31		
89325		Sperm antibody test		$36		
89325	26	Sperm antibody test		$10		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
89325	TC	Sperm antibody test		$26		
89329		Sperm evaluation test		$128		
89329	26	Sperm evaluation test		$47		
89329	TC	Sperm evaluation test		$81		
89330		Evaluation, cervical m		$36		
89330	26	Evaluation, cervical m		$10		
89330	TC	Evaluation, cervical m		$26		
90281		Human ig, im.....		BR		
90283		Human ig, iv.....		BR		
90287		Botulinum antitoxin...		BR		
90288		Botulism ig, iv.....		BR		
90291		Cmv ig, iv.....		BR		
90296		Diphtheria antitoxin..		BR		
90371		Hep b ig, im.....		BR		
90375		Rabies ig, im/sc.....		BR		
90376		Rabies ig, heat treated.		BR		
90378		Rsv ig, im.....		BR		
90379		Rsv ig, iv.....		BR		
90384		Rh ig, full-dose, im..		BR		
90385		Rh ig, minidose, im...		BR		
90386		Rh ig, iv.....		BR		
90389		Tetanus ig, im.....		BR		
90393		Vaccina ig, im.....		BR		
90396		Varicella-zoster ig, im		BR		
90399		Immune globulin.....		BR		
90460		Im admin 1st/only component		$50		
90461		Im admin each addl component		$26		
90471		Immunization admin....		$51		
90472		Immunization admin, each add		$26		
90473		Immune admin oral/nasal		$50		
90474		Immune admin oral/nasal addl		$26		
90476		Adenovirus vaccine, type 4		BR		
90477		Adenovirus vaccine, type 7		BR		
90581		Anthrax vaccine, sc...		BR		
90585		Bcg vaccine, percut...		BR		
90586		Bcg vaccine, intravesical		BR		
90632		Hep a vaccine, adult im		BR		
90633		Hep a vacc, ped/adol, 2 dose		BR		
90634		Hep a vacc, ped/adol, 3 dose		BR		
90636		Hep a/hep b vacc, adult im		BR		
90645		Hib vaccine, hboc, im		BR		
90646		Hib vaccine, prp-d, im		BR		
90647		Hib vaccine, prp-omp, im		BR		
90648		Hib vaccine, prp-t, im		BR		
90657		Flu vaccine, 6-35 mo, im		BR		
90658		Flu vaccine, 3 yrs, im		BR		
90660		Flu vaccine, nasal....		BR		
90665		Lyme disease vaccine, im		BR		
90669		Pneumococcal vaccine, ped		BR		
90675		Rabies vaccine, im....		BR		
90676		Rabies vaccine, id....		BR		
90680		Rotovirus vaccine, oral		BR		
90690		Typhoid vaccine, oral		BR		
90691		Typhoid vaccine, im...		BR		
90692		Typhoid vaccine, h-p, sc/id		BR		
90693		Typhoid vaccine, akd, sc		BR		
90700		Dtap vaccine, im.....		BR		
90701		Dtp vaccine, im.....		BR		
90702		Dt vaccine, im.....		BR		
90703		Tetanus vaccine, im...		BR		
90704		Mumps vaccine, sc.....		BR		
90705		Measles vaccine, sc...		BR		
90706		Rubella vaccine, sc...		BR		
90707		Mmr vaccine, sc.....		BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
90708		Measles-rubella vaccine, sc		BR		
90710		Mmrv vaccine, sc.....		BR		
90712		Oral poliovirus vaccine		BR		
90713		Poliovirus, ipv, sc...		BR		
90716		Chicken pox vaccine, sc		BR		
90717		Yellow fever vaccine, sc		BR		
90718		Td vaccine, im.....		BR		
90719		Diphtheria vaccine, im		BR		
90720		Dtp/hib vaccine, im...		BR		
90721		Dtap/hib vaccine, im..		BR		
90725		Cholera vaccine, injectable		BR		
90727		Plague vaccine, im....		BR		
90732		Pneumococcal vaccine, adult		BR		
90733		Meningococcal vaccine, sc		BR		
90735		Encephalitis vaccine, sc		BR		
90744		Hep b vaccine, ped/ adol, im		BR		
90746		Hep b vaccine, adult, im		BR		
90747		Hep b vaccine, ill pat, im		BR		
90748		Hep b/hib vaccine, im		BR		
90749		Vaccine toxoid.....		BR		
90801		Psy dx interview.....		$257		
90802		Intac psy dx interview		$255		
90804		Psytx, office, 20-30 min		$116		
90805		Psytx, off, 20-30 min w/e&m		$127		
90806		Psytx, off, 45-50 min		$178		
90807		Psytx, off, 45-50 min w/e&m		$189		
90808		Psytx, office, 75-80 min		$283		
90809		Psytx, off, 75-80, w/ e&m		$292		
90810		Intac psytx, off, 20- 30 min		$140		
90811		Intac psytx, 20-30, w/ e&m		$152		
90812		Intac psytx, off, 45- 50 min		$191		
90813		Intac psytx, 45-50 min w/e&m		$201		
90814		Intac psytx, off, 75- 80 min		$262		
90815		Intac psytx, 75-80 w/ e&m		$272		
90816		Psytx, hosp, 20-30 min		$120		
90817		Psytx, hosp, 20-30 min w/e&m		$131		
90818		Psytx, hosp, 45-50 min		$181		
90819		Psytx, hosp, 45-50 min w/e&m		$192		
90821		Psytx, hosp, 75-80 min		$286		
90822		Psytx, hosp, 75-80 min w/e&m		$296		
90823		Intac psytx, hosp, 20- 30 min		$145		
90824		Intac psytx, hsp 20-30 w/e&m		$155		
90826		Intac psytx, hosp, 45- 50 min		$194		
90827		Intac psytx, hsp 45-50 w/e&m		$204		
90828		Intac psytx, hosp, 75- 80 min		$267		
90829		Intac psytx, hsp 75-80 w/e&m		$274		
90845		Psychoanalysis.....		$162		
90846		Family psytx w/o patient		$180		
90847		Family psytx w/patient		$206		
90849		Multiple family group psytx		$63		
90853		Group psychotherapy...		$63		
90857		Intac group psytx.....		$59		
90862		Medication management		$97		
90865		Narcosynthesis.....		$307		
90867		Tcranial magn stim tx plan			$772	$357
90868		Tcranial magn stim tx deli			$372	$49
90869		Tcran magn stim redetemine			$954	$238
90870		Electroconvulsive therapy	0	$178		
90875		Psychophysiological therapy		$135		
90876		Psychophysiological therapy		$204		
90880		Hypnotherapy.....		$208		
90882		Environmental manipulation		BR		
90885		Psy evaluation of records		$94		
90887		Consultation with family		$131		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
90889		Preparation of report		BR		
90899		Psychiatric service/therapy		BR		
90901		Biofeedback train, any meth	0	$98		
90911		Biofeedback peri/uro/ rectal	0	$153		
90935		Hemodialysis, one evaluation	0	$193		
90937		Hemodialysis, repeated eval	0	$348		
90945		Dialysis, one evaluation	0	$179		
90947		Dialysis, repeated eval	0	$302		
90951		Esrd serv 4 visits p mo <2		$1,902		
90954		Esrd serv 4 vsts p mo 2-11		$1,650		
90955		Esrd srv 2-3 vsts p mo 2-11		$930		
90956		Esrd srv 1 visit p mo 2-11		$646		
90957		Esrd srv 4 vsts p mo 12-19		$1,313		
90958		Esrd srv 2-3 vsts p mo 12-19		$890		
90959		Esrd serv 1 vst p mo 12-19		$603		
90960		Esrd srv 4 visits p mo 20+		$581		
90961		Esrd srv 2-3 vsts p mo 20+		$488		
90962		Esrd serv 1 visit p mo 20+		$378		
90963		Esrd home pt serv p mo <2		$1,109		
90964		Esrd home pt serv p mo 2-11		$967		
90965		Esrd home pt serv p mo 12-19		$922		
90966		Esrd home pt serv p mo 20+		$488		
90967		Esrd home pt serv p day <2		$36		
90968		Esrd home pt srv p day 2-11		$31		
90969		Esrd home pt srv p day 12-19		$30		
90970		Esrd home pt serv p day 20+		$16		
90989		Dialysis training/complete		BR		
90993		Dialysis training/incomplete		BR		
90997		Hemoperfusion	0	$308		
90999		Dialysis procedure		BR		
91010		Esophagus motility study	0	$241		
91010	26	Esophagus motility study	0	$179		
91010	TC	Esophagus motility study	0	$62		
91013	26	Esophgl motil w/stim/perfus		$20		
91013	TC	Esophgl motil w/stim/perfus		$30		
91013		Esophgl motil w/stim/perfus		$50		
91020		Gastric motility.....	0	$262		
91020	26	Gastric motility.....	0	$204		
91020	TC	Gastric motility.....	0	$58		
91022	26	Duodenal motility study		$160		
91022	TC	Duodenal motility study		$204		
91022		Duodenal motility study		$364		
91030		Acid perfusion of esophagus	0	$128		
91030	26	Acid perfusion of esophagus	0	$112		
91030	TC	Acid perfusion of esophagus	0	$17		
91034	26	Gastroesophageal reflux test		$106		
91034	TC	Gastroesophageal reflux test		$294		
91034		Gastroesophageal reflux test		$400		
91035	26	G-esoph reflx tst w/electrod		$175		
91035	TC	G-esoph reflx tst w/electrod		$851		
91035		G-esoph reflx tst w/electrod		$1,026		
91037	26	Esoph imped function test		$109		
91037	TC	Esoph imped function test		$234		
91037		Esoph imped function test		$343		
91038	26	Esoph imped funct test > 1h		$122		
91038	TC	Esoph imped funct test > 1h		$867		
91038		Esoph imped funct test > 1h		$988		
91040	26	Esoph balloon distension tst		$96		
91040	TC	Esoph balloon distension tst		$496		
91040		Esoph balloon distension tst		$592		
91065		Breath hydrogen test	0	$94		
91065	26	Breath hydrogen test	0	$69		
91065	TC	Breath hydrogen test	0	$26		
91110	26	Gi tract capsule endoscopy		$405		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
91110	TC	Gi tract capsule endoscopy		$1,495		
91110		Gi tract capsule endoscopy		$1,900		
91111	26	Esophageal capsule endoscopy		$110		
91111	TC	Esophageal capsule endoscopy		$1,445		
91111		Esophageal capsule endoscopy		$1,556		
91117		Colon motility 6 hr study			$289	$310
91120	26	Rectal sensation test		$105		
91120	TC	Rectal sensation test		$719		
91120		Rectal sensation test		$824		
91122		Anal pressure record	0	$264		
91122	26	Anal pressure record	0	$210		
91122	TC	Anal pressure record	0	$54		
91132	26	Electrogastrography		$58		
91132	TC	Electrogastrography		$270		
91132		Electrogastrography		$328		
91133	26	Electrogastrography w/test		$74		
91133	TC	Electrogastrography w/test		$307		
91133		Electrogastrography w/test		$381		
91299		Gastroenterology procedure		BR		
91299	26	Gastroenterology procedure	BR			
91299	TC	Gastroenterology procedure	BR			
92002		Eye exam, new patient		$108		
92004		Eye exam, new patient		$157		
92012		Eye exam established pt		$91		
92014		Eye exam & treatment		$115		
92015		Refraction		-	$41	$39
92018		New eye exam & treatment		$143		
92019		Eye exam & treatment		$129		
92020		Special eye evaluation		$52		
92025	26	Corneal topography		$41		
92025	TC	Corneal topography		$37		
92025		Corneal topography		$78		
92060		Special eye evaluation		$81		
92060	26	Special eye evaluation		$66		
92060	TC	Special eye evaluation		$14		
92065		Orthoptic/pleoptic training		$52		
92065	26	Orthoptic/pleoptic training		$41		
92065	TC	Orthoptic/pleoptic training		$12		
92071		Contact lens fitting for tx			$77	$69
92072		Fit contac lens for managmnt			$246	$197
92081		Visual field examination(s)		$49		
92081	26	Visual field examination(s)		$38		
92081	TC	Visual field examination(s)		$11		
92082		Visual field examination(s)		$67		
92082	26	Visual field examination(s)		$53		
92082	TC	Visual field examination(s)		$14		
92083		Visual field examination(s)		$98		
92083	26	Visual field examination(s)		$77		
92083	TC	Visual field examination(s)		$21		
92100		Serial tonometry exam(s)		$91		
92132	26	Cmptr ophth dx img ant segmt		$42		
92132	TC	Cmptr ophth dx img ant segmt		$34		
92132		Cmptr ophth dx img ant segmt		$77		
92133	26	Cmptr ophth img optic nerve		$59		
92133	TC	Cmptr ophth img optic nerve		$33		
92133		Cmptr ophth img optic nerve		$93		
92134	26	Cptr ophth dx img post segmt		$59		
92134	TC	Cptr ophth dx img post segmt		$33		
92134		Cptr ophth dx img post segmt		$93		
92136	26	Ophthalmic biometry		$64		
92136	TC	Ophthalmic biometry		$119		
92136		Ophthalmic biometry		$183		
92140		Glaucoma provocative tests		$67		
92225		Special eye exam, initial		$73		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
92226		Special eye exam, subsequent		$66		
92227		Remote dx retinal imaging		$25		
92228	26	Remote retinal imaging mgmt		$43		
92228	TC	Remote retinal imaging mgmt		$28		
92228		Remote retinal imaging mgmt		$71		
92230		Eye exam with photos..		$119		
92235		Eye exam with photos..		$175		
92235	26	Eye exam with photos..		$98		
92235	TC	Eye exam with photos..		$77		
92240		Icg angiography.....		$199		
92240	26	Icg angiography.....		$121		
92240	TC	Icg angiography.....		$77		
92240	26	Icg angiography		$131		
92240	TC	Icg angiography		$385		
92240		Icg angiography		$516		
92250		Eye exam with photos		$63		
92250	26	Eye exam with photos		$49		
92250	TC	Eye exam with photos		$13		
92250	26	Eye exam with photos		$49		
92250	TC	Eye exam with photos		$112		
92250		Eye exam with photos		$160		
92260		Ophthalmoscopy/dynamometry		$77		
92265		Eye muscle evaluation		$83		
92265	26	Eye muscle evaluation		$65		
92265	TC	Eye muscle evaluation		$18		
92270		Electro-oculography...		$109		
92270	26	Electro-oculography...		$84		
92270	TC	Electro-oculography...		$24		
92275		Electroretinography...		$138		
92275	26	Electroretinography...		$108		
92275	TC	Electroretinography...		$30		
92283		Color vision examination		$40		
92283	26	Color vision examination		$31		
92283	TC	Color vision examination		$9		
92284		Dark adaptation eye exam		$47		
92284	26	Dark adaptation eye exam		$34		
92284	TC	Dark adaptation eye exam		$13		
92285		Eye photography.....		$35		
92285	26	Eye photography.....		$26		
92285	TC	Eye photography.....		$8		
92286		Internal eye photography		$131		
92286	26	Internal eye photography		$101		
92286	TC	Internal eye photography		$30		
92287		Internal eye photography		$171		
92310		Contact lens fitting		BR		
92311		Contact lens fitting		$143		
92312		Contact lens fitting		$173		
92313		Contact lens fitting		$130		
92314		Prescription of contact lens		BR		
92315		Prescription of contact lens		$82		
92316		Prescription of contact lens		$119		
92317		Prescription of contact lens		$61		
92325		Modification of contact lens		$28		
92326		Replacement of contact lens		$115		
92340		Fitting of spectacles		-	$71	$38
92341		Fitting of spectacles		-	$81	$48
92342		Fitting of spectacles		-	$88	$55
92352		Special spectacles fitting		$48		
92353		Special spectacles fitting		$65		
92354		Special spectacles fitting		$605		
92355		Special spectacles fitting		$294		
92358		Eye prosthesis service		$69		
92370		Repair & adjust spectacles		-	$63	$34
92371		Repair & adjust spectacles		$44		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
92502		Ear and throat examination	0	$195		
92504		Ear microscopy examination		$33		
92506		Speech/hearing evaluation		$109		
92507		Speech/hearing therapy		$72		
92508		Speech/hearing therapy		$41		
92511		Nasopharyngoscopy	0	$126		
92512		Nasal function studies		$77		
92516		Facial nerve function test		$66		
92520		Laryngeal function studies		$96		
92526		Oral function therapy		$86		
92531		Spontaneous nystagmus study		BR		
92532		Positional nystagmus study		BR		
92533		Caloric vestibular test		BR		
92534		Optokinetic nystagmus		BR		
92541		Spontaneous nystagmus test		$81		
92541	26	Spontaneous nystagmus test		$64		
92541	TC	Spontaneous nystagmus test		$17		
92542		Positional nystagmus test		$71		
92542	26	Positional nystagmus test		$52		
92542	TC	Positional nystagmus test		$20		
92543		Caloric vestibular test		$91		
92543	26	Caloric vestibular test		$60		
92543	TC	Caloric vestibular test		$31		
92544		Optokinetic nystagmus test		$55		
92544	26	Optokinetic nystagmus test		$40		
92544	TC	Optokinetic nystagmus test		$16		
92545		Oscillating tracking test		$47		
92545	26	Oscillating tracking test		$32		
92545	TC	Oscillating tracking test		$16		
92546		Sinusoidal rotational test		$60		
92546	26	Sinusoidal rotational test		$41		
92546	TC	Sinusoidal rotational test		$19		
92547		Supplemental electrical test		$44		
92548		Posturography.....		$181		
92548	26	Posturography.....		$68		
92548	TC	Posturography.....		$113		
92551		Pure tone hearing test, air		$24		
92552		Pure tone audiometry, air		$33		
92553		Audiometry, air & bone		$50		
92555		Speech threshold audiometry		$29		
92556		Speech audiometry, complete		$44		
92557		Comprehensive hearing test		$92		
92559		Group audiometric testing		BR		
92560		Bekesy audiometry, screen		BR		
92561		Bekesy audiometry, diagnosis		$54		
92562		Loudness balance test		$31		
92563		Tone decay hearing test		$28		
92564		Sisi hearing test		$35		
92565		Stenger test, pure tone		$30		
92567		Tympanometry		$40		
92568		Acoustic reflex testing		$28		
92570		Acoustic immitance testing			$66	$61
92571		Filtered speech hearing test		$29		
92572		Staggered spondaic word test		$7		
92575		Sensorineural acuity test		$23		
92576		Synthetic sentence test		$33		
92577		Stenger test, speech		$54		
92579		Visual audiometry (vra)		$55		
92582		Conditioning play audiometry		$54		
92583		Select picture audiometry		$67		
92584		Electrocochleography		$185		
92585		Auditory evoked potential		$272		
92585	26	Auditory evoked potential		$131		
92585	TC	Auditory evoked potential		$141		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
92586		Auditor evoke potent limit		$174		
92587		Evoked auditory test		$113		
92587	26	Evoked auditory test		$18		
92587	TC	Evoked auditory test		$95		
92588		Evoked auditory test..		$159		
92588	26	Evoked auditory test..		$47		
92588	TC	Evoked auditory test..		$113		
92589		Auditory function test(s)		$41		
92590		Hearing aid exam, one ear		BR		
92591		Hearing aid exam, both ears		BR		
92592		Hearing aid check, one ear		BR		
92593		Hearing aid check, both ears		BR		
92594		Electro hearing aid test,one		BR		
92595		Electro hearing aid test,both		BR		
92596		Ear protector evaluation		$45		
92597		Oral speech device eval		$182		
92601		Cochlear implt f/up exam < 7			$286	$244
92602		Reprogram cochlear implt < 7			$183	$139
92603		Cochlear implt f/up exam 7 >			$302	$249
92604		Reprogram cochlear implt 7 >			$181	$138
92605		Ex for nonspeech device rx			$187	$179
92606		Non-speech device service			$167	$143
92607		Ex for speech device rx 1hr		$232		
92608		Ex for speech device rx addl		$88		
92609		Use of speech device service		$180		
92610		Evaluate swallowing function			$155	$138
92611		Motion fluoroscopy/swallow		$174		
92612		Endoscopy swallow tst (fees)			$351	$139
92613		Endoscopy swallow tst (fees)		$79		
92614		Laryngoscopic sensory test			$316	$141
92615		Eval laryngoscopy sense tst			$70	$69
92616		Fees w/laryngeal sense test			$421	$205
92617		Interprt fees/laryngeal test			$86	$85
92618		Ex for nonspeech dev rx add			$67	$66
92620		Auditory function 60 min			$192	$169
92621		Auditory function + 15 min			$46	$39
92625		Tinnitus assessment			$143	$127
92626		Eval aud rehab status			$185	$155
92627		Eval aud status rehab add-on			$46	$36
92640		Aud brainstem implt programg			$251	$213
92950		Heart/lung resuscitation(cpr	0	$442		
92953		Temporary external pacing	0	$137		
92960		Cardioversion electric, ext	0	$302		
92961		Cardioversion, electric, int	0	BR		
92970		Cardioassist, internal	0	$524		
92971		Cardioassist, external	0	$210		
92973		Percut coronary thrombectomy		$365		
92974		Cath place cardio brachytx		$333		
92975		Dissolve clot, heart vessel	0	$947		
92977		Dissolve clot, heart vessel		$583		
92978		Intravasc us, heart add-on		$544		
92978	26	Intravasc us, heart add-on		$203		
92978	TC	Intravasc us, heart add-on		$341		
92979		Intravasc us, heart add-on		$334		
92979	26	Intravasc us, heart add-on		$163		
92979	TC	Intravasc us, heart add-on		$171		
92980		Insert intracoronary stent	0	$2,273		
92981		Insert intracoronary stent		$608		
92982		Coronary artery dilation	0	$1,929		
92984		Coronary artery dilation		$442		
92986		Revision of aortic valve	90	$2,356		
92987		Revision of mitral valve	90	$1,124		
92990		Revision of pulmonary valve	90	$1,878		
92992		Revision of heart chamber	90	BR		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
92993		Revision of heart chamber	90	BR		
92995		Coronary atherectomy..	0	$1,103		
92996		Coronary atherectomy add-on		$481		
92997		Pul art balloon repr, percut	0	$1,067		
92998		Pul art balloon repr, percut		$700		
93000		Electrocardiogram, complete		$56		
93005		Electrocardiogram, tracing		$33		
93010		Electrocardiogram report		$24		
93015		Cardiovascular stress test		$233		
93016		Cardiovascular stress test		$61		
93017		Cardiovascular stress test		$122		
93018		Cardiovascular stress test		$50		
93024		Cardiac drug stress test		$285		
93024	26	Cardiac drug stress test		$203		
93024	TC	Cardiac drug stress test		$82		
93025	26	Microvolt t-wave assess		$76		
93025	TC	Microvolt t-wave assess		$259		
93025		Microvolt t-wave assess		$335		
93040		Rhythm ecg with report		$31		
93041		Rhythm ecg, tracing		$11		
93042		Rhythm ecg, report		$21		
93224		Ecg monitor/report, 24 hrs		$345		
93225		Ecg monitor/record, 24 hrs		$90		
93226		Ecg monitor/report, 24 hrs		$159		
93227		Ecg monitor/review, 24 hrs		$97		
93228		Remote 30 day ecg rev/report		$52		
93229	26	Remote 30 day ecg tech supp		$1,423		
93268		ECG record/review.....		$284		
93268	26	ECG record/review.....		BR		
93268	TC	ECG record/review.....		BR		
93270		ECG recording		$89		
93271		ECG/monitoring and analysis		$173		
93272		ECG/review, interpret only		$68		
93278		Ecg/signal-averaged		$161		
93278	26	Ecg/signal-averaged		$75		
93278	TC	Ecg/signal-averaged		$87		
93279	TC	Pm device progr eval sngl		$65		
93279		Pm device progr eval sngl		$34		
93279		Pm device progr eval sngl		$99		
93280	26	Pm device progr eval dual		$77		
93280	TC	Pm device progr eval dual		$38		
93280		Pm device progr eval dual		$115		
93281	26	Pm device progr eval multi		$89		
93281	TC	Pm device progr eval multi		$45		
93281		Pm device progr eval multi		$134		
93282	26	Icd device prog eval 1 sngl		$84		
93282	TC	Icd device prog eval 1 sngl		$39		
93282		Icd device prog eval 1 sngl		$123		
93283	26	Icd device progr eval dual		$114		
93283	TC	Icd device progr eval dual		$45		
93283		Icd device progr eval dual		$159		
93284	26	Icd device progr eval mult		$124		
93284	TC	Icd device progr eval mult		$52		
93284		Icd device progr eval mult		$176		
93285	26	Ilr device eval progr		$51		
93285	TC	Ilr device eval progr		$31		
93285		Ilr device eval progr		$82		
93286	26	Pre-op pm device eval		$30		
93286	TC	Pre-op pm device eval		$22		
93286		Pre-op pm device eval		$52		
93287	26	Pre-op icd device eval		$45		
93287	TC	Pre-op icd device eval		$25		
93287		Pre-op icd device eval		$70		
93288	26	Pm device eval in person		$43		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
93288	TC	Pm device eval in person		$31		
93288		Pm device eval in person		$74		
93289	26	Icd device interrogate		$91		
93289	TC	Icd device interrogate		$38		
93289		Icd device interrogate		$130		
93290	26	Icm device eval		$43		
93290	TC	Icm device eval		$18		
93290		Icm device eval		$61		
93291	26	Ilr device interrogate		$43		
93291	TC	Ilr device interrogate		$29		
93291		Ilr device interrogate		$71		
93292	26	Wcd device interrogate		$43		
93292	TC	Wcd device interrogate		$22		
93292		Wcd device interrogate		$64		
93293	26	Pm phone r-strip device eval		$31		
93293	TC	Pm phone r-strip device eval		$75		
93293		Pm phone r-strip device eval		$107		
93294		Pm device interrogate remote		$66		
93295		Icd device interrogat remote		$130		
93296		Pm/icd remote tech serv		$52		
93297		Icm device interrogat remote		$52		
93298		Ilr device interrogat remote		$52		
93303		Echo transthoracic....		$452		
93303	26	Echo transthoracic....		$162		
93303	TC	Echo transthoracic....		$291		
93304		Echo transthoracic....		$245		
93304	26	Echo transthoracic....		$99		
93304	TC	Echo transthoracic....		$146		
93306	26	Tte w/doppler complete		$129		
93306	TC	Tte w/doppler complete		$261		
93306		Tte w/doppler complete		$390		
93307		Echo exam of heart....		$423		
93307	26	Echo exam of heart....		$132		
93307	TC	Echo exam of heart....		$291		
93308		Echo exam of heart		$231		
93308	26	Echo exam of heart		$90		
93308	TC	Echo exam of heart		$141		
93312		Echo transesophageal..		$539		
93312	26	Echo transesophageal..		$250		
93312	TC	Echo transesophageal..		$289		
93313		Echo exam of heart		$119		
93314		Echo exam of heart		$397		
93314	26	Echo exam of heart		$119		
93314	TC	Echo exam of heart		$278		
93315		Echo transesophageal..		$584		
93315	26	Echo transesophageal..		$295		
93315	TC	Echo transesophageal..		$289		
93316		Echo transesophageal..		$124		
93317		Echo transesophageal..		$470		
93317	26	Echo transesophageal..		$181		
93317	TC	Echo transesophageal..		$289		
93318		Echo transesophageal intraop		$228		
93320		Doppler echo exam, heart		$185		
93320	26	Doppler echo exam, heart		$56		
93320	TC	Doppler echo exam, heart		$129		
93321		Doppler echo exam, heart		$107		
93321	26	Doppler echo exam, heart		$22		
93321	TC	Doppler echo exam, heart		$84		
93325		Doppler color flow add on		$229		
93325	26	Doppler color flow add on		$8		
93325	TC	Doppler color flow add on		$220		
93350		Echo transthoracic....		$248		
93350	26	Echo transthoracic....		$114		
93350	TC	Echo transthoracic....		$133		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
93351	26	Stress tte complete		$174		
93351	TC	Stress tte complete		$304		
93351		Stress tte complete		$478		
93352		Admin ecg contrast agent		$67		
93451	26	Right heart cath		$303		
93451	TC	Right heart cath		$1,343		
93451		Right heart cath		$1,646		
93452	26	Left hrt cath w/ventrclgrphy		$531		
93452	TC	Left hrt cath w/ventrclgrphy		$1,283		
93452		Left hrt cath w/ventrclgrphy		$1,813		
93453	26	R&l hrt cath w/ventriclgrphy		$695		
93453	TC	R&l hrt cath w/ventriclgrphy		$1,679		
93453		R&l hrt cath w/ventriclgrphy		$2,374		
93454	26	Coronary artery angio s&i		$534		
93454	TC	Coronary artery angio s&i		$1,335		
93454		Coronary artery angio s&i		$1,869		
93455	26	Coronary art/grft angio s&i		$617		
93455	TC	Coronary art/grft angio s&i		$1,565		
93455		Coronary art/grft angio s&i		$2,183		
93456	26	R hrt coronary artery angio		$684		
93456	TC	R hrt coronary artery angio		$1,654		
93456		R hrt coronary artery angio		$2,339		
93457	26	R hrt art/grft angio		$767		
93457	TC	R hrt art/grft angio		$1,884		
93457		R hrt art/grft angio		$2,651		
93458	26	L hrt artery/ventricle angio		$653		
93458	TC	L hrt artery/ventricle angio		$1,603		
93458		L hrt artery/ventricle angio		$2,256		
93459	26	L hrt art/grft angio		$735		
93459	TC	L hrt art/grft angio		$1,756		
93459		L hrt art/grft angio		$2,491		
93460	26	R&l hrt art/ventricle angio		$818		
93460	TC	R&l hrt art/ventricle angio		$1,846		
93460		R&l hrt art/ventricle angio		$2,664		
93461	26	R&l hrt art/ventricle angio		$903		
93461	TC	R&l hrt art/ventricle angio		$2,152		
93461		R&l hrt art/ventricle angio		$3,055		
93462		L hrt cath trnsptl puncture		$416		
93463		Drug admin & hemodynmic meas		$220		
93464	26	Exercise w/hemodynamic meas		$194		
93464	TC	Exercise w/hemodynamic meas		$355		
93464		Exercise w/hemodynamic meas		$549		
93503		Insert/place heart catheter	0	$366		
93505		Biopsy of heart lining	0	$703		
93505	26	Biopsy of heart lining	0	$557		
93505	TC	Biopsy of heart lining	0	$147		
93530		Rt heart cath, congenital	0	$1,814		
93530	26	Rt heart cath, congenital	0	$548		
93530	TC	Rt heart cath, congenital	0	$1,266		
93531		R & l heart cath, congenital	0	$4,588		
93531	26	R & l heart cath, congenital	0	$973		
93531	TC	R & l heart cath, congenital	0	$3,615		
93532		R & l heart cath, congenital	0	$4,016		
93532	26	R & l heart cath, congenital	0	$497		
93532	TC	R & l heart cath, congenital	0	$3,519		
93533		R & l heart cath, congenital	0	$4,209		
93533	26	R & l heart cath, congenital	0	$690		
93533	TC	R & l heart cath, congenital	0	$3,519		
93536		Insert circulation assist	0	$900		
93562		-	0	$87		
93562	26	-	0	$63		
93562	TC	-	0	$24		
93563		Inject congenital card cath		$115		
93564		Inject hrt congntl art/grft		$117		

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CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
93565		Inject l ventr/atrial angio		$89		
93566		Inject r ventr/atrial angio			$369	$87
93567		Inject suprvlv aortography			$298	$99
93568		Inject pulm art hrt cath			$334	$90
93571		Heart flow reserve measure		$519		
93571	26	Heart flow reserve measure		$178		
93571	TC	Heart flow reserve measure		$341		
93572		Heart flow reserve measure		$476		
93572	26	Heart flow reserve measure		$143		
93572	TC	Heart flow reserve measure		$333		
93580		Transcath closure of asd		$2,029		
93581		Transcath closure of vsd		$2,739		
93600		Bundle of his recording	0	$518		
93600	26	Bundle of his recording	0	$377		
93600	TC	Bundle of his recording	0	$142		
93602		Intra-atrial recording	0	$366		
93602	26	Intra-atrial recording	0	$285		
93602	TC	Intra-atrial recording	0	$81		
93603		Right ventricular recording	0	$438		
93603	26	Right ventricular recording	0	$316		
93603	TC	Right ventricular recording	0	$122		
93609		Mapping of tachycardia	0	$1,201		
93609	26	Mapping of tachycardia	0	$1,004		
93609	TC	Mapping of tachycardia	0	$197		
93610		Intra-atrial pacing	0	$488		
93610	26	Intra-atrial pacing	0	$390		
93610	TC	Intra-atrial pacing	0	$98		
93612		Intraventricular pacing	0	$509		
93612	26	Intraventricular pacing	0	$392		
93612	TC	Intraventricular pacing	0	$118		
93613		Electrophys map 3d add-on		$779		
93615		Esophageal recording	0	$119		
93615	26	Esophageal recording	0	$96		
93615	TC	Esophageal recording	0	$23		
93616		Esophageal recording	0	$231		
93616	26	Esophageal recording	0	$208		
93616	TC	Esophageal recording	0	$23		
93618		Heart rhythm pacing	0	$1,018		
93618	26	Heart rhythm pacing	0	$731		
93618	TC	Heart rhythm pacing	0	$287		
93619		Electrophysiology evaluation	0	$1,647		
93619	26	Electrophysiology evaluation	0	$1,067		
93619	TC	Electrophysiology evaluation	0	$580		
93620		Electrophysiology evaluation	0	$1,636		
93620	26	Electrophysiology evaluation	0	$963		
93620	TC	Electrophysiology evaluation	0	$673		
93621		Electrophysiology evaluation	0	BR		
93621	26	Electrophysiology evaluation	0	$1,122		
93621	TC	Electrophysiology evaluation	0	BR		
93622		Electrophysiology evaluation	0	BR		
93622	26	Electrophysiology evaluation	0	$1,129		
93622	TC	Electrophysiology evaluation	0	BR		
93623		Stimulation, pacing heart		BR		
93623	26	Stimulation, pacing heart		$388		
93623	TC	Stimulation, pacing heart		BR		
93624		Electrophysiologic study	0	$710		
93624	26	Electrophysiologic study	0	$567		
93624	TC	Electrophysiologic study	0	$144		
93631		Heart pacing, mapping	0	$1,458		
93631	26	Heart pacing, mapping	0	$993		
93631	TC	Heart pacing, mapping	0	$465		
93640		Evaluation heart device	0	$1,064		
93640	26	Evaluation heart device	0	$525		
93640	TC	Evaluation heart device	0	$539		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
93641		Electrophysiology evaluation	0	$1,398		
93641	26	Electrophysiology evaluation	0	$859		
93641	TC	Electrophysiology evaluation	0	$539		
93642		Electrophysiology evaluation	0	$1,255		
93642	26	Electrophysiology evaluation	0	$716		
93642	TC	Electrophysiology evaluation	0	$539		
93650		Ablate heart dysrhythm focus	0	$1,972		
93651		Ablate heart dysrhythm focus	0	$2,507		
93652		Ablate heart dysrhythm focus	0	$2,609		
93660		Tilt table evaluation	0	$424		
93660	26	Tilt table evaluation	0	$236		
93660	TC	Tilt table evaluation	0	$188		
93662		Intracardiac ecg (ice)		$285		
93668		Peripheral vascular rehab		$39		
93701		Bioimpedance cv analysis		$49		
93724		Analyze pacemaker system	0	$852		
93724	26	Analyze pacemaker system	0	$565		
93724	TC	Analyze pacemaker system	0	$287		
93740		Temperature gradient studies		$46		
93740	26	Temperature gradient studies		$35		
93740	TC	Temperature gradient studies		$12		
93750		Interrogation vad in person			$109	$91
93770		Measure venous pressure		$27		
93770	26	Measure venous pressure		$25		
93770	TC	Measure venous pressure		$3		
93784		Ambulatory bp monitoring		$112		
93786		Ambulatory bp recording		$62		
93788		Ambulatory bp analysis		$11		
93790		Review/report bp recording		$38		
93797		Cardiac rehab	0	$35		
93798		Cardiac rehab/monitor	0	$56		
93799		Cardiovascular procedure		BR		
93799	26	Cardiovascular procedure		BR		
93799	TC	Cardiovascular procedure		BR		
93880		Extracranial study		$341		
93880	26	Extracranial study		$79		
93880	TC	Extracranial study		$263		
93882		Extracranial study....		$237		
93882	26	Extracranial study....		$46		
93882	TC	Extracranial study....		$191		
93886		Intracranial study		$381		
93886	26	Intracranial study		$119		
93886	TC	Intracranial study		$263		
93888		Intracranial study....		$282		
93888	26	Intracranial study....		$64		
93888	TC	Intracranial study....		$218		
93892	26	Tcd emboli detect w/o inj		$118		
93892	TC	Tcd emboli detect w/o inj		$567		
93892		Tcd emboli detect w/o inj		$685		
93893	26	Tcd emboli detect w/inj		$118		
93893	TC	Tcd emboli detect w/inj		$576		
93893		Tcd emboli detect w/inj		$694		
93922		Extremity study		$130		
93922	26	Extremity study		$42		
93922	TC	Extremity study		$88		
93923		Extremity study		$245		
93923	26	Extremity study		$80		
93923	TC	Extremity study		$166		
93924		Extremity study		$267		
93924	26	Extremity study		$87		
93924	TC	Extremity study		$181		
93925		Lower extremity study		$341		
93925	26	Lower extremity study		$79		
93925	TC	Lower extremity study		$263		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
93926		Lower extremity study		$239		
93926	26	Lower extremity study		$45		
93926	TC	Lower extremity study		$193		
93930		Upper extremity study		$328		
93930	26	Upper extremity study		$66		
93930	TC	Upper extremity study		$263		
93931		Upper extremity study		$245		
93931	26	Upper extremity study		$40		
93931	TC	Upper extremity study		$205		
93965		Extremity study		$143		
93965	26	Extremity study		$61		
93965	TC	Extremity study		$83		
93970		Extremity study		$355		
93970	26	Extremity study		$93		
93970	TC	Extremity study		$263		
93971		Extremity study.....		$264		
93971	26	Extremity study.....		$50		
93971	TC	Extremity study.....		$213		
93975		Vascular study.....		$526		
93975	26	Vascular study.....		$162		
93975	TC	Vascular study.....		$364		
93976		Vascular study.....		$351		
93976	26	Vascular study.....		$108		
93976	TC	Vascular study.....		$243		
93978		Vascular study		$350		
93978	26	Vascular study		$88		
93978	TC	Vascular study		$263		
93979		Vascular study.....		$248		
93979	26	Vascular study.....		$50		
93979	TC	Vascular study.....		$199		
93980		Penile vascular study		$455		
93980	26	Penile vascular study		$192		
93980	TC	Penile vascular study		$263		
93981		Penile vascular study		$318		
93981	26	Penile vascular study		$76		
93981	TC	Penile vascular study		$243		
93982		Aneurysm pressure sens study		$88		
93990		Doppler flow testing		$218		
93990	26	Doppler flow testing		$32		
93990	TC	Doppler flow testing		$186		
94002		Vent mgmt inpat init day		$193		
94003		Vent mgmt inpat subq day		$137		
94004		Vent mgmt nf per day		$101		
94005		Home vent mgmt supervision		$189		
94010		Breathing capacity test		$61		
94010	26	Breathing capacity test		$30		
94010	TC	Breathing capacity test		$31		
94011		Spirometry up to 2 yrs old		$209		
94012		Spirmtry w/brnchdil inf-2 yr		$330		
94013		Meas lung vol thru 2 yrs		$69		
94014		Patient recorded spirometry		$83		
94015		Patient recorded spirometry		BR		
94016		Review patient spirometry		$52		
94060		Evaluation of wheezing		$114		
94060	26	Evaluation of wheezing		$44		
94060	TC	Evaluation of wheezing		$70		
94070		Evaluation of wheezing		$177		
94070	26	Evaluation of wheezing		$68		
94070	TC	Evaluation of wheezing		$110		
94150		Vital capacity test		$24		
94150	26	Vital capacity test		$17		
94150	TC	Vital capacity test		$7		
94200		Lung function test (mbc/mvv)		$38		
94200	26	Lung function test (mbc/mvv)		$20		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
94200	TC	Lung function test (mbc/mvv)		$19		
94250		Expired gas collection		$28		
94250	26	Expired gas collection		$19		
94250	TC	Expired gas collection		$10		
94375		Respiratory flow volume loop		$73		
94375	26	Respiratory flow volume loop		$38		
94375	TC	Respiratory flow volume loop		$35		
94400		Co2 breathing response curve		$96		
94400	26	Co2 breathing response curve		$71		
94400	TC	Co2 breathing response curve		$26		
94450		Hypoxia response curve		$75		
94450	26	Hypoxia response curve		$47		
94450	TC	Hypoxia response curve		$28		
94452	26	Hast w/report		$30		
94452	TC	Hast w/report		$89		
94452		Hast w/report		$118		
94453	26	Hast w/oxygen titrate		$38		
94453	TC	Hast w/oxygen titrate		$123		
94453		Hast w/oxygen titrate		$162		
94610		Surfactant admin thru tube		$125		
94620		Pulmonary stress test/simple		$216		
94620	26	Pulmonary stress test/simple		$109		
94620	TC	Pulmonary stress test/simple		$107		
94621		Pulm stress test/ complex		$216		
94621	26	Pulm stress test/ complex		$109		
94621	TC	Pulm stress test/ complex		$107		
94640		Airway inhalation treatment		$30		
94642		Aerosol inhalation treatment		BR		
94644		Cbt 1st hour		$92		
94645		Cbt each addl hour		$29		
94660		Pos airway pressure, cpap		$109		
94662		Neg pressure ventilation,cnp		$77		
94664		Aerosol or vapor inhalations		$39		
94665		Aerosol or vapor inhalations		$37		
94668		Chest wall manipulation		$26		
94680		Exhaled air analysis: o2		$84		
94680	26	Exhaled air analysis: o2		$44		
94680	TC	Exhaled air analysis: o2		$40		
94681		Exhaled air analysis: o2,co2		$147		
94681	26	Exhaled air analysis: o2,co2		$45		
94681	TC	Exhaled air analysis: o2,co2		$103		
94690		Exhaled air analysis		$48		
94690	26	Exhaled air analysis		$9		
94690	TC	Exhaled air analysis		$40		
94726	26	Pulm funct tst plethysmograp		$26		
94726	TC	Pulm funct tst plethysmograp		$85		
94726		Pulm funct tst plethysmograp		$111		
94727	26	Pulm function test by gas		$26		
94727	TC	Pulm function test by gas		$61		
94727		Pulm function test by gas		$87		
94728	26	Pulm funct test oscillometry		$26		
94728	TC	Pulm funct test oscillometry		$61		
94728		Pulm funct test oscillometry		$87		
94729	26	C02/membane diffuse capacity		$17		
94729	TC	C02/membane diffuse capacity		$93		
94729		C02/membane diffuse capacity		$110		
94750		Pulmonary compliance study		$80		
94750	26	Pulmonary compliance study		$38		
94750	TC	Pulmonary compliance study		$42		
94760		Measure blood oxygen level		$19		
94761		Measure blood oxygen level		$50		
94762		Measure blood oxygen level		$84		
94770		Exhaled carbon dioxide test		$50		
94770	26	Exhaled carbon dioxide test		$24		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
94770	TC	Exhaled carbon dioxide test		$26		
94772		Breath recording, infant		BR		
94772	26	Breath recording, infant		BR		
94772	TC	Breath recording, infant		BR		
94780		Car seat/bed test 60 min			$104	$48
94781		Car seat/bed test + 30 min			$41	$17
94799		Pulmonary service/procedure		BR		
94799	26	Pulmonary service/procedure		BR		
94799	TC	Pulmonary service/procedure		BR		
95004		Allergy skin tests		$7		
95010		Sensitivity skin tests		$19		
95012		Exhaled nitric oxide meas		$40		
95015		Sensitivity skin tests		$19		
95024		Allergy skin tests		$11		
95027		Skin end point titration		$11		
95028		Allergy skin tests		$17		
95044		Allergy patch tests		$14		
95052		Photo patch test		$18		
95056		Photosensitivity tests		$13		
95060		Eye allergy tests		$25		
95065		Nose allergy test		$14		
95070		Bronchial allergy tests		$155		
95071		Bronchial allergy tests		$199		
95075		Ingestion challenge test		$208		
95115		Immunotherapy, one injection	0	$32		
95117		Immunotherapy injections	0	$37		
95120		Immunotherapy,single antigen		BR		
95125		Immunotherapy, many antigen		BR		
95130		Immunotherapy, insect venom		BR		
95131		Immunotherapy, insect venoms		BR		
95132		Immunotherapy, insect venoms		BR		
95133		Immunotherapy, insect venoms		BR		
95134		Immunotherapy, insect venoms		BR		
95144		Antigen therapy services	0		$26	$7
95145		Antigen therapy services	0	$32		
95146		Antigen therapy services	0	$44		
95147		Antigen therapy services	0	$62		
95148		Antigen therapy services	0	$63		
95149		Antigen therapy services	0	$78		
95165		Antigen therapy services	0	$15		
95170		Antigen therapy services	0	$20		
95180		Rapid desensitization	0	$153		
95199		Allergy immunology services	0	BR		
95250		Glucose monitoring cont		$329		
95251		Gluc monitor cont phys i&r		$89		
95800	26	Slp stdy unattended		$105		
95800	TC	Slp stdy unattended		$227		
95800		Slp stdy unattended		$332		
95801	26	Slp stdy unatnd w/anal		$100		
95801	TC	Slp stdy unatnd w/anal		$79		
95801		Slp stdy unatnd w/anal		$179		
95803	26	Actigraphy testing		$91		
95803	TC	Actigraphy testing		$249		
95803		Actigraphy testing		$340		
95805		Multiple sleep latency test		$571		
95805	26	Multiple sleep latency test		$178		
95805	TC	Multiple sleep latency test		$392		
95806		Sleep study, unattended		$650		
95806	26	Sleep study, unattended		$276		
95806	TC	Sleep study, unattended		$374		
95807		Sleep study, attended		$738		
95807	26	Sleep study, attended		$239		
95807	TC	Sleep study, attended		$499		
95808		Polysomnography, 1-3		$708		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
95808	26	Polysomnography, 1-3		$332		
95808	TC	Polysomnography, 1-3		$377		
95810		Polysomnography, 4 or more		$708		
95810	26	Polysomnography, 4 or more		$332		
95810	TC	Polysomnography, 4 or more		$377		
95811		Polysomnography w/cpap		$967		
95811	26	Polysomnography w/cpap		$444		
95811	TC	Polysomnography w/cpap		$523		
95812		Electroencephalogram (EEG)		$216		
95812	26	Electroencephalogram (EEG)		$113		
95812	TC	Electroencephalogram (EEG)		$102		
95813		Electroencephalogram (EEG)		$261		
95813	26	Electroencephalogram (EEG)		$159		
95813	TC	Electroencephalogram (EEG)		$102		
95816		Electroencephalogram (EEG)		$200		
95816	26	Electroencephalogram (EEG)		$100		
95816	TC	Electroencephalogram (EEG)		$100		
95819		Electroencephalogram (EEG)		$216		
95819	26	Electroencephalogram (EEG)		$113		
95819	TC	Electroencephalogram (EEG)		$103		
95822		Sleep electroencephalogram		$251		
95822	26	Sleep electroencephalogram		$119		
95822	TC	Sleep electroencephalogram		$132		
95824		Electroencephalography		$127		
95824	26	Electroencephalography		$97		
95824	TC	Electroencephalography		$31		
95827		Night electroencephalogram		$310		
95827	26	Night electroencephalogram		$144		
95827	TC	Night electroencephalogram		$166		
95829		Surgery electrocorticogram		$485		
95829	26	Surgery electrocorticogram		$474		
95829	TC	Surgery electrocorticogram		$12		
95830		Insert electrodes for eeg		$181		
95831		Limb muscle testing, manual		$44		
95832		Hand muscle testing, manual		$40		
95833		Body muscle testing, manual		$64		
95834		Body muscle testing, manual		$91		
95851		Range of motion measurements		$38		
95852		Range of motion measurements		$26		
95857		Tensilon test		$77		
95860		Muscle test, one limb		$147		
95860	26	Muscle test, one limb		$119		
95860	TC	Muscle test, one limb		$28		
95861		Muscle test, two limbs		$253		
95861	26	Muscle test, two limbs		$197		
95861	TC	Muscle test, two limbs		$56		
95863		Muscle test, 3 limbs..		$300		
95863	26	Muscle test, 3 limbs..		$230		
95863	TC	Muscle test, 3 limbs..		$70		
95864		Muscle test, 4 limbs..		$394		
95864	26	Muscle test, 4 limbs..		$260		
95864	TC	Muscle test, 4 limbs..		$134		
95865	26	Muscle test larynx		$168		
95865	TC	Muscle test larynx		$96		
95865		Muscle test larynx		$264		
95866	26	Muscle test hemidiaphragm		$132		
95866	TC	Muscle test hemidiaphragm		$109		
95866		Muscle test hemidiaphragm		$241		
95867		Muscle test, head or neck		$131		
95867	26	Muscle test, head or neck		$89		
95867	TC	Muscle test, head or neck		$42		
95868		Muscle test, head or neck		$253		
95868	26	Muscle test, head or neck		$203		
95868	TC	Muscle test, head or neck		$51		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
95869		Muscle test, thor paraspinal		$65		
95869	26	Muscle test, thor paraspinal		$49		
95869	TC	Muscle test, thor paraspinal		$17		
95870		Muscle test, nonparaspinal		$65		
95870	26	Muscle test, nonparaspinal		$49		
95870	TC	Muscle test, nonparaspinal		$17		
95872		Muscle test, one fiber		$203		
95872	26	Muscle test, one fiber		$157		
95872	TC	Muscle test, one fiber		$46		
95873	26	Guide nerv destr elec stim		$41		
95873	TC	Guide nerv destr elec stim		$107		
95873		Guide nerv destr elec stim		$148		
95874	26	Guide nerv destr needle emg		$40		
95874	TC	Guide nerv destr needle emg		$102		
95874		Guide nerv destr needle emg		$142		
95875		Limb exercise test		$144		
95875	26	Limb exercise test		$113		
95875	TC	Limb exercise test		$31		
95885	26	Musc tst done w/nerv tst lim		$37		
95885	TC	Musc tst done w/nerv tst lim		$78		
95885		Musc tst done w/nerv tst lim		$115		
95886	26	Musc test done w/n test comp		$98		
95886	TC	Musc test done w/n test comp		$82		
95886		Musc test done w/n test comp		$181		
95887	26	Musc tst done w/n tst nonext		$77		
95887	TC	Musc tst done w/n tst nonext		$84		
95887		Musc tst done w/n tst nonext		$161		
95900		Motor nerve conduction test		$75		
95900	26	Motor nerve conduction test		$54		
95900	TC	Motor nerve conduction test		$21		
95903		Motor nerve conduction test		$87		
95903	26	Motor nerve conduction test		$68		
95903	TC	Motor nerve conduction test		$19		
95904		Sense/mixed n conduction test		$64		
95904	26	Sense/mixed n conduction test		$47		
95904	TC	Sense/mixed n conduction test		$17		
95905	26	Motor/sens nrve conduct test		$6		
95905	TC	Motor/sens nrve conduct test		$133		
95905		Motor/sens nrve conduct test		$138		
95920		Intraop nerve test add on		$348		
95920	26	Intraop nerve test add on		$250		
95920	TC	Intraop nerve test add on		$97		
95921		Autonomic nerv function test		$117		
95921	26	Autonomic nerv function test		$89		
95921	TC	Autonomic nerv function test		$28		
95922		Autonomic nerv function test		$123		
95922	26	Autonomic nerv function test		$94		
95922	TC	Autonomic nerv function test		$28		
95923		Autonomic nerv function test		$117		
95923	26	Autonomic nerv function test		$89		
95923	TC	Autonomic nerv function test		$28		
95925		Somatosensory testing		$148		
95925	26	Somatosensory testing		$80		
95925	TC	Somatosensory testing		$68		
95926		Somatosensory testing		$149		
95926	26	Somatosensory testing		$81		
95926	TC	Somatosensory testing		$68		
95927		Somatosensory testing		$149		
95927	26	Somatosensory testing		$81		
95927	TC	Somatosensory testing.		$68		
95928	26	C motor evoked uppr limbs		$159		
95928	TC	C motor evoked uppr limbs		$399		
95928		C motor evoked uppr limbs		$558		
95929	26	C motor evoked lwr limbs		$159		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
95929	TC	C motor evoked lwr limbs		$403		
95929		C motor evoked lwr limbs		$562		
95930		Visual evoked potential test		$81		
95930	26	Visual evoked potential test		$62		
95930	TC	Visual evoked potential test		$19		
95933		Blink reflex test		$138		
95933	26	Blink reflex test		$81		
95933	TC	Blink reflex test		$58		
95934		H-reflex test.....		$77		
95934	26	H-reflex test.....		$60		
95934	TC	H-reflex test.....		$17		
95936		H-reflex test.....		$80		
95936	26	H-reflex test.....		$63		
95936	TC	H-reflex test.....		$17		
95937		Neuromuscular junction test		$102		
95937	26	Neuromuscular junction test		$77		
95937	TC	Neuromuscular junction test		$25		
95938	26	Somatosensory testing		$91		
95938	TC	Somatosensory testing		$517		
95938		Somatosensory testing		$608		
95939	26	C motor evoked upr&lwr limbs		$239		
95939	TC	C motor evoked upr&lwr limbs		$714		
95939		C motor evoked upr&lwr limbs		$952		
95950		Ambulatory EEG monitoring		$670		
95950	26	Ambulatory EEG monitoring		$190		
95950	TC	Ambulatory EEG monitoring		$480		
95951		EEG monitoring/videorecord		$1,131		
95951	26	EEG monitoring/videorecord		$553		
95951	TC	EEG monitoring/videorecord		$578		
95953		EEG monitoring/computer		$774		
95953	26	EEG monitoring/computer		$311		
95953	TC	EEG monitoring/computer		$464		
95954		EEG monitoring/giving drugs		$344		
95954	26	EEG monitoring/giving drugs		$306		
95954	TC	EEG monitoring/giving drugs		$37		
95955		EEG during surgery		$298		
95955	26	EEG during surgery		$152		
95955	TC	EEG during surgery		$146		
95956		EEG monitoring/cable/radio		$796		
95956	26	EEG monitoring/cable/radio		$332		
95956	TC	EEG monitoring/cable/radio		$464		
95957		EEG digital analysis..		$319		
95957	26	EEG digital analysis..		$191		
95957	TC	EEG digital analysis..		$128		
95958		EEG monitoring/function test		$684		
95958	26	EEG monitoring/function test		$557		
95958	TC	EEG monitoring/function test		$128		
95961		Electrode stimulation, brain		$414		
95961	26	Electrode stimulation, brain		$317		
95961	TC	Electrode stimulation, brain		$97		
95962		Electrode stim, brain add-on		$432		
95962	26	Electrode stim, brain add-on		$334		
95962	TC	Electrode stim, brain add-on		$97		
95965		Meg spontaneous		$862		
95966		Meg evoked single		$430		
95967		Meg evoked each addl		$377		
95970		Analyze neurostim, no prog		$47		
95971		Analyze neurostim, simple		$76		
95972		Analyze neurostim,complex		$140		
95973		Analyze neurostim,complex		$89		
95974		Cranial neurostim, complex		$283		
95975		Cranial neurostim, complex		$169		
95978		Analyze neurostim brain/1h			$488	$381
95979		Analyz neurostim brain addon			$210	$175

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
95980		Io anal gast n-stim init		$96		
95981		Io anal gast n-stim subsq			$67	$36
95982		Io ga n-stim subsq w/reprog			$108	$73
95990		Spin/brain pump refil & main		$188		
95991		Spin/brain pump refil & main			$254	$82
95992		Canalith repositioning proc			$87	$77
95999		Neurological procedure		BR		
96000		Motion analysis video/3d		$204		
96001		Motion test w/ft press meas		$203		
96002		Dynamic surface emg		$44		
96003		Dynamic fine wire emg		$40		
96004		Phys review of motion tests		$232		
96020		Functional brain mapping		$350		
96040		Genetic counseling 30 min		$94		
96101		Psycho testing by psych/phys		$169		
96102		Psycho testing by technician		$165		
96103		Psycho testing admin by comp		$139		
96110		Developmental screen		$20		
96116		Neurobehavioral status exam		$184		
96118		Neuropsych tst by psych/phys		$184		
96119		Neuropsych testing by tec		$140		
96120		Neuropsych tst admin w/comp		$190		
96125		Cognitive test by hc pro		$210		
96150		Assess hlth/behave init		$41		
96151		Assess hlth/behave subseq		$40		
96152		Intervene hlth/behave indiv		$38		
96153		Intervene hlth/behave group		$9		
96154		Interv hlth/behav fam w/pt		$37		
96155		Interv hlth/behav fam no pt		$46		
96360		Hydration iv infusion init		$114		
96361		Hydrate iv infusion add-on		$30		
96365		Ther/proph/diag iv inf init		$146		
96366		Ther/proph/diag iv inf addon		$44		
96367		Tx/proph/dg addl seq iv inf		$63		
96368		Ther/diag concurrent inf		$38		
96369		Sc ther infusion up to 1 hr		$395		
96370		Sc ther infusion addl hr		$32		
96371		Sc ther infusion reset pump		$177		
96372		Ther/proph/diag inj sc/im		$50		
96373		Ther/proph/diag inj ia		$41		
96374		Ther/proph/diag inj iv push		$111		
96375		Tx/pro/dx inj new drug addon		$44		
96401		Chemo anti-neopl sq/im		$147		
96402		Chemo hormon antineopl sq/im		$64		
96405		Intralesional chemo admin	0	$66		
96406		Intralesional chemo admin	0	$100		
96409		Chemo iv push sngl drug		$217		
96411		Chemo iv push addl drug		$122		
96413		Chemo iv infusion 1 hr		$265		
96415		Chemo iv infusion addl hr		$60		
96416		Chemo prolong infuse w/pump		$253		
96417		Chemo iv infus each addl seq		$138		
96420		Chemotherapy, push technique		$91		
96422		Chemotherapy,infusion method		$89		
96423		Chemo, infuse method add-on		$36		
96425		Chemotherapy, infusion		$103		
96440		Chemotherapy, intracavitary	0	$230		
96446		Chemotx admn prtl cavity		$395		
96521		Refill/maint portable pump		$274		
96522		Refill/maint pump/resvr syst		$219		
96523		Irrig drug delivery device		$49		
96542		Chemotherapy injection		$187		
96549		Chemotherapy, unspecified		BR		
96567		Photodynamic tx skin		$281		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
96570		Photodynamic tx, 30 min		$118		
96571		Photodynamic tx, addl 15 min		$54		
96900		Ultraviolet light therapy		$29		
96902		Trichogram.....		$50		
96904		Whole body photography		$144		
96910		Photochemotherapy with uv-b		$42		
96912		Photochemotherapy with uv-a		$49		
96913		Photochemotherapy, uv-a or b		$266		
96920		Laser tx skin < 250 sq cm		$360		
96921		Laser tx skin 250-500 sq cm		$370		
96922		Laser tx skin > 500 sq cm		$515		
96999		Dermatological procedure		BR		
97001		Pt evaluation.....		$117		
97002		Pt re-evaluation.....		$49		
97003		Ot evaluation.....		$120		
97004		Ot re-evaluation.....		$50		
97010		Hot or cold packs therapy		$19		
97012		Mechanical traction therapy		$30		
97014		Electric stimulation therapy		$30		
97016		Vasopneumatic device therapy		$35		
97018		Paraffin bath therapy		$36		
97022		Whirlpool therapy		$29		
97024		Diathermy treatment		$28		
97026		Infrared therapy		$30		
97028		Ultraviolet therapy		$26		
97032		Electrical stimulation		$28		
97033		Electric current therapy		$29		
97034		Contrast bath therapy		$22		
97035		Ultrasound therapy		$23		
97036		Hydrotherapy		$43		
97039		Physical therapy treatment		$31		
97110		Therapeutic exercises		$43		
97112		Neuromuscular reeducation		$42		
97113		Aquatic therapy/exercises		$46		
97116		Gait training therapy		$38		
97124		Massage therapy.....		$34		
97139		Physical medicine procedure		$27		
97140		Manual therapy.....		$44		
97150		Group therapeutic procedures		$34		
97530		Therapeutic activities		$44		
97532		Cognitive skills development		$54		
97533		Sensory integration		$59		
97535		Self care mngment training		$45		
97537		Community/work reintegration		$45		
97542		Wheelchair mngment v		$31		
97545		Work hardening, initial 2 hours		$88		
97546		Work hardening add-on, each additional 60 minutes, up to 6 additional hours		$44		
97597		Rmvl devital tis 20 cm/<		$155		
97598		Rmvl devital tis addl 20 cm<		$51		
97605		Neg press wound tx < 50 cm		$86		
97606		Neg press wound tx > 50 cm		$92		
97750		Physical performance test		$50		
97755		Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes		$39		
97760		Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes		$39		
97761		Prosthetic training, upper and/or lower extremity(s), each 15 minutes		$35		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
97762		Checkout for orthotic/prosthetic use, established patient, each 15 minutes		$68		
97799		Physical medicine procedure		$43		
97802		Medical nutrition indiv in		$73		
97803		Med nutrition indiv subseq		$63		
97804		Medical nutrition group		$32		
97810		Acupunct w/o stimul 15 min		$73		
97811		Acupunct w/o stimul addl 15m		$55		
97813		Acupunct w/stimul 15 min		$78		
97814		Acupunct w/stimul addl 15m		$64		
98925		Osteopathic manipulation	0	$51		
98926		Osteopathic manipulation	0	$77		
98927		Osteopathic manipulation	0	$91		
98928		Osteopathic manipulation	0	$105		
98929		Osteopathic manipulation	0	$114		
98940		Chiropractic manipulation	0	$52		
98941		Chiropractic manipulation	0	$68		
98942		Chiropractic manipulation	0	$84		
98943		Chiropractic manipulation		$50		
98960		Self-mgmt educ & train 1 pt		$55		
98961		Self-mgmt educ/train 2-4 pt		$27		
98962		Self-mgmt educ/train 5-8 pt		$20		
98966		Hc pro phone call 5-10 min			$28	$25
98967		Hc pro phone call 11-20 min			$54	$51
98968		Hc pro phone call 21-30 min			$80	$77
99000		Specimen handling		BR		
99001		Specimen handling		BR		
99002		Device handling		BR		
99024		Post-op follow-up visit		BR		
99056		Non-office medical services		BR		
99058		Office emergency care		BR		
99070		Special supplies		BR		
99071		Patient education materials		BR		
99075		Medical testimony		BR		
99078		Group health education		BR		
99080		Special reports or forms		BR		
99082		Unusual physician travel		BR		
99090		Computer data analysis		BR		
99091		Collect/review data from pt		$115		
99100		Special anesthesia service.		BR		
99116		Anesthesia with hypothermia		BR		
99135		Special anesthesia procedure		BR		
99140		Emergency anesthesia..		$35		
99170		Anogenital exam, child	0	-	$263	$178
99173		Visual screening test		$6		
99174		Ocular photoscreening		$59		
99175		Induction of vomiting		$101		
99183		Hyperbaric oxygen therapy		$292		
99190		Special pump services		BR		
99191		Special pump services		BR		
99192		Special pump services		BR		
99195		Phlebotomy		$32		
99199		Special service/proc/ report		BR		
99201		Office/outpatient visit, new		$56		
99202		Office/outpatient visit, new		$89		
99203		Office/outpatient visit, new		$122		
99204		Office/outpatient visit, new		$182		
99205		Office/outpatient visit, new		$229		
99211		Office/outpatient visit, est		$27		
99212		Office/outpatient visit, est		$48		
99213		Office/outpatient visit, est		$68		
99214		Office/outpatient visit, est		$105		
99215		Office/outpatient visit, est		$166		
99217		Observation care discharge.		$131		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
99218		Observation care		$129		
99219		Observation care		$205		
99220		Observation care		$258		
99221		Initial hospital care		$127		
99222		Initial hospital care		$210		
99223		Initial hospital care		$268		
99224		Subsequent observation care		$81		
99225		Subsequent observation care		$146		
99226		Subsequent observation care		$210		
99231		Subsequent hospital care		$66		
99232		Subsequent hospital care		$97		
99233		Subsequent hospital care		$135		
99234		Observ/hosp same date		$240		
99235		Observ/hosp same date		$327		
99236		Observ/hosp same date		$398		
99238		Hospital discharge day		$131		
99239		Hospital discharge day		$166		
99241		Office consultation		$90		
99242		Office consultation...		$161		
99243		Office consultation		$180		
99244		Office consultation		$252		
99245		Office consultation		$341		
99251		Initial inpatient consult		$92		
99252		Initial inpatient consult		$140		
99253		Initial inpatient consult		$185		
99254		Initial inpatient consult		$254		
99255		Initial inpatient consult		$343		
99274		Confirmatory consultation		$217		
99275		Confirmatory consultation		$299		
99281		Emergency dept visit		$40		
99282		Emergency dept visit		$63		
99283		Emergency dept visit		$114		
99284		Emergency dept visit		$173		
99285		Emergency dept visit..		$296		
99288		Direct advanced life support		BR		
99291		Critical care, first hour		$392		
99292		Critical care, addl 30 min		$191		
99295		Neonatal critical care		$896		
99296		Neonatal critical care		$821		
99297		Neonatal critical care		$445		
99298		Neonatal critical care		$281		
99301		Nursing facility care		$121		
99301		Nursing facility care		$121		
99302		Nursing facility care		$156		
99302		Nursing facility care		$156		
99303		Nursing facility care		$213		
99303		Nursing facility care		$213		
99304		Nursing facility care init		$190		
99305		Nursing facility care init		$270		
99306		Nursing facility care init		$342		
99307		Nursing fac care subseq		$90		
99308		Nursing fac care subseq		$140		
99309		Nursing fac care subseq		$184		
99310		Nursing fac care subseq		$273		
99311		Nursing fac care, subseq		$68		
99311		Nursing fac care, subseq		$68		
99312		Nursing fac care, subseq		$102		
99312		Nursing fac care, subseq		$102		
99313		Nursing fac care, subseq		$138		
99313		Nursing fac care, subseq		$138		
99315		Nursing fac discharge day		$120		
99316		Nursing fac discharge day		$148		
99318		Annual nursing fac assessmnt		$195		
99321		Rest home visit, new patient		$79		

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
99322		Rest home visit, new patient		$112		
99323		Rest home visit, new patient		$147		
99324		Domicil/r-home visit new pat		$114		
99325		Domicil/r-home visit new pat		$163		
99326		Domicil/r-home visit new pat		$284		
99327		Domicil/r-home visit new pat		$378		
99328		Domicil/r-home visit new pat		$438		
99331		Rest home visit, estab pat		$64		
99332		Rest home visit, estab pat		$84		
99333		Rest home visit, estab pat		$103		
99334		Domicil/r-home visit est pat		$123		
99335		Domicil/r-home visit est pat		$192		
99336		Domicil/r-home visit est pat		$273		
99337		Domicil/r-home visit est pat		$392		
99339		Domicil/r-home care supervis		$157		
99340		Domicil/r-home care supervis		$220		
99341		Home visit, new patient		$112		
99342		Home visit, new patient		$156		
99343		Home visit, new patient		$225		
99344		Home visit, new patient		$289		
99345		Home visit, new patient		$346		
99347		Home visit, est. patient		$88		
99348		Home visit, est patient		$131		
99349		Home visit, est patient		$194		
99350		Home visit, est patient		$280		
99354		Prolonged service, office		$190		
99355		Prolonged service, office		$187		
99356		Prolonged service, inpatient		$182		
99357		Prolonged service, inpatient		$183		
99358		Prolonged serv, w/o contact		$190		
99359		Prolonged serv, w/o contact		$187		
99360		Physician standby services		$127		
99361		Physician/team conference		BR		
99362		Physician/team conference		BR		
99363		Anticoag mgmt init			$255	$170
99364		Anticoag mgmt subseq			$87	$65
99366		Team conf w/pat by hc pro			$86	$84
99367		Team conf w/o pat by phys		$115		
99368		Team conf w/o pat by hc pro		$74		
99371		Physician phone consultation		BR		
99372		Physician phone consultation		BR		
99373		Physician phone consultation		BR		
99374		Home health care		$125		
99375		Home health care supervision		$171		
99377		Hospice care supervision		$125		
99378		Hospice care supervision		$172		
99379		Nursing fac care supervision		$125		
99380		Nursing fac care supervision		$174		
99381		Prev visit, new, infant		$175		
99382		Preventive visit, new, age 1-4		-	$231	$164
99383		Preventive visit, new, age 5-11		-	$241	$174
99384		Preventive visit,new,12-17		-	$272	$206
99385		Preventive visit,new,18-39		BR	$264	$198
99386		Preventive visit,new,40-64		-	$306	$240
99387		Preventive visit, new, 65&over		-	$332	$258
99391		Prev visit, est, infant		$147		
99392		Preventive visit,est,age 1-4		-	$213	$155
99393		Preventive visit,est,age5-11		-	$212	$155
99394		Preventive visit,est,12-17		-	$232	$174
99395		Preventive visit,est,18-39		-	$237	$179
99396		Preventive visit,est,40-64		-		
99397		Preventive visit, est, 65&over		-	$273	$206
99401		Preventive counseling,		$68		
99402		Preventive counseling, indiv		-	$124	$101

Maximum Fee Allowance Schedule Office of Workers' Compensation						
CPT Code	Mod	Description	Global Days	Maximum Allowance	Non-Facility Maximum	Facility Maximum
99403		Preventive counseling, indiv		-	$174	$150
99404		Preventive counseling, indiv		-	$224	$200
99406		Behav chng smoking 3-10 min			$28	$25
99407		Behav chng smoking > 10 min			$55	$52
99408		Audit/dast 15-30 min			$71	$66
99409		Audit/dast over 30 min			$137	$134
99411		Preventive counseling, group		$22		
99412		Preventive counseling, group		-	$43	$25
99420		Health risk assessment test		$22		
99429		Unlisted preventive service		BR		
99431		Initial care, normal newborn		BR		
99432		Newborn care not in hospital		BR		
99433		Normal newborn care, hospital		BR		
99435		Newborn discharge day hosp		$207		
99436		Attendance, birth.....		$209		
99440		Newborn resuscitation		$455		
99441		Phone e/m by phys 5-10 min			$28	$25
99442		Phone e/m by phys 11-20 min			$54	$51
99443		Phone e/m by phys 21-30 min			$80	$77
99444		Online e/m by phys		$72		
99450		Life/disability evaluation		BR		
99455		Disability examination		BR		
99456		Disability examination		BR		
99460		Init nb em per day hosp		$201		
99461		Init nb em per day non-fac		$198		
99462		Sbsq nb em per day hosp		$89		
99463		Same day nb discharge		$237		
99464		Attendance at delivery		$150		
99465		Nb resuscitation		$299		
99466		Ped crit care transport		$556		
99467		Ped crit care transport addl		$249		
99468		Neonate crit care initial		$1,890		
99469		Neonate crit care subsq		$859		
99471		Ped critical care initial		$1,607		
99472		Ped critical care subsq		$820		
99475		Ped crit care age 2-5 init		$1,148		
99476		Ped crit care age 2-5 subsq		$699		
99477		Init day hosp neonate care		$703		
99478		Ic lbw inf < 1500 gm subsq		$278		
99479		Ic lbw inf 1500-2500 g subsq		$260		
99480		Ic inf pbw 2501-5000 g subsq		$244		
99499		Unlisted e/m service		BR		

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 39:1854 (July 2013).

Chapter 53. Dental Care Services Reimbursement Schedule and Billing Instructions

Editor's Note: Other Sections applying to this Chapter can be found in Chapter 51.

§5399. Schedule for Maximum Allowances for Dental Services

NDAS Code	Description	70th %	Allowed Charge
D0120	Periodic oral evaluation - established patient	50	45.55
D0140	Limited oral evaluation - problem focused	75	68.325
D0145	Oral evaluation - patient under 3yrs & counseling with primary caregiver	69	62.859
D0150	Comprehensive oral evaluation - new or established patient	88	80.168
D0160	Detailed & Extensive oral evaluation - problem focused, by report	160	145.76
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit	70	63.77
D0180	Comprehensive periodontal evaluation - new or established patient	95	86.545
D0210	Intraoral - complete series (including bitewings)	128	116.608
D0220	Intraoral - periapical first film	28	25.508

NDAS Code	Description	70th %	Allowed Charge
D0230	Intraoral - periapical each additional film	24	21.864
D0240	Intraoral - occlusal films	42	38.262
D0250	Intraoral - first film	67	61.037
D0260	Extraoral - first film	55	50.105
D0270	Bitewing - single film	28	25.508
D0272	Bitewing - two films	45	40.995
D0273	Bitewing - three films	55	50.105
D0274	Bitewing - four films	65	59.215
D0277	Vertical bitewings - 7 to 8 films	97	88.367
D0290	Posterior-anterior or lateral skull & facial bone survey film	135	122.985
D0310	Sialography	389	354.379
D0320	Temporomandibular joint films, including injection	592	539.312
D0321	Other temporomandibular joint films, by report	210	191.31
D0322	Tomographic survey	530	482.83
D0330	Panoramic film	110	100.21
D0340	Cephalometric film	125	113.875
D0350	Oral/facial photographic images	71	64.681
D0360	Cone beam CT - craniofacial data capture	589	536.579
D0362	Cone beam CT - two-dimensional image reconstruction using existing data, includes multiple images	359	327.049
D0363	Cone beam CT - three-dimensional image reconstruction using existing data, includes multiple images	398	362.578
D0415	Collection of microorganisms for culture and sensitivity	186	169.446
D0416	Viral culture	168	153.048
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	167	152.137
D0418	Analysis of saliva sample	150	136.65
D0421	Genetic test for susceptibility to oral diseases	136	123.896
D0425	Caries susceptibility tests	95	86.545
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	71	64.681
D0460	Pulp vitality tests	55	50.105
D0470	Diagnostic casts	109	99.299
D0472	Accession of tissue, gross examination, preparation and transmission of written report	118	107.498
D0473	Accession of tissue, gross examination and microscopic examination, preparation and transmission of written report	165	150.315
D0474	Accession of tissue, gross examination and microscopic examination including assessment of surgical margins for presence of disease, preparation and transmission of written report	184	167.624
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	176	160.336
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	150	136.65
D0475	Decalcification procedure	195	177.645
D0476	Special stains for microorganisms	289	263.279
D0477	Special stains not for microorganisms	296	269.656

NDAS Code	Description	70th %	Allowed Charge
D0478	Immunohistochemical stains	175	159.425
D0479	Tissue in-situ hybridization, including interpretation	231	210.441
D0481	Electron microscopy - diagnostic	188	171.268
D0482	Direct immunofluorescence	105	95.655
D0483	Indirect immunofluorescence	123	112.053
D0484	Consultation on slides prepared elsewhere	168	153.048
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	180	163.98
D0502	Other oral pathology procedures, by report	170	154.87
D0999	Unspecified diagnostic procedure, by report	IR	IR
D1110	Prophylaxis - adult	90	81.99
D1120	Prophylaxis - child	66	60.126
D1203	Topical application of fluoride - child	37	33.707
D1204	Topical application of fluoride - adult	37	33.707
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	45	40.995
D1310	Nutritional counseling for control of dental disease	70	63.77
D1320	Tobacco counseling for the control and prevention of oral disease	82	74.702
D1330	Oral hygiene instructions	55	50.105
D1351	Sealant - per tooth	54	49.194
D1352	Preventative resin restoration in a moderate to high caries risk patient - permanent tooth	IR	IR
D1510	Space maintainer - fixed - unilateral	317	288.787
D1515	Space maintainer - fixed - bilateral	432	393.552
D1520	Space maintainer - removable - unilateral	390	355.29
D1525	Space maintainer - removable - bilateral	495	450.945
D1550	Re-cementation of space maintainer	83	75.613
D1555	Removal of fixed space maintainer	79	71.969
D2140	Amalgam - one surface, primary or permanent	138	125.718
D2150	Amalgam - two surfaces, primary or permanent	176	160.336
D2160	Amalgam - three surfaces, primary or permanent	214	194.954
D2161	Amalgam - four surfaces, primary or permanent	251	228.661
D2330	Resin-based composite - one surface, anterior	160	145.76
D2331	Resin-based composite - two surfaces, anterior	200	182.2
D2332	Resin-based composite - three surfaces, anterior	249	226.839
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	312	284.232
D2390	Resin-based composite crown - anterior	450	409.95
D2391	Resin-based composite - one surface, posterior	177	161.247
D2392	Resin-based composite - two surfaces, posterior	230	209.53
D2393	Resin-based composite - three surfaces, posterior	284	258.724
D2394	Resin-based composite - four or more surfaces posterior	341	310.651
D2410	Gold foil - one surface	635	578.485

NDAS Code	Description	70th %	Allowed Charge
D2420	Gold foil - two surfaces	692	630.412
D2430	Gold foil - three surfaces	806	734.266
D2510	Inlay - metallic - one surface	833	758.863
D2520	Inlay - metallic - two surfaces	892	812.612
D2530	Inlay - metallic - three or more surfaces	965	879.115
D2542	Onlay - metallic - two surfaces	990	901.89
D2543	Onlay - metallic - three surfaces	1015	924.665
D2544	Onlay - metallic - four or more surfaces	1050	956.55
D2610	Inlay - porcelain/ceramic - one surface	907	826.277
D2620	Inlay - porcelain/ceramic - two surfaces	950	865.45
D2630	Inlay - porcelain/ceramic - three or more surfaces	995	906.445
D2642	Onlay - porcelain/ceramic - two surfaces	1008	918.288
D2643	Onlay - porcelain/ceramic - three surfaces	1049	955.639
D2644	Onlay - porcelain/ceramic - four or more surfaces	1094	996.634
D2650	Inlay - resin based - one surface	869	791.659
D2651	Inlay - resin based - two surfaces	904	823.544
D2652	Inlay - resin based - three or more surfaces	940	856.34
D2662	Onlay - resin based - two surfaces	944	859.984
D2663	Onlay - resin based - three surfaces	983	895.513
D2664	Onlay - resin based - four or more surfaces	1025	933.775
D2710	Crown - resin-based composite (indirect)	940	856.34
D2712	Crown - 3/4 resin-based composite (indirect)	999	910.089
D2720	Crown - resin with high noble metal	1061	966.571
D2721	Crown - resin with predominantly base metal	998	909.178
D2722	Crown - resin with noble metal	1015	924.665
D2740	Crown - porcelain/ceramic substrate	1132	1031.252
D2750	Crown - porcelain fused to high noble metal	1100	1002.1
D2571	Crown - porcelain fused predominantly base metal	1029	937.419
D2752	Crown - porcelain fused to noble metal	1050	956.55
D2780	Crown - 3/4 cast high noble metal	1063	968.393
D2781	Crown - 3/4 cast predominantly base metal	1027	935.597
D2782	Crown - 3/4 cast noble metal	1030	938.33
D2783	Crown - 3/4 porcelain /ceramic	1100	1002.1
D2790	Crown - full cast high noble metal	1100	1002.1
D2791	Crown - full cast predominantly base metal	997	908.267
D2792	Crown - full cast noble metal	1045	951.995
D2794	Crown - titanium	1076	980.236
D2799	Provisional crown	437	398.107
D2910	Recement inlay, only, or partial coverage restoration	108	98.388
D2915	Recement cast or prefabricated post and core	114	103.854
D2920	Recement crown	109	99.299
D2930	Prefabricated stainless steel crown - primary tooth	271	246.881
D2931	Prefabricated stainless steel crown - permanent tooth	325	296.075
D2932	Prefabricated resin crown	351	319.761
D2933	Prefabricated stainless steel crown with resin window	363	330.693
D2934	Prefabricated esthetic coated stainless tell crown - primary tooth	372	338.892

NDAS Code	Description	70th %	Allowed Charge
D2940	Protective restoration	120	109.32
D2950	Core buildup, including any pins	271	246.881
D2951	Pin retention - per tooth, in addition to restoration	75	68.325
D2952	Post and core in addition to crown, indirectly fabricated	422	384.442
D2953	Each additional indirectly fabricated post - same tooth	312	284.232
D2954	Prefabricated post and core in addition to crown	335	305.185
D2955	Post removal (not in conjunction with endodontic therapy)	291	265.101
D2957	Each additional prefabricated post - same tooth	200	182.2
D2960	Labial veneer (resin laminate) - chairside	658	599.438
D2961	Labial veneer (resin laminate) - laboratory	975	888.225
D2962	Labial veneer (porcelain laminate) - laboratory	1150	1047.65
D2970	Temporary crown (fractured tooth)	375	341.625
D2971	Additional procedures to construct new crown under existing partial denture framework	169	153.959
D2975	Coping	597	543.867
D2980	Crown repair, by report	293	266.923
D2999	Unspecified restorative procedure, by report	IR	IR
D3110	Pulp cap - direct (excluding final restoration)	83	75.613
D3120	Pulp cap - indirect (excluding final restoration)	84	76.524
D3220	Therapeutic pulpotomy (exclucing final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	198	180.378
D3221	Pulpal debridement, primary and permanent teet	234	213.174
D3222	Partial pulpotomy for apexogenesis - permament tooth with incomplete root development	298	271.478
D3230	Pulpal therapy (resorbable filling) - anterior , primary tooth (excluding final restoration)	275	250.525
D3240	Pulpal therapy (resorbable filling) - posterior , primary tooth (excluding final restoration)	312	284.232
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	725	660.475
D3320	Endodontic therapy, biscuspid tooth (excluding final restoration)	842	767.062
D3330	Endodontic therapy, molar tooth (excluding final restoration)	1009	919.199
D3331	Treatment of root canal obstruction: non-surgical access	611	556.621
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	444	404.484
D3333	Internal root repari of perforation defects	350	318.85
D3346	Retreatment of previous root canal therapy - anterior	850	774.35
D3347	Retreatment of previous root canal therapy - bicuspid	970	883.67
D3348	Retreatment of previous root canal therapy - molar	1132	1031.252
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc)	362	329.782

NDAS Code	Description	70th %	Allowed Charge
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc)	258	235.038
D3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc)	542	493.762
D3354	Pupal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	IR	IR
D3410	Apicoectomy/periradicular surgery - anterior	700	637.7
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	780	710.58
D3425	Apicoectomy/periradicular surgery - molar (first root)	895	815.345
D3426	Apicoectomy/periradicular surgery - (each additional root)	400	364.4
D3430	Retrograde filling - per root	280	255.08
D3450	Root amputation - per root	483	440.013
D3460	Endodontic endosseous implant	1524	1388.364
D3470	Intentional reimplantation (including necessary splinting)	796	725.156
D3910	Surgical procedure for isolation of tooth with rubber dam	235	214.085
D3920	Hemisection (including any root removal), not including root canal therapy	474	431.814
D3950	Canal preparation and fitting of preformed dowel or post	258	235.038
D3999	Unspecified endodontic procedure, by report	IR	IR
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	626	570.286
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	290	264.19
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	698	635.878
D4231	Anatomical crown exposure - one to three contiguous teeth per quadrant	596	542.956
D4240	Gingival flap procedure, including root planing - one to three contiguous teeth or toth bounded spaces per quadrant	738	672.318
D4241	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	635	578.485
D4245	Apically positioned flap	819	746.109
D4249	Clinical crown lengthening - hard tissue	751	684.161
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1074	978.414
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	890	810.79
D4263	Bone replacment graft - eah additional site in quadrant	727	662.297
D4264	Bone replacment graft - first site in quadrant	555	505.605
D4265	Biologic materials to aid in soft and osseous tissue regeneration	550	501.05
D4266	Guided tissue regeneration - resorbable barrier, per site	831	757.041
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	984	896.424
D4268	Surgical revision procedure, per tooth	810	737.91
D4270	Pedical soft tissue graft procedure	826	752.486
D4271	Free soft tissue graft procedure (including donor site surgery)	895	815.345
D4273	Subepithelial connective tissue graft procedures, per tooth	1088	991.168
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	670	610.37
D4275	Soft tissue allograft	969	882.759
D4276	Combined connective tissue and double pedicle graft, per tooth	1085	988.435
D4320	Provisional splinting - intracoronal	508	462.788
D4321	Provisional splinting - extracoronal	466	424.526
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	251	228.661
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	185	168.535
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	183	166.713
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	140	127.54
D4910	Periodontal maintenance	139	126.629
D4920	Unscheduled dressing change (by someone other than treating dentist)	100	91.1
D4999	Unspecified periodontal procedure, by report	IR	IR
D5110	Complete denture - maxillary	1689	1538.679
D5120	Complete denture - mandibular	1700	1548.7
D5130	Immediate denture - maxillary	1831	1668.041
D5140	Immediate denture - mandibular	1849	1684.439
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1350	1229.85
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1350	1229.85
D5213	Maxillary partial denture - cast base framework with resin denture bases (including any conventional clasps, rests and teeth)	1781	1622.491
D5214	Mandibular partial denture - cast base framework with resin denture bases (including any conventional clasps, rests and teeth)	1780	1621.58
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	1566	1426.626
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	1552	1413.872
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	995	906.445

NDAS Code	Description	70th %	Allowed Charge
D5410	Adjust complete denture - maxillary	89	81.079
D5411	Adjust complete denture - mandibular	88	80.168
D5421	Adjust partial denture - maxillary	88	80.168
D5422	Adjust partial denture - mandibular	88	80.168
D5510	Repair broken complete denture base	208	189.488
D5520	Replace missing or broken teeth - complete denture (each tooth)	186	169.446
D5610	Repair resin denture base	202	184.022
D5620	Repair cast framework	291	265.101
D5630	Repair or replace broken clasp	262	238.682
D5640	Replace broken teeth - per tooth	184	167.624
D5650	Add tooth to existing partial denture	224	204.064
D5660	Add clasp to existing partial denture	268	244.148
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	735	669.585
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	750	683.25
D5710	Rebase complete maxillary denture	591	538.401
D5711	Rebase complete mandibular denture	585	532.935
D5720	Rebase maxillary partial denture	563	512.893
D5721	Rebase mandibular partial denture	562	511.982
D5730	Reline complete maxillary denture (chairside)	372	338.892
D5731	Reline complete mandibular denture (chairside)	369	336.159
D5740	Reline maxillary partial denture (chairside)	364	331.604
D5741	Reline mandibular partial denture (chairside)	368	335.248
D5750	Reline complete maxillary denture (laboratory)	475	432.725
D5751	Reline complete mandibular denture (laboratory)	475	432.725
D5760	Reline maxillary partial denture (laboratory)	469	427.259
D5761	Reline mandibular partial denture (laboratory)	472	429.992
D5810	Interim complete denture (maxillary)	848	772.528
D5811	Interim complete denture (mandibular)	853	777.083
D5820	Interim partial denture (maxillary)	690	628.59
D5821	Interim partial denture (mandibular)	690	628.59
D5850	Tissue conditioning, maxillary	204	185.844
D5851	Tissue conditioning, mandibular	205	186.755
D5860	Overdenture - complete, by report	2121	1932.231
D5861	Overdenture - partial, by report	2048	1865.728
D5862	Precision attachment, by report	700	637.7
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	385	350.735
D5875	Modification of removable prosthesis following implant surgery	393	358.023
D5899	Unspecified removable prosthodontic procedure, by report	IR	IR
D5911	Facial moulage (sectional)	IR	IR
D5912	Facial moulage (complete)	IR	IR
D5913	Nasal prosthesis	IR	IR
D5914	Auricular prosthesis	IR	IR
D5915	Orbital prosthesis	IR	IR
D5916	Ocular prosthesis	IR	IR
D5919	Facial prosthesis	IR	IR
D5923	Ocular prosthesis, interim	IR	IR

NDAS Code	Description	70th %	Allowed Charge
D5924	Cranial prosthesis	IR	IR
D5925	Facial augmentation implant prosthesis	IR	IR
D5926	Nasal prosthesis, replacement	IR	IR
D5957	Auricular prosthesis, replacement	IR	IR
D5958	Orbital prosthesis, replacement	IR	IR
D5929	Facial prosthesis, replacement	IR	IR
D5931	Obturator prosthesis, surgical	IR	IR
D5932	Obturator prosthesis, definitive	IR	IR
D5933	Obturator prosthesis, modification	IR	IR
D5934	Mandibular resection prosthesis with guide flange	IR	IR
D5935	Mandibular resection prosthesis without guide flange	IR	IR
D5936	Obturator prosthesis interim	IR	IR
D5937	Trismus appliance (not for TMD treatment)	746	679.606
D5951	Feeding aid	844	768.884
D5952	Speech aid prosthesis, pediatric	IR	IR
D5953	Speech aid prosthesis, adult	IR	IR
D5954	Palatal augmentation prosthesis	IR	IR
D5955	Palatal lift prosthesis, definitive	IR	IR
D5958	Palatal lift prosthesis, interim	IR	IR
D5959	Palatal lift prosthesis, modification	IR	IR
D5960	Speech aid prosthesis modification	IR	IR
D5982	Surgical stent	450	409.95
D5983	Radiation carrier	IR	IR
D5984	Radiation shield	IR	IR
D5985	Radiation cone locater	IR	IR
D5986	Fluoride gel carrier	210	191.31
D5987	Commissure splint	IR	IR
D5988	Surgical splint	770	701.47
D5991	Topical medicament carrier	226	205.886
D5992	Adjust maxillofacial prosthetic appliance, by report	IR	IR
D5993	Maintenance and cleaning of maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	IR	IR
D5999	Unspecified maxillofacial prosthesis, by report	IR	IR
D6190	Radiographic/surgical implant index, by report	375	341.625
D6010	Surgical placement of implant body: endosteal implant	2001	1822.911
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1577	1436.647
D6040	Surgical placement: eposteal implant	8380	7634.18
D6050	Surgical placement: transosteal implant	5807	5290.177
D6100	Implant removal, by report	760	692.36
D6055	Connecting bar - implant supported abutment support	2900	2641.9
D6506	Prefabricated abutment - includes placement	789	718.779
D6057	Custom abutment - includes placement	952	867.272
D6053	Implant/abutment supported removable denture for completely edentulous arch	2790	2541.69
D6054	Implant/abutment supported removable denture for partially edentulous arch	2751	2506.161
D6078	Implant/abutment supported fixed denture for completely edentulous arch	5335	4860.185
D6079	Implant/abutment supported fixed denture for partially edentulous arch	3800	3461.8

NDAS Code	Description	70th %	Allowed Charge
D6058	Abutment supported porcelain/ceramic crown	1479	1347.369
D6059	Abutment supported procelain/ceramic crown (high noble metal	1479	1347.369
D6060	Abutment supported procelain fused to metal crown (predominatly base metal)	1361	1239.871
D6061	Abutment supported procelain fused to metal crown (noble metal)	1382	1259.002
D6062	Abutment supported cast metal crown (high noble metal)	1432	1304.552
D6063	Abutment supported cast metal crown (predominantly base metal)	1317	1199.787
D6064	Abutment supported cast metal crown (noble metal)	1366	1244.426
D6094	Abutment supported crown - (titanium)	1376	1253.536
D6065	Implant supported porcelain/ceramic crown	1543	1405.673
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1545	1407.495
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	1575	1434.825
D6068	Abutment supported retainer for porcelain/ceramic FPD	1469	1338.259
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1474	1342.814
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1384	1260.824
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1384	1260.824
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1451	1321.861
D6073	Abutment supported retainer for porcelain cast metal FPD (predominantly base metal)	1384	1260.824
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1384	1260.824
D6194	Abutment supported retainer crown for FPD (titanium)	1392	1268.112
D6075	Implant supported retainer for ceramic FPD	1529	1392.919
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal	1538	1401.118
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)	1587	1445.757
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	297	270.567
D6090	Repair implant supported prosthesis, by report	742	675.962
D6095	Repair implnat abutment, by report	731	665.941
D6091	Replacement of semi-precious or precision attachment (male or female componenet) of implant/abutment supported prosthesis, per attachment	631	574.841
D6092	Recement implant/abutment supported crown	160	145.76
D6093	Recement implant/abutment supported fixed partial denture	182	165.802

NDAS Code	Description	70th %	Allowed Charge
D6199	Unspecified implant procedure, by report	IR	IR
D6205	Pontic - indirect resin based composite	988	900.068
D6210	Pontic - cast high noble metal	1089	992.079
D6211	Pontic - cast predominately base metal	998	909.178
D6212	Pontic - cast noble metal	1041	948.351
D6214	Pontic - titanium	1100	1002.1
D6240	Pontic - porcelain fused to high noble metal	1100	1002.1
D6241	Pontic - porcelain fused to predominantly base metal	1024	932.864
D6242	Pontic - porcelain fused to noble metal	1051	957.461
D6245	Pontic - porcelain/ceramic	1140	1038.54
D6250	Pontic - resin with high noble metal	1058	963.838
D6251	Pontic - resin with predominantly base metal	1049	955.639
D6252	Pontic - resin with noble metal	1040	947.44
D6253	Provisional pontic	769	700.559
D6254	Interim pontic	IR	IR
D6545	Retainer - cast metal for resin bonded fixed prosthesis	852	776.172
D6548	Retainer - procelain/ceramic for resin bonded fixed prosthesis	950	865.45
D6600	Inlay - porcelain/ceramic, two surfaces	1000	911
D6601	Inlay - porcelain/ceramic, three or more surfaces	1052	958.372
D6602	Inlay - cast high noble metal, two surfaces	1015	924.665
D6603	Inlay - cast high noble metal, three or more surfaces	1050	956.55
D6604	Inlay - predominantly base metal, two surfaces	994	905.534
D6605	Inlay - predominantly base metal, three or more surfaces	1046	952.906
D6606	Inlay - cast noble metal, two surfaces	998	909.178
D6607	Inlay - cast noble metal, three or more surfaces	1050	956.55
D6624	Inlay - titanium	1080	983.88
D6608	Onlay - porcelain/ceramic, two surfaces	1061	966.571
D6609	Onlay - porcelain/ceramic, three or more surfaces	1127	1026.697
D6610	Onlay - cast high noble metal, two surfaces	1074	978.414
D6611	Onlay - cast high noble metal, three or more surfaces	1111	1012.121
D6612	Onlay - predominantly base metal, two surfaces	1038	945.618
D6613	Onlay - predominantly base metal, three or more surfaces	1095	997.545
D6614	Onlay - cast noble metal, two surfaces	1050	956.55
D6615	Onlay - cast noble metal, three or more surfaces	1102	1003.922
D6634	Onlay - titanium	1125	1024.875
D6710	Crown - indirect resin based composite	1025	933.775
D6720	Crown - resin with high noble metal	1056	962.016
D6721	Crown - resin with predominantly base metal	1032	940.152
D6722	Crown - resin with noble metal	1050	956.55
D6740	Crown - porcelain/ceramic	1146	1044.006
D6750	Crown - porcelain fused to high noble metal	1107	1008.477

NDAS Code	Description	70th %	Allowed Charge
D6751	Crown - porcelain fused to predominantly base metal	1010	920.11
D6752	Crown - porcelain fused to noble metal	1050	956.55
D6780	Crown - 3/4 cast high noble metal	1075	979.325
D6781	Crown - 3/4 cast predominantly base metal	1038	945.618
D6782	Crown - 3/4 cast noble metal	1050	956.55
D6783	Crown - 3/4 porcelain/ceramic	1100	1002.1
D6790	Crown - full cast high noble metal	1085	988.435
D6791	Crown - full cast predominantly base metal	997	908.267
D6792	Crown - full cast noble metal	1040	947.44
D6794	Crown - titanium	1059	964.749
D6793	Provisional retainer crown	523	476.453
D6795	Interim retainer crown	IR	IR
D6920	Connector bar	995	906.445
D6930	Recement fixed partial denture	171	155.781
D6940	Stress breaker	435	396.285
D6950	Precision attachment	650	592.15
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	433	394.463
D6972	Prefabricated post and core in addition to fixed partial denture retainer	344	313.384
D6973	Core build up for retainer, including any pins	275	250.525
D6975	Coping - metal	700	637.7
D6976	Each additional indirectly fabricated post - same tooth	290	264.19
D6977	Each additional prefabricated post - same tooth	204	185.844
D6980	Fixed partial denture repair, by report	387	352.557
D6985	Pediatric partial denture, fixed	915	833.565
D6999	Unspecified fixed prosthodontic procedure, by report	IR	IR
D7111	Extraction, coronal remnants - deciduous tooth	135	122.985
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	174	158.514
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	275	250.525
D7220	Removal of impacted tooth - soft tissue	315	286.965
D7230	Removal of impacted tooth - partially bony	395	359.845
D7240	Removal of impacted tooth - completely bony	484	440.924
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	576	524.736
D7250	Surgical removal of residual tooth roots (cutting procedure)	304	276.944
D7251	Coronectomy - intentional partial tooth removal	IR	IR
D7260	Oroantral fistula closure	1026	934.686
D7261	Primary closure of a sinus perforation	757	689.627
D7270	Tooth reimplantation and/or stablization of accidentally evulsed or displaced tooth	561	511.071
D7272	Tooth tranplantation (includes reimplantation from one site to another and splinting and/or stablization)	746	679.606

NDAS Code	Description	70th %	Allowed Charge
D7280	Surgical access of an unerupted tooth	482	439.102
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	526	479.186
D7283	Placement of device to facilitate eruption of impacted tooth	523	476.453
D7285	Biopsy of oral tissue - hard (bone, tooth)	437	398.107
D7286	Biopsy of oral tissue - soft	320	291.52
D7287	Exfoliative cytological sample collection	184	167.624
D7288	Brush biopsy - transepithelial sample collection	195	177.645
D7290	Surgical repositioning of teeth	528	481.008
D7291	Transseptal fiberotomy/surpa crestal fibertotomy, by report	315	286.965
D7292	Surgical placement: temporary anchorage device [screw retained plate] requiring surgical flap	3300	3006.3
D7293	Surgical placement: temporary anchorage device requiring surgical flap	2528	2303.008
D7294	Surgical placement: temporary anchorage device without surgical flap	1619	1474.909
D7295	Harvest of bone for use in autogenous grafting procedure	IR	IR
D7310	Alveolplasty in conjuction with extractions - four or more teeth or tooth spaces, per quadrant	295	268.745
D7311	Alveolplasty in conjuction with extractions - one to three teeth or tooth spaces, per quadrant	309	281.499
D7320	Alveolplasty not in conjuction with extractions - four or more teeth or tooth spaces, per quadrant	443	403.573
D7321	Alveolplasty not in conjuction with extractions - one to three teeth or tooth spaces, per quadrant	437	398.107
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	1164	1060.404
D7350	Vestibuloplasty - ridge extension (including soft tissue graft, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	2467	2247.437
D7410	Excision of benign lesion up to 1.25 cm	415	378.065
D7411	Excision of benign lesion greater than 1.25 cm	630	573.93
D7412	Excision of benign lesion, complicated	850	774.35
D7413	Excision of malignant lesion greater than 1.25 cm	751	684.161
D7414	Excision of malignant lesion up to 1.25 cm	1132	1031.252
D7415	Excision of malignant lesion, complicated	1253	1141.483
D7465	Destruction of lesion(s) by phyiscal or chemical method, by report	459	418.149
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm	720	655.92
D7441	Excision of malignant tumor - lesion greater than 1.25cm	1224	1115.064
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	588	535.668
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	782	712.402

NDAS Code	Description	70th %	Allowed Charge
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm	573	522.003
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	874	796.214
D7470	Removal of lateral exostosis (maxilla or mandible)	653	594.883
D7472	Removal of torus palatinus	859	782.549
D7473	Removal of torus mandibularis	761	693.271
D7485	Surgical reduction of osseous tuberosity	755	687.805
D7490	Radial resection of maxilla or mandible	8006	7293.466
D7510	Incision and drainage of abscess - intraoral soft tissue	236	214.996
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	367	334.337
D7520	Incision and drainage of abscess - extraoral tissue	169	153.959
D7521	Incision and drainage of abscess - extraoral tissue - complicated (includes drainage of multiple fascial spaces)	630	573.93
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	364	331.604
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	708	644.988
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	600	546.6
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	1308	1191.588
D7610	Maxilla - open reduction (teeth immobilized, if present)	4464	4066.704
D7620	Maxilla - closed reduction (teeth immobilized, if present)	3450	3142.95
D7630	Mandible - open reduction (teeth immobilized, if present)	4576	4168.736
D7640	Mandible - closed reduction (teeth immobilized, if present)	3483	3173.013
D7650	Malar and/or zygomatic arch - open reduction	3924	3574.764
D7660	Malar and/or zygomatic arch - closed reduction	3277	2985.347
D7670	Alveolus closed reduction may include stabilization of teeth	1746	1590.606
D7671	Alveolus open reduction may include stabilization of teeth	1298	1182.478
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	6555	5971.605
D7710	Maxilla open reduction	4568	4161.448
D7720	Maxillia - closed reduction	3462	3153.882
D7730	Mandible - open reduction	4826	4396.486
D7740	Mandible - closed reduction	3636	3312.396
D7750	Malar and/or zygomatic arch - open reduction	4230	3853.53
D7760	Malar and/or zygomatic arch - closed reduction	6044	5506.084
D7770	Alveolus open reduction stabilization of teeth	2794	2545.334
D7771	Alveolus closed reduction stabilization of teeth	1958	1783.738
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	8587	7822.757
D7810	Open reduction of dislocation	4271	3890.881
D7820	Closed reduction of dislocation	644	586.684

NDAS Code	Description	70th %	Allowed Charge
D7830	Manipulation under anesthesia	990	901.89
D7840	Condylectomy	5466	4979.526
D7850	Surgical discectomy, with/without implant	5356	4879.316
D7852	Disc repair	5541	5047.851
D7854	Synovectomy	5278	4808.258
D7856	Myotomy	3505	3193.055
D7858	Joint reconstruction	IR	IR
D7860	Arthrotomy	IR	IR
D7865	Arthroplasty	IR	IR
D7870	Arthrocentesis	562	511.982
D7871	Non-arthroscopic lysis and lavage	IR	IR
D7872	Arthroscopy - diagnosis, with or without biopsy	IR	IR
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	IR	IR
D7874	Arthroscopy - surgical: disc repositioning and stabilization	IR	IR
D7875	Arthroscopy - surgical: synovectomy	IR	IR
D7876	Arthroscopy - surgical: discectomy	IR	IR
D7877	Arthroscopy - surgical: debridement	IR	IR
D7880	Occlusal orthotic device, by report	990	901.89
D7899	Unspecified TMD therapy, by report	IR	IR
D7910	Suture of recent small wounds up to 5 cm	300	273.3
D7911	Complicated suture - up to 5 cm	486	442.746
D7912	Complicated suture - greater than 5 cm	792	721.512
D7920	Skin graft (identify defect coverd, location and type of graft	2677	2438.747
D7940	Osteoplasty - for orthognathic deformaties	4123	3756.053
D7941	Osteotomy - mandibular rami	9139	8325.629
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	8623	7855.553
D9744	Osteotomy - segmented or subapical	7006	6382.466
D7945	Osteotomy - body of mandible	6983	6361.513
D7946	LeFort I (maxillia - total)	8251	7516.661
D7947	LeFort I (maxillia - segmentedl)	8393	7646.023
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	9586	8732.846
D7949	LeFort II of LeFort III - with bone graft	11832	10778.952
D7950	Osseous, osteoperiosteal or cartilage graft of the mandible or maxillia - autogenous or nonautogenous, by report	3116	2838.676
D7951	Sinus augmentation with bone or bone substitutes	3200	2915.2
D7953	Bone replacement graft for ridge preservation - per site	800	728.8
D7955	Repair of maxillofacial soft and/or hard tissue defect	3807	3468.177
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	450	409.95
D7936	Frenuloplasty	499	454.589
D7970	Excision of hyperplastic tissue - per arch	517	470.987
D7971	Excision of pericoronal gingiva	258	235.038
D7972	Surgical reduction of fibrous tuberosity	796	725.156
D7980	Sialolithotomy	843	767.973

NDAS Code	Description	70th %	Allowed Charge
D7981	Excision of salivary gland, by report	IR	IR
D7982	Sialodochoplasty	1749	1593.339
D7983	Closure of salivary fistula	1528	1392.008
D7990	Emergency tracheotomy	1482	1350.102
D7991	Coronoidectomy	4056	3695.016
D7995	Synthetic graft - mandible or facial bones, by report	IR	IR
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	IR	IR
D7997	Appliance removal (not by dentist who place appliance), includes removal of archbar	350	318.85
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	2572	2343.092
D7999	Unspecified oral surgery procedure, by report	IR	IR
D8010	Limited orthodontic treatment of the primary dentition	2149	1957.739
D8020	Limited orthodontic treatment of the transitional dentition	2459	2240.149
D8030	Limited orthodontic treatment of the adolescent dentition	2901	2642.811
D8040	Limited orthodontic treatment of the adult dentition	3237	2948.907
D8050	Interceptive orthodontic treatment of the primary dentition	2590	2359.49
D8060	Interceptive orthodontic treatment of the transitional dentition	2796	2547.156
D8070	Comprehensive orthodontic treatment of the transitional dentition	5200	4737.2
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5250	4782.75
D8090	Comprehensive orthodontic treatment of the adult dentition	5308	4835.588
D8210	Removable appliance therapy	861	784.371
D8220	Fixed appliance therapy	968	881.848
D8660	Pre-orthodontic treatment visit	384	349.824
D8670	Periodlic orthodontic treatment bisit (as part of contract)	263	239.593
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s))	532	484.652
D8690	Orthodontic treatment (alternative billing to a contract fee)	283	257.813
D8691	Repair of orthodontic appliance	210	191.31
D8692	Replacement of lost or broken retainer	330	300.63
D8693	Rebonding or recementing; and/or repair as require, of fixed retainers	356	324.316
D8999	Unspecified orthodontic procedure, by report	IR	IR
D9110	Palliative (emergency) treatment of dental pain - minor procedure	126	114.786
D9120	Fixed partial denture sectioning	250	227.75
D9210	Local anesthesia not in conjunction with operative or surgical procedures	74	67.414
D9211	Regional block anesthesia	96	87.456
D9212	Trigeminal division block anesthesia	272	247.792
D9215	Local anesthesia in conjunction with operative or surgical procedures	65	59.215
D9220	Deep sedation/general anesthesia - first 30 minutes	392	357.112
D9221	Deep sedation/general anesthesia - each additional 15 minutes	174	158.514

NDAS Code	Description	70th %	Allowed Charge
D9230	Inhalation of nitrous oxide / anxiolysis analgesia	79	71.969
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	416	378.976
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	169	153.959
D9248	Non-intravenous concious sedation	325	296.075
D9310	Consultation - diagnostic services provided by dentis or physician other than requesting dentist or physician	129	117.519
D9410	House/extended care facility call	246	224.106
D9420	Hospital or ambulatory surgery center call	299	272.389
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	76	69.236
D9440	Office visit after regularly scheduled hours	179	163.069
D9450	Case presentation, detailed and extensive treatment planning	145	132.095
D9610	Therapeutic parental drug, single administration	111	101.121
D9612	Therapeutic parental drug, two or more administrations, different medications	193	175.823
D9630	Other drugs and/or medicaments, by report	49	44.639
D9910	Application of disensitizing medicament	63	57.393
D9911	Application of disensitizing resin for cervical and/or root surface, per tooth	79	71.969
D9920	Behavior management, by report	160	145.76
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	132	120.252
D9940	Occlusal guard, by report	600	546.6
D9941	Fabrication of athletic mouthguard	254	231.394
D9942	Repair and/or reline of occlusal guard	250	227.75
D9950	Occulusion analysis - mounted case	344	313.384
D9951	Occulusal adjustment - limited	182	165.802
D9952	Occulusal adjustment - complete	687	625.857
D9970	Enamel microabrasion	202	184.022
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	176	160.336
D9972	External bleaching - per arch	328	298.808
D9973	External bleaching - per tooth	231	210.441
D9974	Internal bleaching - per tooth	291	265.101
D9999	Unspecified adjunctive procedure, by report	IR	IR

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers Compensation Administration, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 39:2043 (July 2013).

Curt Eysink
Executive Director

1307#084

Notices of Intent

NOTICE OF INTENT

Department of Children and Family Services
Economic Stability Section

Child Care Assistance Program (LAC 67:III.5107)

In accordance with the provisions of the Administrative Procedure Act R.S. 49:953(A), the Department of Children and Family Services (DCFS) proposes to amend LAC 67:III, Subpart 12, Chapter 51, Section 5107, Child Care Providers, to support Act 3 which was enacted during the 2012 Regular Legislative Session.

Act 3 of the 2012 Regular Legislative Session established the Early Childhood Care and Education Network to manage and oversee all publicly-funded programs that provide early childhood care or educational programs to children from birth to age five. It requires the Board of Elementary and Secondary Education, by the beginning of the 2015-2016 school year, to establish and implement the tiered kindergarten readiness improvement system (TKRIS) to establish common standards of kindergarten readiness, assess and provide information regarding the quality of early child care and education programs, and provide resources to support improvements in such programs. An initial phase to comply with these requirements is the development of community network pilots throughout the state. Quality incentive bonuses will support these initiatives.

Section 5107 is being amended to provide for quality incentive bonuses to eligible child care assistance program (CCAP) providers that voluntarily participate in the Louisiana Department of Education community network pilots with 3-5 stars in quality start child care rating system and who are caring for CCAP eligible children birth to five years effective July 1, 2013-June 30, 2014.

Title 67
SOCIAL SERVICES
Part III. Economic Stability and Self Sufficiency
Subpart 12. Child Care Assistance Program
Chapter 51. Child Care Assistance Program
§5107. Child Care Providers

A. - G.2 ...

H.1. Quality incentive bonuses are available to:

a. - c. ...

d. eligible CCAP providers who are voluntarily participating in the Louisiana Department of Education community network pilots effective July 1, 2013-June 30, 2014 with 3-5 stars in the quality start child care rating system who are caring for CCAP-eligible children birth to five years, as part of the implementation of Act 3 of the 2012 Legislature.

H.2. - I.3 ...

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Parts 98 and 99, P.L. 104-193,Act 152, 2002 First Extraordinary Session, Act 13, 2002 Reg. Session, Act 58, 2003 Reg. Session, ACF Guidance: ACYF-IM-CC-05-03.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:357 (February 1998), amended LR 25:2444 (December 1999), LR 26:2827 (December 2000), LR 27:1932 (November 2001), LR 28:349 (February 2002), LR 28:1491 (June 2002), LR 29:43 (January 2003), LR 29:189 (February 2003), LR 30:496 (March 2004), LR 30:1484, 1487 (July 2004), LR 31:102 (January 2005), LR 31:2263 (September 2005), LR 32:1465 (August 2006), LR 32:2097 (November 2006), LR 33:507 (March 2007), LR 34:692 (April 2008), LR 36:555 (March 2010), LR 36:845 (April 2010), amended by the Department of Children and Family Services, Economic Stability and Self-Sufficiency Section, LR:36:2535 (November 2010), amended by the Department of Children and Family Services, Economic Stability Section, LR 37:3490 (December 2011), LR 39:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? This Rule change should have no impact on family stability.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? This Rule change will support the requirements of Act 3 of the 2012 Regular Legislative Session for agencies to work collaboratively to establish a seamless early childhood educational system coordinated and integrated across all programs and related state agencies so parents have more information and choices in selecting education and child care for their children.

3. What effect will this have on the functioning of the family? This Rule change will have no effect on the functioning of the family.

4. What effect will this have on family earnings and family budget? This Rule change will have no effect on family earnings or family budget.

5. What effect will this have on the behavior and personal responsibility of children? This Rule change will support the requirements of Act 3 that establishes performance targets for children under the age of three and academic standards for kindergarten readiness for three and four year old children.

6. Is the family or local government able to perform the function as contained in this proposed Rule? No, these functions are agency functions.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as defined by R.S. 49:973.

Small Business Impact Statement

The proposed Rule will have no adverse impact on small businesses as defined in the Regulatory Flexibility Act.

Public Comments

All interested persons may submit written comments through August 27, 2013, to Sammy Guillory, Deputy Assistant Secretary, Department of Children and Family Services, P.O. Box 94065, Baton Rouge, LA, 70804-9065.

Public Hearing

A public hearing on the proposed Rule will be held on August 27, 2013 at the Department of Children and Family Services, Iberville Building, 627 North Fourth Street, seminar room 1-127, Baton Rouge, LA, beginning at 9 a.m. All interested persons will be afforded an opportunity to

submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the Bureau of Appeals at least seven working days in advance of the hearing. For assistance, call (225) 342-4120 (voice and TDD).

Suzy Sonnier
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Child Care Assistance Program

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The Department of Children and Family Services (DCFS) proposes to amend LAC 67:III, Subpart 12, Chapter 51, Section 5107 Child Care Providers to support Act 3 of the 2012 Regular Legislative Session. Act 3 created the Early Childhood Care and Education Network in order to consolidate the early childhood education programs throughout the states.

By the beginning of the 2015-2016 school year, Act 3 requires the Board of Elementary and Secondary Education (BESE) to establish and implement the Tiered Kindergarten Readiness Improvement System (TKRIS) that creates common standards of kindergarten readiness and assess and provide information regarding the quality of early child care and education programs. In addition, the TKRIS provides resources to support improvements in early child care and education programs. An initial phase to comply with the requirements of Act 3 is the development of a pilot program by the Department of Education (LDE) called the Early Childhood Care and Education Community Network Pilots (Community Network Pilots) throughout the state.

The proposed rule will provide quality incentive bonuses to eligible Child Care Assistance Program (CCAP) providers with 3-5 stars in the Quality Start Child Care Rating System and that care for CCAP eligible children from birth to five years that voluntarily participate in the Community Network Pilots from July 1, 2013 through June 30, 2014. CCAP providers participating in the Community Network Pilots will receive quality incentive bonuses ranging from $5.50 to $6.50 per day based on their star rating in addition to their regular CCAP reimbursement rate.

Associated with this proposed rule is the cost of publishing rulemaking which is estimated to be approximately $492 of State General Fund in FY 14. This is a one-time cost that is routinely included in the department's annual operating budget. Also in FY 14, the department estimates CCAP providers that voluntarily participate in the Community Network Pilots will receive an additional $1,067,652 in CCAP reimbursement rates from the federal Child Care and Development Fund (CCDF). There are not costs beyond FY 14 as the Community Network Pilots will end on June 30, 2014.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of this rule will have no effect on state or local revenue collections.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

CCAP providers participating in the LDE Community Network Pilots may receive enhanced bonus incentives ranging from $5.50 to $6.50 per day based on their star rating.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated impact on competition and employment.

Sam Guillory
Deputy Assistant Secretary
1307#024

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Dentistry

Notice of Hearings (LAC 46:XXXIII.903 and 907)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760 (8), notice is hereby given that the Department of Health and Hospitals, Board of Dentistry intends to amend LAC 46:XXXIII.903 and 907.

The Louisiana State Board of Dentistry is amending LAC 46:XXXIII.903 and 907 to provide an alternative means of service for complaints and notices of hearings. In addition, the board is eliminating §903.B because the procedure is set forth in R.S. 37:780(A)(2).

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession
Chapter 9. Formal Adjudication
§903. Initiation of Proceedings

A. When determined by the president that a formal adjudication is warranted, proceedings to adjudicate an administrative enforcement action shall be initiated by serving the Complaint filed in accordance with §905 of this Chapter. Service of the Complaint on the licensee may be accomplished by personal delivery to the licensee by an agent of the board, or delivery by certified U.S. Mail return receipt requested or courier at the most current mailing address of the licensee as indicated in the official records of the board. This Complaint may be signed by either the president or a board member or employee designated by the president. Said notice shall name the accused licensee as respondent.

B. If the public health, safety, and/or welfare imperatively requires emergency action, the board, through its president, may order an interim suspension of a dental or dental hygiene license pending formal disciplinary proceedings, as provided in R.S. 49:961(C). The president shall appoint one or more board members to hear the evidence in support of an immediate interim suspension and to make recommendations to the board president, who shall thereafter issue whatever order of interim suspension pending formal adjudication as is warranted by the circumstances.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760 (4), (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1317 (October

1993), amended LR 22:1218 (December 1996), LR 27:1892 (November 2001), LR 39:

§907. Notice of Hearing

A. Upon the filing of an administrative complaint pursuant to §903 and §905 of this Chapter, the board shall schedule the complaint for hearing before the committee not fewer than 45 days nor more than 180 days thereafter; provided, however, that such time may be lengthened or shortened as the board determines may be necessary or appropriate to protect the public interest or upon motion of the complaint counsel or respondent pursuant to a showing of proper grounds. In the event that the respondent's license, permit, certification, or registration has been suspended by the board pending hearing, pursuant to R.S. 49:961(C), formal adjudication of the complaint shall be noticed and scheduled not more than 45 days after the filing of the complaint; provided, however, that such time may be lengthened or shortened as the board determines may be necessary or appropriate to protect the public interest or upon motion of the complaint counsel or respondent pursuant to a showing of proper grounds.

B. A written notice accompanied by the complaint of the time, date, and place of the scheduled hearing regarding the matters set forth in the complaint shall be sent to the respondent by personal delivery to the licensee by an agent of the board, or delivery by certified U.S. Mail return receipt requested or courier at the most current mailing address of the licensee as indicated in the official records of the board. This notice shall include a statement of the legal authority and jurisdiction under which the hearing is to be held and shall be accompanied by a certified copy of the administrative complaint. In the event respondent fails to answer within the prescribed time, or the time as extended, the factual allegations contained within the administrative complaint shall be deemed admitted and proven by clear and convincing evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1318 (October 1993), amended LR 22:25 (January 1996), LR 25:1476 (August 1999), LR 27:1892 (November 2001), LR 39:

Family Impact Statement

There will be no family impact in regard to issues set forth in R.S. 49:972.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments on these proposed Rule changes to Peyton B. Burkhalter, Executive Director, Louisiana State Board of Dentistry, One Canal Place, Suite 2680, 365 Canal Street, New Orleans, LA 70130. Written comments must be submitted to and received by the board within 20 days of the date of the publication of this notice.

Public Hearing

A request pursuant to R.S. 49:953(A)(2) for oral presentation, argument, or public hearing must be made in writing and received by the board within 20 days of the date of the publication of this notice.

Peyton B. Burkhalter
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Notice of Hearings

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be a one-time cost of $500 in FY 13 for publication of the proposed Rules in the *Louisiana Register*. There are no estimated costs or savings to local governmental units from the proposed Rule changes.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections by the board.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The Louisiana State Board of Dentistry is amending the following Rules to clarify and simplify the filing of complaints and notices of hearings with the board. Therefore, these Rule changes will not have any economic impact on the affected persons.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of the proposed Rule changes.

Peyton B. Burkhalter	John D. Carpenter
Executive Director	Legislative Fiscal Officer
1307#088	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Dentistry

Required Equipment (LAC 46:XXXIII.1511)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760(8), notice is hereby given that the Department of Health and Hospitals, Board of Dentistry intends to amend LAC 46:XXXIII.1511.

The Louisiana State Board of Dentistry is amending LAC 46:XXXIII.1511 to comply with the prevailing standard of care in the administration of parenteral moderate sedation, deep sedation, and general anesthesia.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession
Chapter 15. Anesthesia/Analgesia Administration
§1511. Required Facilities, Personnel and Equipment for Sedation Procedures

A. - A.7.d. …

e. pulse oximeter when parenteral or enteral moderate sedation on a patient is performed;

f. equipment to monitor partial pressure of carbon dioxide when parenteral moderate sedation, deep sedation, or general anesthesia is administered.

A.8. - B.5. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:659 (June 1994), amended LR 32:244 (February 2006), LR 37:1407 (May 2011), 39:91 (January 2013), LR 39:

Family Impact Statement

There will be no family impact in regard to issues set forth in R.S. 49:972.

Poverty Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments on these proposed Rule changes to Peyton B. Burkhalter, Executive Director, Louisiana State Board of Dentistry, One Canal Place, Suite 2680, 365 Canal Street, New Orleans, Louisiana 70130. Written comments must be submitted to and received by the board within 20 days of the date of the publication of this notice. A request pursuant to R.S. 49:953(A)(2) for oral presentation, argument, or public hearing must be made in writing and received by the board within 20 days of the date of the publication of this notice.

Peyton B. Burkhalter
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Required Equipment

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be a one-time cost of $500 in FY 13 for publication of the proposed Rules in the *Louisiana Register*. There are no estimated costs or savings to local governmental units from the proposed Rule changes.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections by the board.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Those dentists or other licensees who currently hold permits to administer parenteral moderate, deep sedation or general anesthesia would be affected by the Rule change. There are currently 158 licensees who hold these permits that will be obligated to buy the equipment which costs approximately $1,500 to $7,500. Of the 158 permit holders 85 are oral and maxillofacial surgeons who are required to have this equipment by January 1, 2014 regardless of this Rule change.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of the proposed Rule changes.

Peyton B. Burkhalter
Executive Director
1307#089

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Dentistry

Sedation (LAC 46:XXXIII.1506 and 1507)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760 (8), notice is hereby given that the Department of Health and Hospitals, Board of Dentistry intends to amend LAC 46:XXXIII.1506 and 1507.

The Louisiana State Board of Dentistry is amending LAC 46:XXXIII.1506 and 1507 to require that licensees personally attend the practical components of the ACLS and PALS courses to obtain permits to administer certain levels of sedation.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession
Chapter 15. Anesthesia/Analgesia Administration
§1506. Moderate Sedation with Enteral Drugs

A. - D. ...

E. For adult patients, the licensee must provide proof of current certification in advanced cardiac life support as defined by the American Heart Association or its equivalent. The board will only accept an ACLS course which includes a practical component which is personally attended. For pediatric patients, the licensee must provide proof of current certification in pediatric life support (PALS), or its equivalent. The board will only accept a PALS course which includes a practical component which is personally attended.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:793.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 30:2306 (October 2004), amended LR 32:244 (February 2006), LR 33:847 (May 2007), LR 33:2653 (December 2007), LR 39:90 (January 2013), LR 39:

§1507. General Anesthesia/Deep Sedation

A. - A.2.a. …

b. provide proof of current certification in the cardiopulmonary resuscitation course "Advanced Cardiac Life Support" as defined by the American Heart Association, or its equivalent. The board will only accept an ACLS course which includes a practical component which is personally attended;

c. provide proof of current certification in Pediatric Advanced Life Support (PALS) when administering sedation to patients under the age of 13. The board will only accept a PALS course which includes a practical component which is personally attended.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:659 (June 1994), amended LR 32:2057 (November 2006), LR 33:2653 (December 2007), LR 38:1958 (August 2012), LR 39:

Family Impact Statement

There will be no family impact in regard to issues set forth in R.S. 49:972.

Poverty Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments on these proposed Rule changes to Peyton B. Burkhalter, Executive Director, Louisiana State Board of Dentistry, One Canal Place, Suite 2680, 365 Canal Street, New Orleans, Louisiana 70130. Written comments must be submitted to and received by the board within 20 days of the date of the publication of this notice. A request pursuant to R.S. 49:953(A)(2) for oral presentation, argument, or public hearing must be made in writing and received by the board within 20 days of the date of the publication of this notice.

Peyton B. Burkhalter
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Sedation

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be a one-time cost of $500 in FY 13 for publication of the proposed Rules in the *Louisiana Register*. There are no estimated costs or savings to local governmental units from the proposed Rule changes.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections by the board.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The Louisiana State Board of Dentistry's current sedation training programs and continuing education requirements have a practical component, and licensees are already required to secure training and continuing education. Since these courses are all offered in-state, the Rule changes will not have any significant economic impact on the licensees and/or the licensees will not incur additional costs. All that the Rule changes require is that the training and continuing education a licensee acquires to administer anesthesia, is personally attended.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of the proposed Rule changes.

Peyton B. Burkhalter	John D. Carpenter
Executive Director	Legislative Fiscal Officer
1307#090	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Examiners in Dietetics and Nutrition

Licensure (LAC 46:LXIX.101, 103, and 109)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 37:3085(2), that the Louisiana Board of Examiners in Dietetics and Nutrition intends to update the definition of Louisiana Association to reference the Academy of Nutrition and Dietetics, formerly known as the American Dietetic Association. The board intends to revise the qualifications to reflect 900 hours rather than 1200 hours to mirror the language in the Practice Act, although CADE requires 1200 hours. The board intends to promulgate a rule regarding the expedited licensing of military personnel and the spouses of military personnel in response to Act 276 of the 2012 Legislative Session. The board intends to amend its rules regarding Consent Agreement and Orders offered to individuals practicing without a license which will make the Consent Agreement and Order disciplinary action. The board is requesting one "housekeeping" type amendment to revise language, but not the intent of the Rule regarding applicants for licensure.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXIX. Registered Dietitians
Chapter 1. Dietitians/Nutritionists
§101. Definitions

A. …

* * *

Louisiana Association—the Louisiana Dietetic Association, an affiliate of the Academy of Nutrition and Dietetics (AND).

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3081-3093; R.S. 36:259(Q).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 10:12 (January 1984), repromulgated by the Department of Health and Hospitals, Board of Examiners in Dietetics and Nutrition, LR 14:435 (July 1988), amended LR 25:1094 (June 1999), LR 37:2152 (July 2011), LR 39:

§103. Qualifications for Licensure

A. - B.1. …

2. An applicant for licensure shall submit to the board evidence of having successfully completed a planned continuous supervised practice component in dietetic practice of not less than 900 hours under the supervision of a registered dietitian or a licensed dietitian/nutritionist. The experience must be completed in the United States or its territories. Supervised dietetic practice accredited by CADE of the Academy of Nutrition and Dietetics will be accepted in lieu of the board-approved plan.

C. - D.2.…

E. Licensing of Qualified Military-trained Applicants and Spouses of Military Personnel

1. A military-trained dietitian/nutritionist is eligible for licensure as a dietitian/nutritionist as provided for in Subsections A-D of this Section provided the applicant:

a. has completed a military program of training in dietetics and nutrition and has been awarded a military occupational specialty or similar official designation as a dietitian/nutritionists with qualifications which are substantially equivalent to or exceed the requirements of the applicable license (including the provisional license authorized by R.S. 37:3087) which is the subject of the application;

b. has performed dietetics and nutritionist services in active practice at a level that is substantially equivalent to or exceeds the requirements of the applicable license which is the subject of the application;

c. has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice dietetics/nutrition in this state at the time the act was committed; and,

d. has not received a dishonorable discharge from military service.

2. A military-trained dietitian/nutritionist, who has not been awarded a military occupational specialty or other official designation as a dietitian/nutritionist, who nevertheless holds a current license as a dietitian or nutritionist in another state, District of Colombia or territory of the United States, which jurisdiction's requirements are substantially equivalent to or exceed the requirements for the license for which he or she is applying, is eligible for licensure, by reciprocity or endorsement pursuant to §105 provided the applicant:

a. has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice dietetics/nutrition in this state at the time the act was committed; and,

b. has not received a dishonorable discharge from military service.

3. A spouse of a member of the active-duty military forces or a spouse of a former member of the military forces who has not received a dishonorable discharge and who holds a current license as a dietitian or nutritionist in another state, District of Colombia or territory of the United States, which jurisdiction's requirements are substantially equivalent to or exceed the requirements for the applicable license for which he or she is applying, is eligible for licensure by reciprocity or endorsement pursuant to §105 provided the applicant:

a. has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice dietetics/nutrition in this state at the time the act was committed; and,

b. is in good standing and has not been disciplined by the agency that issued the license.

4. The procedures governing the applications of military-trained applicants and applicants who are spouses of military personnel, including the issuance and duration of temporary practice permits and priority processing of applications, are provided for in §109.J.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3081-3093; R.S. 36:259(Q).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 10:12 (January 1984), repromulgated by the Department of Health and Hospitals, Board of Examiners in Dietetics and Nutrition, LR 14:435 (July 1988), amended LR 37:2152 (July 2011), LR 39:

§109. Application for Licensure

A. - H. …

I. An applicant who meets all the requirements of R.S. 41:37:3086 or 3087 and who has worked more than 30 days as a dietitian/nutritionist in the state of Louisiana and who has not otherwise violated any part of R.S. 41:3081-3094 or its rules and regulations, may be offered the following options in the form of a consent order and agreement to resolve the situation:

1. - 3. …

4. the consent agreement and order shall be considered disciplinary action, and will be published by LBEDN.

J. Procedures for Applications of Military-trained Applicants or Spouses of Military Personnel, Issuance of Temporary Practice Permits and Priority Processing of Applications

1. In addition to the application procedures otherwise required by this Section, a military-trained dietitian/nutritionist, as specified in §103.E.1, applying for licensure, shall submit with the application:

a. a copy of the applicant's military report of transfer or discharge which shows the applicant's honorable discharge from military service;

b. the official military document showing the award of a military occupational specialty in dietetics and nutrition and a transcript of all military course work, training and examinations in the field of dietetics and nutrition;

c. documentation showing the applicant's performance of dietetics/nutritionist services, including dates of service in active practice, at a level which is substantially equivalent to or exceeds the requirements of the license which is the subject of the application;

d. an affidavit from the applicant certifying that he or she has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice dietetics/nutrition in this state at the time the act was committed.

2. In addition to the application procedures otherwise required by this Section, a military-trained dietitian/nutritionist, as specified in §103.E.2, applying for licensure, shall submit with the application:

a. a copy of the applicant's military report of transfer or discharge which shows the applicant's honorable discharge from military service;

b. the completion of all forms and presentation of all documentation required for an application pursuant to §105;

c. an affidavit from the applicant certifying that he or she has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice

dietetics/nutrition in this state at the time the act was committed.

3. In addition to the application procedures otherwise required by this Section, a spouse of a member of the active-duty military forces or a spouse of a former member of the military forces as specified in §103.E.3, applying for licensure, shall submit with the application:

a. a copy of the current military orders of the military spouse of the applicant and the applicant's military identification card or a copy of the military report of transfer or discharge of the military spouse of the applicant which shows an honorable discharge from military service;

b. a copy of the applicant's marriage license and an affidavit from the applicant certifying that he or she is still married to a military spouse or former military spouse;

c. the completion of all forms and presentation of all documentation required for an application pursuant to §105;

d. an affidavit from the applicant certifying that he or she has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice dietetics/nutrition in this state at the time the act was committed and is in good standing and has not been disciplined by the agency that issued the license.

e. documentation demonstrating competency in dietetics/nutritionist practice at the level which is the subject of the application and/or completion of appropriate continuing education units;

4. Applicants who present completed applications and the supporting documentation required by this Rule are eligible for a temporary practice permit as a dietitian/nutritionist or provisional dietitian/nutritionist, whichever is the subject of the application. The board, through its staff, will give priority processing to such applications and, subject to verification of applications and supporting documentation, issue the appropriate temporary practice permit not later than 21 days after the completed application is submitted. The temporary practice permit authorizes the applicant to practice dietetics/nutrition at the designated level, consistent with the verified application and supporting documentation for a period of 60 days from the date of issuance.

5. As soon as practicable, but not longer than the duration of the applicant's temporary practice permit, the board will grant the application for the applicable license which is the subject of the application or notify the applicant of its denial.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3081-3093; R.S. 36:259(Q).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 10:12 (January 1984), repromulgated by the Department of Health and Hospitals, Board of Examiners in Dietetics and Nutrition, LR 14:435 (July 1988), amended LR 37:2153 (July 2011), LR 39:

Family Impact Statement

The proposed changes have no anticipated impact on the family.

Poverty Statement

The proposed rulemaking will have no impact as described in R.S. 49:973.

Public Comments

Interested person may submit written comments to Emily Efferson, Administrator, by mail at 18550 Highland Road, Suite B, Baton Rouge, LA 70809, email at emily@lbedn.org or by fax at (225) 756-3472. Written comments will be accepted until 4:30 p.m. on August 31, 2013.

Emily Efferson
Administrator

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Licensure

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no estimated implementation savings to state or local governmental units through promulgation of the proposed Rule changes. The estimated cost to the Louisiana Board of Examiners in Dietetics and Nutrition (LBEDN) paid to the State Register for publishing the Notice of Intent is $1,500. The estimated cost to upload the new Rules to the website is $100. All implementation expenditures will be made in FY 13. Since the LBEDN anticipates only one to two expedited licensure application processing requests each year from military personnel or spouses under the rule changes to LAC 46:LXIX.103, any workload increases are anticipated to be minimal and will be absorbed by current staff and resources.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed changes will have no effect on revenue collections of state or local governmental units. There are no new fees or fee collections resulting from expedited processing of licenses for military personnel and their spouses under LAC 46:LXIX.103.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Rule changes to LAC 46:LXIX.103 make a technical correction in order to align with R.S. 37:3086 (Dietetic and Nutrition Practice Act). This change returns the requirement for continuous supervised practice in dietetics by an applicant for licensure to 900 hours instead of 1,200 hours in order to comply with the Dietetic and Nutrition Practice Act. This correction should have no impact on applicants since most academic curriculums require 1,200 hours regardless of the Board's requirements.

The LBEDN also proposes to add "Licensing of Qualified Military-trained Applicants and Spouses of Military Personnel" to Section 103 in response to mandates relative to Act 276 of the 2012 Legislative Session regarding expedited processing of licenses for military personnel who have completed a military program of training and been awarded a military occupational specialty in the area of dietetics and nutrition and to a military spouse licensed, certified or registered in another jurisdiction.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Expedited processing for licensure will allow qualified military personnel and their qualified spouses to practice in Louisiana sooner than is now possible. It is anticipated that applications from non-military personnel will not be adversely affected.

Emily Efferson	Evan Brasseaux
Administrator	Staff Director
1307#087	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Examiners of Psychologists

Contact Information (LAC 46:LXIII.903)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Department of Health and Hospitals, Board of Examiners of Psychologists is amending LAC 46:LXIII.Chapter 9, Licensees, Section 903. This modification changes the title of Section 903 to "Contact Information." This proposed Rule change requires psychologists to maintain an accurate work and mailing address on file along with a current email address.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXIII. Psychologists
Chapter 9. Licensees
§903. Contact Information

A. A licensed psychologist shall notify the board within 30 days, with documentation, attesting to any change of contact information including mailing address, work address, telephone number and email address. This documentation notice shall include the psychologist's full name, license number, and the old and new contact information.

B. Should a psychologist be displaced to a temporary location due to an emergency, the psychologist shall notify the board within 30 days, with documentation attesting to the temporary change in contact information. The documented notice shall include the psychologist's full name, license number, old and new temporary contact information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 32:1227 (July 2006), amended LR 39:

Family Impact Statement

The Board of Examiners of Psychologists hereby issues this Family Impact Statement as set forth in R.S. 49:972. The proposed amendments and adoption of the rules related to the increase of fees are implemented to guarantee the licensing authority can perform daily duties and safeguard the public welfare of this state and will have no known foreseeable impact on the stability of the family; authority and rights of parents regarding the education and supervision of their children; functioning of the family; family earnings and family budget; behavior and personality responsibility of children; or the ability of the family or a local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

The proposed Rule amends LAC 46:LXIII.Chapter 9. These Rule changes should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Public Comments

Interested persons may submit written comments to Kelly Parker, Executive Director, 8280 YMCA Plaza Drive, Bldg. 8-B, Baton Rouge, LA 70810. All comments must be submitted by 12 p.m., August 9, 2013.

Kelly Parker
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Contact Information

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The estimated implementation cost for this rule totals approximately $100 in FY 13 and only applies to the Board of Examiners of Psychologists. Those costs are related to publishing the proposed and final rule in the *Louisiana Register*.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No effect on revenue collections of state or local governmental units is anticipated as a result of this rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

In accordance with R.S. 37:2357, this amendment modifies current requirements for psychologists to update and maintain accurate contact information on file at the Board's office. The proposed amendment requires psychologists to not only keep accurate mailing address information on file but also requires them to keep a current email address on file. The title of the section will be changed to "Contact Information".

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No effect on competition and employment is anticipated as a result of this rule change.

Kelly Parker	John D. Carpenter
Executive Director	Legislative Fiscal Officer
1307#001	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Examiners of Psychologists

Continuing Education (LAC 46:LXIII.Chapter 8)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Department of Health and Hospitals, Board of Examiners of Psychologists is amending LAC 46:LXIII.Chapter 8, Continuing Education. This proposed Rule will increase the number of continuing education hours to 40 hours every two years. This

modification also creates nine categories in which a licensee can obtain continuing education credit.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXIII. Psychologists
Chapter 8. Continuing Education

§801. Preface

A. Pursuant to R.S. 37:2357(B) each licensed psychologist is required to complete continuing education hours within biennial reporting periods. Continuing education is an ongoing process consisting of learning activities that increase professional development. Continuing professional development (CPD) activities:

1. are relevant to psychological practice, education and science;

2. enable psychologists to keep pace with emerging issues and technologies; and

3. allow psychologists to maintain, develop, and increase competencies in order to improve services to the public and enhance contributions to the profession.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 32:1228 (July 2006), LR 39:

§803. Requirements

A. For the reporting periods that begin July 2014 and July 2015, each psychologist is required to complete 30 hours or credits of continuing professional development within the biennial reporting period. The CPD credits must conform to the percentage distribution requirements listed below in Subsection C. For the reporting periods that begin July 2016 and July 2017 and henceforth, 40 credits of continuing professional development will be required in the biennial reporting period and the hours must conform to the distribution listed below in Subsection C.

B. Within each reporting period, two of the required hours or credits of continuing professional development must be within the area of ethics or law.

C. Within each reporting period, licenses must earn credits in at least two of the nine categories listed under §803.D.

D. Licensees can accumulate continuing professional development credits in nine categories.

1. Professional

a. Peer Consultation (one hour of peer consultation equals one credit): Examples include case consultation groups; journal clubs; regional research groups; mentoring; and shadowing a colleague. If learning is reciprocal, credit is split between both licensees.

i. If requested, documentation required to earn credit: verification form providing evidence that it is a structured program of consultation with regularly scheduled meetings and showing the nature of the consultation. Additionally, the person providing the consultation must attest, by signature, to the description of the program, number of hours met and that the verification form have been completed.

b. Practice Outcome Monitoring (one completed questionnaire equals one credit): assessing patient/client outcomes via a questionnaire that is shown to be of empirical value.

i. If requested, documentation required to earn credit: Verification Form providing number of hours spent with patient/client and a de-identified copy of the patient/client questionnaire.

c. Professional Activities (one year equals ten credits): serving on a national, regional, or state psychological association board or committee or board member of regulatory body related to the field of psychology.

i. If requested, documentation required to earn credit: Verification Form and documentation from the professional organization confirming the service.

d. Conferences/Conventions (one conference day equals one credit): Attendance at a conference related to the field of psychology or a conference, which aids in the licensee's professional development.

i. If requested, documentation required to earn credit: Copy of registration materials. This credit is separate from traditional continuing education units that may be awarded at said conference.

2. Academic

a. Academic Courses (one three-hour course or equivalent equals twenty credits): Graduate-level course related to psychologist's discipline and practice taken for credit (not audit) from a regionally accredited university or one pre-approved by the Board.

i. If requested, documentation required to earn credit: Course transcript.

b. Instruction (one three-hour course equals twenty credits; one full-day workshop equals ten credits): teaching a course in a regionally accredited institution or full day workshop presentation. Credit can only be received the first time teaching or presenting the material.

i. If requested, documentation required to earn credit: Syllabus or brochure. Materials used may be requested upon an audit.

c. Publications (one article equals ten credits; book chapter equals ten credits): Author of an article for peer-reviewed publications or author, editor or co-editor of a book related to the field of psychology.

i. If requested, documentation required to earn credit: Copy of journal abstract or copy of the publication.

3. Traditional Continuing Education

a. Approved Sponsored CE (one hour equals one credit): Workshops from a recognized approved sponsor (APA or any of its approved sponsors, academies of professional specialty boards, regionally accredited colleges or universities, Continuing Medical Education in Category 1 of AMA or its subsidiaries including grand rounds). Home study, even with an approved CE sponsor, is considered self-directed learning.

i. If requested, documentation required to earn credit: Appropriate documentation from sponsor.

b. Self-directed Learning (one hour equals one credit): Examples include reading, Internet, videos, and/or other unsponsored activities. .

i. If requested, documentation required to earn credit: Completion of self-directed learning verification form.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:2357

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 32: 1228 (July 2006), LR 39:

§809. Reporting Requirements

A. Each psychologist shall complete, at the end of reporting periods, the continuing professional development verification form and the continuing education report and file accordingly with the board.

B. Signature. By signing the report form, the licensee signifies that the report is true and accurate.

C. Documentation. Each licensee shall retain corroborative documentation of his or her continuing professional development for two years. Although this documentation is not routinely required as part of the licensee's submission, the board may, at its discretion, request such documentation. Any misrepresentation of continuing professional development will be cause for disciplinary action by the board.

D. Biennial Reporting Period. Psychologists holding even numbered licenses must submit to the board, in even numbered years, their continuing professional development report along with their license renewal form. Psychologists holding odd numbered licenses must submit to the board, in odd numbered years, their continuing professional development report along with their license renewal form. Continuing professional development reports shall be due July 1, and considered delinquent at the close of business July 31, in the year in which their continuing professional development report is due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006), LR 39:

§811. Extensions/Exemptions

A. Licensees on extended active military service outside the state of Louisiana during the applicable reporting period and who do not engage in delivering psychological services within the state of Louisiana may be granted in extension or an exemption if the board receives a timely confirmation of such status.

B. Licensees who are unable to fulfill the requirement because of illness or other personal hardship may be granted an extension or an exemption if timely confirmation of such status is received by the board.

C. Newly licensed psychologists are exempt from continuing professional development requirements for the remainder of the year for which their license or certification is granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006), LR 39:

§813. Noncompliance

A. Noncompliance shall include, in part, incomplete reports, unsigned reports, failure to file a report, and failure to report a sufficient number of acceptable continuing professional development credits as defined in LAC 46:LXIII.803.

B. Failure to fulfill the requirements of the continuing professional development rule shall cause the license to lapse pursuant to R.S. 37:2357.

C. If the licensee fails to meet continuing professional development requirements by the appropriate date, the license shall be regarded as lapsed at the close of business July 31 of the year for which the licensee is seeking renewal.

D. The State Board of Examiners of Psychologists shall serve written notice of noncompliance on a licensee determined to be in noncompliance. The notice will invite the licensees to request a hearing with the board or its representative to claim an exemption or to show compliance. All hearings shall be requested by the licensee and scheduled by the board in compliance with any time limitations of the Administrative Procedures Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47(January 1993), amended LR 32:1229 (July 2006), LR 34:1406 (July 2008), LR 39:

§815. Reinstatement

A. For a period of two years from the date of lapse of the license, the license may be renewed upon proof of fulfilling all continuing professional development requirements applicable through the date of reinstatement and upon payment of all fees due under R.S. 37:2357.

B. After a period of two years from the date of lapse of the license, the license may be renewed by passing a new oral examination before the board and payment of a fee equivalent to the application fee and renewal fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), LR 39:

Family Impact Statement

The Board of Examiners of Psychologists hereby issues this Family Impact Statement as set forth in R.S. 49:972. The proposed amendments and adoption of the rules related to continuing education and professional development activities are implemented to increase professional development and to safeguard the public welfare of this state. There is no known foreseeable impact on the stability of the family; authority and rights of parents regarding the education and supervision of their children; functioning of the family; family earnings and family budget; behavior and personality responsibility of children; or the ability of the family or a local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

The proposed Rule amends LAC 55:III.325. These Rule changes should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Public Comments

Interested persons may submit written comments to Kelly Parker, Executive Director, 8280 YMCA Plaza Drive, Bldg. 8-B, Baton Rouge, LA 70810. All comments must be submitted by 12 noon, August 9, 2013.

Kelly Parker
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Continuing Education

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The estimated implementation cost for this rule totals approximately $500 in FY 14 and only applies to the Board of Examiners of Psychologists. Those costs are related to publishing the proposed and final rule in the *Louisiana Register*.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No impact on state or local government revenue collections is anticipated as a result of the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This amendment provides clarification in regards to continuing education and increases the requirement in a biennial period from 30 to 40 hours for the continuing professional development of a psychologist as mandated under R.S. 37:2357. The cost of any continuing education program is to be borne by the licensee and paid directly to the entity organizing the course or program. The rule changes also include 9 newly defined categories in which a psychologist can obtain continuing education, along with new restrictions on the amount of hours that can be earned in each category, as opposed to the previous system of requirements. The amended language will have a minimal impact on licensees and is in agreement with the recommended national guidelines issued by the Association of State and Provincial Psychology Boards (ASPPB). There are approximately 690 licensed psychologists regulated by this Board. All active, full-time psychologists are required to obtain continuing education on a biannual basis in order to fulfill licensure renewal requirements.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No effect on competition and employment is anticipated as a result of this rule change.

Kelly Parker	John D. Carpenter
Executive Director	Legislative Fiscal Officer
1307#002	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Examiners of Psychologists

Temporary Registration
(LAC 46:LXIII.Chapter 10)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Department of Health and Hospitals, Board of Examiners of Psychologists is amending LAC 46:LXIII.Chapter 10, Temporary Registration. This proposed Rule modifies current licensing requirements for out-of-state psychologists and adds a provision for qualified military applicants or their qualified spouses pursuant to Act 276.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXIII. Psychologists
Chapter 10. Temporary Registration
§1001. Registration of Out-of-State Psychologist

A. Any nonresident licensed for independent practice as a doctoral level psychologist in the state of his/her residence and which state will permit residents of this state a like and similar privilege as provided herein may practice as a psychologist for a period not to exceed 30 days in any one calendar year or the current expiration of his resident license, whichever comes first to the same extent and manner as if licensed in this state.

B. Upon application for temporary registration, accompanied by such fee determined by the board, the board shall issue a certification of temporary registration to a psychologist not licensed in Louisiana, whose license is current, unrestricted, and at the doctoral level in the jurisdiction of his/her residence, and who furnishes upon a form and in such manner the board prescribes, the following:

1. completed, notarized, registration form signed by the out-of-state psychologist, shall be submitted along with the appropriate fee, a copy of the respective current and unrestricted licenses, picture identification, and any other information pertaining to identification or fitness to practice as requested by the board;

2. documentation that the psychologist is engaged in a legitimate professional setting, and provides satisfactory documentation to the board of the location site(s) that he/she will be providing psychological services and dates of service;

3. a statement attesting to any prior disciplinary actions, felonies or convictions, participation in an impaired psychologist program, or any pending litigations or actions the licensee may be facing; and

4. documentation that the state in which the out-of-state psychologist resides provides a like and similar privilege to licensed Louisiana psychologists.

C. All applicants for temporary registration must successfully pass the Louisiana jurisprudence examination and pay the appropriate fee associated with such exam. Temporary applicants must pass the Jurisprudence examination prior to the issuance of a certification of temporary registration. Jurisprudence exam scores will be valid for three years.

D. Upon issuance of the certification of temporary registration, the psychologist shall comply with the Louisiana Licensing Law for Psychologists, R.S. Title 37, Chapter 28, the *Louisiana Administrative Code*, Title 46, Part LXIII and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability.

E. Should a qualified psychologist registered with the board thereafter fail to comply with any requirement or condition established by this rule, the board may immediately terminate his/her registration. In addition, any known jurisdiction in which the psychologist holds a license

will be notified of any complaint, investigation and/or disciplinary proceedings by this board.

F. In the event a psychologist fails to register with the board, but practices psychology, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of psychology and prosecuted accordingly.

G. Temporary registration may be granted no more than three consecutive years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2365.D.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 33:459 (March 2007), amended LR 36:1007 (May 2010) LR amended (July 2013), LR 39:

§1002. Emergency Temporary Registration for Psychologists

A. Pursuant to R.S.29:769(E), licensed psychologists from other jurisdictions of the United States may respond to a declared public health emergency and be granted a temporary registration to engage in the practice of psychology as defined in R.S. 37:2352(5).

B. Prior to providing professional services in Louisiana a psychologist licensed at the doctoral level in another jurisdiction of the United States, shall apply for an emergency temporary registration (ETR). The application for ETR shall be made available via the board website or mailed upon request.

C. Applications for emergency temporary registration shall be processed as priority during a declared emergency.

D. Accordingly, additional requirements for an ETR may be imposed pursuant to the emergency declaration issued which more properly address the needs of the particular declared emergency.

E. A psychologist not licensed in Louisiana, whose license is current, unrestricted, and at the doctoral level in the jurisdiction of his/her residence in the United States, and properly registers with the board may gratuitously provide psychological services if:

1. the psychologist is engaged in a legitimate relief effort during the emergency period, and provides satisfactory documentation to the board of the location site(s) that he/she will be providing psychological services;

2. the psychologist complies with the Louisiana Licensing Law for Psychologists, R.S. Title 37, Chapter 28, the *Louisiana Administrative Code*, Title 46, Part LXIII and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability; and

3. the psychologist renders psychological services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of psychological services with the state of Louisiana.

F. The authority provided for the Emergency Rule shall be applicable for a period of time not to exceed 60 days at the discretion of the board, with the potential extension of up to two additional periods not to exceed 60 days for each extension as determined appropriate and necessary by the board.

G. All interested psychologists shall submit to the board, a copy of their respective current and unrestricted licenses, picture identification, and any other information pertaining to identification or fitness to practice as requested by the board.

H. Should a qualified psychologist registered with the board thereafter fail to comply with any requirement or condition established by this rule, the board may immediately terminate his/her registration. In addition, any known jurisdiction in which the psychologist holds a license will be notified of any complaint, investigation and/or disciplinary proceedings by this board.

I. In the event a psychologists fails to register with the board, but practices psychology, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of psychology and prosecuted accordingly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 29:769(E).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 33:459 (March 2007), amended LR 36:1007 (May 2010), LR 39:

§1003. Military Applicants

A. Any active member of the military or their spouse, shall be granted expedited status for licensure upon an application for licensure, payment of the appropriate fee, and written request for expedited process.

B. Upon receipt of the above information and if the psychologist is licensed in any other state, he/she shall be considered for temporary license at the next regularly scheduled board meeting. If the psychologist meets the requirements for licensure he/she shall be granted a temporary license.

C. The temporary license may be extended while documentation for a full license is gathered, and so long as the application is active.

D. Upon issuance of the temporary license, the psychologist shall comply with the Louisiana Licensing Law for Psychologists, R.S. Title 37, Chapter 28, the *Louisiana Administrative Code*, Title 46, Part LXIII and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability.

E. All military applicants will be required to submit to a criminal background check and pass a Louisiana jurisprudence examination before issuance of a permanent license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2365.D.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 39:

Family Impact Statement

The Board of Examiners of Psychologists hereby issues this Family Impact Statement as set forth in R.S. 49:972. The proposed amendments and adoption of the rules related to temporary registration of out of state psychologists are being implemented to guarantee the licensing authority can safeguard the public welfare of this state and will have no known foreseeable impact on the stability of the family; authority and rights of parents regarding the education and supervision of their children; functioning of the family; family earnings and family budget; behavior and personality responsibility of children; or the ability of the family or a local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

The proposed Rule amends LAC 46:LXIII.Chapter 10. These Rule changes should not have any known or foreseeable impact on any child, individual or family as

defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;

2. the effect on early childhood development and preschool through postsecondary education development;

3. the effect on employment and workforce development;

4. the effect on taxes and tax credits;

5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Public Comments

Interested persons may submit written comments to Kelly Parker, Executive Director, 8280 YMCA Plaza Drive, Bldg. 8-B, Baton Rouge, LA 70810. All comments must be submitted by 12 p.m., August 9, 2013.

Kelly Parker
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Temporary Registration

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The estimated implementation cost for this rule totals approximately $400 in FY 13 and only applies to the Board of Examiners of Psychologists. Those costs are related to publishing the proposed and final rule in the *Louisiana Register*.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

In accordance with R.S. 37:2365.D., this amendment modifies current temporary registration requirements for nonmilitary, out-of-state psychologists. The proposed modifications to Chapter 10, Section 1001, include requiring all out-of-state psychologists to take and pass a jurisprudence examination and pay the required fee of $75. Also, it removes the current requirement for visiting psychologists to "associate" with a Louisiana psychologist for registration. As a result of this rule changes, the Board anticipates generating approximately $1,500 in additional annual revenue from fees ($75 x 20 out-of-state applicants).

The proposed addition of Chapter 10, Section 1003 applies to active military and their spouses as required in Act 276 of the 2012 legislative session. This proposed addition would allow qualified military applicants or their qualified spouses to obtain a temporary license while going through an expedited licensure process after payment to the Board of the temporary license fee ($125). To the extent that military applicants or their spouses apply for temporary licensure, the Board's revenues will increase; however, to date, there have been no military applicants. As such, the Board does not anticipate a significant increase in revenues in subsequent years as a result of this rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed modifications to Chapter 10, Section 1001, include requiring all out-of-state psychologists to take and pass a jurisprudence examination and pay the required fee of $75. Also, it removes the current requirement for visiting psychologists to "associate" with a Louisiana psychologist for registration.

In addition, the proposed addition of Chapter 10, Section 1003 applies to active military and their spouses. This proposed addition would allow qualified military applicants or their qualified spouses to obtain a temporary license while going through an expedited licensure process as required in Act 276 of the 2012 legislative session after paying the temporary license fee of $125.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

As a result of the expedited processing of licensure applications and temporary licensure for military personnel and any qualified spouses, employment opportunities in Louisiana will be more readily available for this subgroup.

Kelly Parker
Executive Director
1307#006

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Pharmacy

Collaborative Drug Therapy Management
(LAC 46:LIII.523)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Louisiana Board of Pharmacy hereby gives notice of its intent to amend §523 of its Rules, for the purpose of simplifying the recordkeeping and reducing the administrative burden for those pharmacists engaging in collaborative drug therapy management activities.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIII. Pharmacists
Chapter 5. Pharmacists
§523. Collaborative Drug Therapy Management

A. Definitions. As used in this Chapter, the following terms shall have the meaning ascribed to them in this Section.

Board—the Louisiana Board of Pharmacy.

Collaborative Drug Therapy Management or *Drug Therapy Management*—that practice in which a pharmacist voluntarily agrees with a physician to manage the disease specific drug therapy of one or more patients of such physician, within a predetermined range of medication selected by the physician and set forth in a patient specific written order set. Drug therapy management shall be limited to:

a. monitoring and modifying a disease specific drug therapy;

b. collecting and reviewing patient history;

c. obtaining and reviewing vital signs, including pulse, temperature, blood pressure, and respiration;

d. ordering, evaluating, and applying the results of laboratory tests directly related to the disease specific drug therapy being managed under an order set, provided such tests do not require the pharmacist to interpret such testing or formulate a diagnosis; and

e. providing disease or condition specific patient education and counseling.

Controlled Substance—any substance defined, enumerated, or included in federal or state statute or

regulations, or any substance which may hereafter be designated as a controlled substance by amendment or supplementation of such statute or regulations.

Disease Specific Drug Therapy—a specific drug or drugs prescribed by a physician for a specific patient of such physician that is generally accepted within the standard of care for treatment of the diseases or condition.

Drug—

a. any substance recognized as a drug in the official compendium, or supplement thereto, designated by the board for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or animals;

b. any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or other animals; or

c. any substance other than food intended to affect the structure or any function of the body of humans or other animals.

Drugs of Concern—a drug that is not a controlled substance but which is nevertheless defined and identified in accordance with procedures established by the Louisiana Prescription Monitoring Program Act, R.S. 40:1001-1014, as a drug with the potential for abuse.

Pharmacist—for purposes of this Section, an individual who has a current unrestricted license to practice pharmacy in this state duly licensed by the board, who is approved by the board to engage in collaborative practice for a specific disease or condition based on the pharmacist's training and experience.

Physician—an individual lawfully entitled to engage in the practice of medicine in this state as evidenced by a current, unrestricted license duly issued by the Louisiana State Board of Medical Examiners.

Prescribe—a request or order transmitted in writing, orally, electronically or by other means of telecommunication for a drug that is issued in good faith, in the usual course of professional practice and for a legitimate medical purpose, by a physician for the purpose of correcting a physical, mental or bodily ailment of his patient.

Order Set—a written set of directives or instructions containing each of the components specified elsewhere in this Section for collaborative drug therapy management of disease specific drug therapy for a specific patient. The order set shall be signed by the physician and represents the physician orders for the collaborative drug therapy management to be provided to the patient.

B. Registration

1. Eligibility

a. No pharmacist shall engage in collaborative drug therapy management in this state until registered with the board in accordance with this Section. To be eligible for registration, a pharmacist shall, as of the date of the application:

i. possess a current, unrestricted license to practice pharmacy issued by the board and not be the subject of a pending investigation or complaint by the board or by the pharmacy licensing authority of any other state or jurisdiction;

ii. be actively engaged in the practice of pharmacy in this state and the provision of pharmacist care similar to the activities anticipated in the collaborative drug therapy management agreement.

b. A pharmacist shall be deemed ineligible for registration of collaborative drug therapy management who:

i. does not possess the qualifications prescribed by §523.B.1.a;

ii. has voluntarily surrendered or had suspended, revoked, or restricted his controlled dangerous substances license, permit, or registration (state or federal);

iii. has had a pharmacy license suspended, revoked, placed on probation or restricted in any manner by the board or by the pharmacy licensing authority of any other state or jurisdiction;

iv. has had an application for pharmacist licensure rejected or denied; or

v. has been, or is currently in the process of being denied, terminated, suspended, refused, limited, placed on probation or under other disciplinary action with respect to participation in any private, state, or federal health insurance program.

c. The board may, in its discretion, waive the limitations referenced in Subparagraph B.1.b of this Section on a case-by-case basis.

d. The board may deny registration to an otherwise eligible pharmacist for any of the causes enumerated in R.S. 37:1241.A, or any other violation of the provisions of the Pharmacy Practice Act or the board's rules.

e. The burden of satisfying the board as to the eligibility of a pharmacist for registration to engage in collaborative drug therapy management shall be upon the pharmacist. A pharmacist shall not be deemed to possess such qualifications unless and until the pharmacist demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

2. Application and Issuance

a. Application for registration to engage in collaborative drug therapy management shall be made upon forms supplied by the board. Application forms and instructions may be obtained from the board's website or by contacting the board's office.

b. An application for registration to engage in collaborative drug therapy management shall include:

i. the pharmacist's full name, license number, mailing address of record, and emergency contact information;

ii. the nature of the collaborative drug therapy management activities contemplated, i.e., the disease or condition proposed for management;

iii. a description of the pharmacist's professional education that qualifies him to engage in collaborative drug therapy management activities described in the application;

iv. proof documented in a form satisfactory to the board that the pharmacist possesses the qualifications set forth in this Section; and

v. such other information and documentation as the board may require to evidence qualification for registration.

c. The board may reject or refuse to consider any application for registration which is not complete in every detail required by the board. The board may, in its discretion, require a more detailed or complete response to any request for information set forth in the application as a condition to consideration.

d. A pharmacist seeking registration to engage in collaborative drug therapy management shall be required to appear before the board or its designee if the board has questions concerning the nature or scope of the pharmacist's application, finds discrepancies in the application, or for other good cause as determined by the board.

e. When all the qualifications, requirements, and procedures of this Section are met to the satisfaction of the board, the board shall approve and register a pharmacist to engage in collaborative drug therapy management. Registration of authority to engage in collaborative drug therapy management shall not be effective until the pharmacist receives notification of approval from the board.

f. Although a pharmacist shall notify the board each time he intends to engage in collaborative drug therapy management with a physician other than the physician identified in the pharmacist's original application, registration with the board is only required once. The board shall maintain a list of pharmacists who are registered to engage in collaborative drug therapy management.

g. Each pharmacist registered to engage in collaborative drug therapy management shall be responsible for updating the board within 10 days in the event of any change in the information recorded in the original application.

3. Expiration of Registration; Renewal

a. A pharmacist's registration to engage in collaborative drug therapy management with a physician shall terminate and become void, null and without effect upon the earlier of:

i. death of either the pharmacist or physician;

ii. loss of license of the pharmacist;

iii. disciplinary action limiting the ability of the pharmacist to enter into collaborative drug therapy management;

iv. notification to the board that the pharmacist has withdrawn from collaborative drug therapy management;

v. a finding by the board of any of the causes that would render a pharmacist ineligible for registration; or

vi. expiration of a pharmacist's license or registration to engage in collaborative drug therapy management for failure to timely renew such license or registration.

b. Registration of authority to engage in collaborative drug therapy management shall expire annually on the same day as a pharmacist's license unless renewed by the pharmacist by completing the application form supplied by the board. An application for registration renewal shall be made part of and/or accompany a pharmacist's renewal application for pharmacist licensure.

c. The timely submission of an application for renewal of registration shall operate to continue the expiring registration in effect pending renewal of registration or other final action by the board on such application for renewal.

C. Advisory Committee. The Collaborative Drug Therapy Management Advisory Committee, constituted as provided for in LAC 46:XLV.7417, shall assist the Board of Medical Examiners and the Board of Pharmacy on matters relative to collaborative drug therapy management. The President of the Board of Pharmacy shall appoint a pharmacist to serve on the committee, and said pharmacist shall serve at the pleasure of the Board of Pharmacy.

D. Standards of Practice

1. Authority, Responsibility, and Limitations of Collaborative Drug Therapy Management

a. A pharmacist registered with the board under this Section may engage in collaborative drug therapy management with a physician in accordance with a patient specific, drug specific, disease specific order set satisfying the requirements of this Section.

b. A pharmacist engaged in collaborative drug therapy management shall:

i. retain professional responsibility to his patient for the management of their drug therapy;

ii. establish and maintain a pharmacist-patient relationship with each patient subject to collaborative drug therapy management;

iii. be geographically located to be physically present to provide pharmacist care to a patient subject to collaborative drug therapy management;

iv. provide on a scheduled basis no less than every three months, a status report on the patient, including but not limited to, any problem, complication, or other issues relating to patient non-compliance with drug therapy management. This requirement may be met by entering the information in the patient's medical record.; and

v. be available through direct telecommunication for consultation, assistance, and direction.

c. A pharmacist's registration to engage in collaborative drug therapy management with a physician is personal to the pharmacist. A pharmacist registered to engage in drug therapy management shall not allow another pharmacist not so registered or any other individual to exercise the authority conferred by such registration.

d. Collaborative drug therapy management shall only be utilized for disease specific drug therapy as defined in this Section.

e. The scope of the collaborative drug therapy management shall not include:

i. any patient of the physician for whom such physician has not prepared a patient specific, drug specific, disease or condition specific order set based on a face-to-face visit with the patient;

ii. initiation or discontinuance of drug therapy by a pharmacist, except as specified in the order set;

iii. the management of controlled substances or drugs of concern; or

iv. substitution of a drug prescribed by a physician without the explicit written consent of such physician.

2. Informed Consent

a. A pharmacist shall not engage in collaborative drug therapy management of a patient without the patient's written informed consent.

b. In addition to the requirements provided by law for obtaining a patient's informed consent, each patient who is subject to collaborative drug therapy management shall be:

i. informed of the collaborative nature of drug therapy management for the patient's specific medical disease or condition and provided instructions and contact information for follow-up visits with the pharmacist and physician;

ii. informed he may decline to participate in a collaborative drug therapy management practice and may

withdraw at any time without terminating the physician-patient or pharmacist-patient relationship; and

iii. provided written disclosure of any contractual or financial arrangement with any other party that may impact one of the party's decision to participate in the agreement.

c. All services provided shall be performed in a setting which insures patient privacy and confidentiality.

3. Order Sets

a. A separate order set shall be written for each patient to be managed by collaborative drug therapy management. A copy of each order set shall be:

i. provided to the collaborating physician and pharmacist; and

ii. made part of the patient's pharmacy record.

b. A physician shall develop a patient specific order set for a particular patient or utilize a standard written protocol order set , incorporating what patient specific deviations, if any, the physician may deem necessary or appropriate for such patient. In either event, an order set for disease specific drug therapy shall adhere to generally accepted standards of care and shall identify, at a minimum:

i. the pharmacist, the physician, and telephone number and other contact information for each;

ii. the patient's name, address, gender, date of birth, and telephone number;

iii. the disease or condition to be managed;

iv. the disease specific drug or drugs to be utilized;

v. the type and extent of drug therapy management the physician authorizes the pharmacist to perform;

vi. the specific responsibilities of the pharmacist and physician;

vii. the procedures, criteria, or plan the pharmacist is required to follow in connection with drug therapy management;

viii. the specific laboratory test or tests, if any, directly related to drug therapy management the physician authorizes the pharmacist to order and evaluate;

ix. the reporting and documentation requirements of the pharmacist and physician respecting the patient and schedule by which such are to take place;

x. the conditions and events upon which the pharmacist and physician are required to notify one another; and

xi. procedures to accommodate immediate consultation by telephone or direct telecommunication with, between, or among the pharmacist, physician, and the patient.

c. Each order set utilized for collaborative drug therapy management of a patient shall be reviewed annually by the collaborating physician, or more frequently as such physician deems necessary, to address patient needs and to insure compliance with the requirements of this Section. The physician's signature and date of review shall be noted on the order set and maintained by the pharmacist in accordance with this Section.

4. Reporting Obligations and Responsibilities

a. A pharmacist engaged in collaborative drug therapy management shall report annually, as a condition to the renewal of his registration, whether or not and the extent to which the pharmacist is engaged in collaborative drug therapy management and such other information as the board may request.

b. A pharmacist engaged in collaborative drug therapy management shall comply with reasonable requests by the board for personal appearances or information relative to the functions, activities, and performance of a pharmacist or physician engaged in collaborative drug therapy management.

5. Records

a. The following information shall be included in the pharmacy's record of a patient subject to collaborative drug therapy management:

i. the prescription or order implementing collaborative drug therapy management;

ii. the order set applicable to the patient evidencing documentation of the physician's annual review;

iii. documentation of all activities performed by the pharmacist;

iv. consultations and status reports by and between the pharmacist and physician; and

v. documentation of the patient's informed consent to collaborative drug therapy management.

b. A pharmacist registered to engage in collaborative drug therapy management shall maintain and produce, upon inspection conducted by or at the request of a representative of the board, a copy of any order sets and such other records or documentation as may be requested by the board to assess a pharmacist's compliance with requirements of this Section, the Pharmacy Practice Act, or other applicable board rules.

E. Sanctions

1. Action against Registration. For noncompliance with any of the provisions of this Section, the board may, in addition to or in lieu of administrative proceedings against a pharmacist's license, suspend or revoke a pharmacist's registration to engage in collaborative drug therapy management, or may impose such terms, conditions, or restrictions thereon as the board may deem necessary or appropriate.

2. Action against Pharmacist License. Any violation or failure to comply with the provisions of this Section shall be deemed a violation of R.S. 37:1241.A.1, as well as a violation of any other applicable provisions of R.S. 37:1241.A, providing cause for the board to take any of the actions permitted in R.S. 37:1241.A against the pharmacist's license.

3. Unauthorized Practice. Nothing in this Section shall be construed as authorizing a pharmacist to issue prescriptions, exercise independent medical judgment, render diagnoses, provide treatment, assume independent responsibility for patient care, or otherwise engage in the practice of medicine as defined in the Louisiana Medical Practice Act. Any person who engages in such activities, in the absence of medical licensure issued by the Louisiana State Board of Medical Examiners, shall be engaged in the unauthorized practice of medicine and subject to the penalties prescribed by the Louisiana Medical Practice Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1164(37)(b)(i).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 33:1125 (June 2007), amended LR 39:

Family Impact Statement

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a family impact statement on the Rule proposed for adoption, repeal, or amendment. The following statements will be published in the Louisiana Register with the proposed agency Rule.

1. The Effect on the Stability of the Family. We can discern no effect on the stability of the family.

2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of their Children. We can discern no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect on the Functioning of the Family. We can discern no effect on the functioning of the family.

4. The Effect on Family Earnings and Family Budget. To the extent that a military-trained applicant or military spouse may be able to begin employment sooner than is now possible, the proposed Rule may have a beneficial impact on family earnings and the family budget.

5. The Effect on the Behavior and Personal Responsibility of Children. We can discern no effect on the behavior and personal responsibility of children.

6. The Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. We can discern no effect on the ability of the family or a local government to perform the activity as contained in the proposed Rule.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a poverty impact statement on the Rule proposed for adoption, repeal, or amendment.

1. The Effect on Household Income, Assets, and Financial Security. To the extent that a military-trained applicant or military spouse may be able to secure employment sooner than is now possible, the proposed rule may have a beneficial impact on household income, assets, and financial security.

2. The Effect on Early Childhood Development and Preschool through Postsecondary Education Development. We anticipate no impact from the proposed Rule on early childhood development or preschool through postsecondary education development.

3. The Effect on Employment and Workforce Development. It would be possible for a beneficiary of the proposed Rule to obtain employment sooner than is now possible; therefore, we anticipate a potentially positive impact from the proposed rule on employment and workforce development.

4. The Effect on Taxes and Tax Credits. We anticipate no impact from the proposed rule on taxes or tax credits.

5. The Effect on Child and Dependent Care, Housing, Health Care, Nutrition, Transportation, and Utilities Assistance. We anticipate no impact from the proposed rule on child and dependent care, housing, health care, nutrition, transportation, or utilities assistance.

Small Business Statement

In accordance with Section 965 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a regulatory flexibility analysis on the Rule proposed for adoption, repeal, or amendment. This will certify the agency has considered, without limitation, each of the following methods of reducing the impact of the proposed Rule on small businesses:

1. The Establishment of Less Stringent Compliance or Reporting Requirements for Small Businesses. The proposed Rule change would not change any recordkeeping or reporting requirements for small businesses.

2. The Establishment of Less Stringent Schedules or Deadlines for Compliance or Reporting Requirements for Small Businesses. There are no changes in the deadlines for compliance or reporting requirements for small businesses.

3. The Consolidation or Simplification of Compliance or Reporting Requirements for Small Businesses. There are no changes in the reporting requirements for small businesses.

4. The Establishment of Performance Standards for Small Businesses to Replace Design or Operational Standards Required in the Proposed Rule. There are no design or operational standards in the proposed Rule.

5. The Exemption of Small Businesses from All or Any Part of the Requirements Contained in the Proposed Rule. There are no exemptions for small businesses in the proposed Rule.

Public Comments

Interested persons may submit written comments to Malcolm J Broussard, Executive Director, Louisiana Board of Pharmacy, 3388 Brentwood Drive, Baton Rouge, LA 70809-1700. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, August 27, 2013 at 9 a.m. in the board office. At that time, all interested persons will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. The deadline for the receipt of all comments is 12 noon that same day.

Malcolm J. Broussard
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Collaborative Drug Therapy Management

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is estimated that implementation of the proposed Rule will cost the agency $1,000 in FY 13-14 for printing costs of the Notice of Intent and final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No impact on state or local governmental revenue collections is anticipated as a result of the proposed Rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed Rule change may result in a reduction of the administrative burden of pharmacists engaged in collaborative drug therapy management activities, through a reduction of documentation requirements.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule change will not have any effect on competition or employment.

Malcolm J. Broussard	Evan Brasseaux
Executive Director	Staff Director
1307#030	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Pharmacy

Penal Pharmacy Permit
(LAC 46:LIII.1801, 1807, and 2303)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Louisiana Board of Pharmacy hereby gives notice of its intent to amend three sections of its rules, to clarify the necessity of a penal pharmacy permit only for those pharmacies serving offenders in the custody of the state department of corrections.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIII. Pharmacists

Chapter 18. Penal Pharmacy

§1801. Penal Pharmacy Permit

A. A penal pharmacy permit shall be required to operate a pharmacy located within a penal institution owned and/or operated by the Louisiana Department of Public Safety and Corrections, or its successor, (hereinafter, "the department"), to provide medications and pharmacy care for offenders residing in that institution or another penal institution owned and operated by the department. The pharmacy in the penal institution may also provide medications and pharmacy care to offenders assigned to that institution and residing at home or another housing location.

B. In the event a pharmacy located within the state but outside a penal institution intends to provide medications and pharmacy care on a contractual basis to offenders residing in, or assigned to, a penal institution owned and/or operated by the department, or to any offender in the custody of the department, that pharmacy shall first obtain a penal pharmacy permit.

C. In the event a nonresident pharmacy intends to provide medications and pharmacy care on a contractual basis to offenders residing in, or assigned to, a penal institution owned and/or operated by the department, or to any offender in the custody of the department shall first obtain a nonresident penal pharmacy permit, and further, shall comply with these rules with the exception of acquiring a separate penal pharmacy permit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1226.3.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 38:1236 (May 2012), amended LR 39:

§1807. Prescription Department Requirements

A. The prescription department of a penal pharmacy shall comply with the minimum specifications identified in §1103, Prescription Department Requirements, of the board's rules, and further, the specifications provided for the penal pharmacy permit may not be held or used by any other pharmacy permit.

B. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1226.3.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 38:1237 (May 2012), amended LR 39:

Chapter 23. Out-of-State Pharmacy

§2303. Out-of-State Pharmacy Requirements

A. - C. …

D. Every nonresident pharmacy doing business in Louisiana by dispensing and delivering prescription drugs and devices to offenders in the custody of the Louisiana Department of Public Safety and Corrections shall apply for and maintain a nonresident penal pharmacy permit, and further, shall comply with the provisions of Chapter 18 of the board's rules, with the single exception of the necessity for acquiring a separate penal pharmacy permit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 18:1380 (December 1992), effective January 1, 1993, LR 29:2100 (October 2003), effective January 1, 2004, LR 39:

Family Impact Statement

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a family impact statement on the Rule proposed for adoption, repeal, or amendment. The following statements will be published in the Louisiana Register with the proposed agency Rule.

1. The Effect on the Stability of the Family. We can discern no effect on the stability of the family.

2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of their Children. We can discern no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect on the Functioning of the Family. We can discern no effect on the functioning of the family.

4. The Effect on Family Earnings and Family Budget. To the extent that a military-trained applicant or military spouse may be able to begin employment sooner than is now possible, the proposed Rule may have a beneficial impact on family earnings and the family budget.

5. The Effect on the Behavior and Personal Responsibility of Children. We can discern no effect on the behavior and personal responsibility of children.

6. The Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. We can discern no effect on the ability of the family or a local government to perform the activity as contained in the proposed Rule.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a poverty impact statement on the Rule proposed for adoption, repeal, or amendment.

1. The Effect on Household Income, Assets, and Financial Security. To the extent that a military-trained applicant or military spouse may be able to secure employment sooner than is now possible, the proposed rule may have a beneficial impact on household income, assets, and financial security.

2. The Effect on Early Childhood Development and Preschool through Postsecondary Education Development. We anticipate no impact from the proposed Rule on early childhood development or preschool through postsecondary education development.

3. The Effect on Employment and Workforce Development. It would be possible for a beneficiary of the proposed Rule to obtain employment sooner than is now possible; therefore, we anticipate a potentially positive impact from the proposed rule on employment and workforce development.

4. The Effect on Taxes and Tax Credits. We anticipate no impact from the proposed rule on taxes or tax credits.

5. The Effect on Child and Dependent Care, Housing, Health Care, Nutrition, Transportation, and Utilities Assistance. We anticipate no impact from the proposed rule on child and dependent care, housing, health care, nutrition, transportation, or utilities assistance.

Small Business Statement

In accordance with Section 965 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a regulatory flexibility analysis on the Rule proposed for adoption, repeal, or amendment. This will certify the agency has considered, without limitation, each of the following methods of reducing the impact of the proposed Rule on small businesses:

1. The Establishment of Less Stringent Compliance or Reporting Requirements for Small Businesses. The proposed Rule change would not change any recordkeeping or reporting requirements for small businesses.

2. The Establishment of Less Stringent Schedules or Deadlines for Compliance or Reporting Requirements for Small Businesses. There are no changes in the deadlines for compliance or reporting requirements for small businesses.

3. The Consolidation or Simplification of Compliance or Reporting Requirements for Small Businesses. There are no changes in the reporting requirements for small businesses.

4. The Establishment of Performance Standards for Small Businesses to Replace Design or Operational Standards Required in the Proposed Rule. There are no design or operational standards in the proposed Rule.

5. The Exemption of Small Businesses from All or Any Part of the Requirements Contained in the Proposed Rule. There are no exemptions for small businesses in the proposed Rule.

Public Comments

Interested persons may submit written comments to Malcolm J Broussard, Executive Director, Louisiana Board of Pharmacy, 3388 Brentwood Drive, Baton Rouge, LA 70809-1700. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, August 27, 2013 at 9 a.m. in the board office. At that time, all interested persons will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. The deadline for the receipt of all comments is 12 noon that same day.

Malcolm J Broussard
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Penal Pharmacy Permit

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is estimated that implementation of the proposed Rule will cost the agency $500 in FY 13-14 for printing costs of the Notice of Intent and final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No impact on state or local governmental revenue collections is anticipated as a result of the proposed Rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed Rule change will affect those pharmacies providing medications and pharmacy services to penal institutions owned and/or operated by parish governments or other organizations, but not offenders in the custody of the state department of corrections. The proposed Rule will clarify the pharmacies may continue to provide those services with their existing community pharmacy permit instead of acquiring a separate penal pharmacy permit.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule will not have any effect on competition or employment.

Malcolm J. Broussard Executive Director 1307#029	Evan Brasseaux Staff Director Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Pharmacy

Preferential Licensing for Military Personnel
(LAC 46:LIII.506 and 904)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), and pursuant to the provisions of Act 276 of the 2012 Legislature, the Louisiana Board of Pharmacy hereby gives notice of its intent to add new sections to two of its chapters of rules: §506 in Chapter 5—Pharmacists and §904 in Chapter 9—Pharmacy Technicians, to establish preferential licensing procedures for certain military personnel.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIII. Pharmacists
Chapter 5. Pharmacists
Subchapter A. Licensure Procedures
§506. Preferential Licensing Procedures for Military-Trained Applicants and Their Spouses

A. Preferential licensing procedures are available for certain persons. Eligibility for such procedures are available to the following.

1. A military-trained applicant is a person who:

a. has completed a military program of training, been awarded a military occupational specialty, and performed in that specialty at a level that is substantially equivalent to or exceeds the requirements for pharmacist licensure in this state;

b. has engaged in the active practice of pharmacy; and

c. has not been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice pharmacy in this state at the time the act was committed.

2. A military spouse is a person who:

a. can demonstrate marriage to a person in active duty military service or with commitment to reserve duty, as evidenced by legible copies of marriage license and military orders;

b. holds a current and unrestricted license to practice pharmacy in another jurisdiction within the United States or any of its territories that has not been disciplined by the agency issuing that license; and

c. can demonstrate competency to practice pharmacy through various methods determined by the board, e.g., evidence of continuing education activity, letters of competency from previous practice manager, remediation examination, or personal interview.

B. Upon receipt of an application for pharmacist licensure by a military-trained applicant or military spouse, the board office shall mark the application for priority processing and preserve that status until the license is issued, or in the alternative, the board gives notice of its intent to deny the application and refuse to issue the license.

C. In the event the military-trained applicant or military spouse intends to practice pharmacy before the issuance of the license, the board may issue a special work permit to that person.

1. The special work permit shall expire 120 days after the date of issue, and the permit shall not be renewable.

2. The special work permit shall identify the military-trained applicant or military spouse, and further, shall indicate the authority for that person to practice pharmacy within the state of Louisiana as well as the dates of issue and expiration of the credential.

3. No military-trained applicant or military spouse may practice pharmacy prior to the receipt of a special work permit or pharmacist license, or with an expired special work permit or pharmacist license.

4. The special work permit shall not be eligible for reciprocity to any other jurisdiction.

D. The provisions of this Section shall not apply to a military-trained applicant who has received, or is in the process of receiving, a dishonorable discharge from the military. Further, the provisions of this Section shall not apply to a military spouse whose spouse has received, or in the process of receiving, a dishonorable discharge from the military.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3650.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 39:

Chapter 9. Pharmacy Technicians
§904. Preferential Licensing Procedures for Military-Trained Applicants and Their Spouses

A. Preferential licensing procedures are available for certain persons. Eligibility for such procedures are available to the following.

1. A military-trained applicant is a person who:

a. has completed a military program of training, been awarded a military occupational specialty, and performed in that specialty at a level that is substantially equivalent to or exceeds the requirements for technician certification in this state;

b. has engaged in the active practice of pharmacy; and

c. has not been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a technician certificate to practice pharmacy in this state at the time the act was committed.

2. A military spouse is a person who:

a. can demonstrate marriage to a person in active duty military service or with commitment to reserve duty, as evidenced by legible copies of marriage license and military orders;

b. holds a current and unrestricted technician certificate to practice pharmacy in another jurisdiction within the United States or any of its territories that has not been disciplined by the agency issuing that certificate; and

c. can demonstrate competency to practice pharmacy through various methods determined by the board, e.g., evidence of continuing education activity, letters of competency from previous practice manager, remediation examination, or personal interview.

B. Upon receipt of an application for pharmacy technician candidate registration by a military-trained applicant or military spouse, the board office shall mark the application for priority processing and preserve that status until the registration is issued, or in the alternative, the board gives notice of its intent to deny the application and refuse to issue the registration.

C. In the event the military-trained applicant or military spouse intends to practice pharmacy before the issuance of the registration, the board may issue a special work permit to that person.

1. The special work permit shall expire 120 days after the date of issue, and the permit shall not be renewable.

2. The special work permit shall identify the military-trained applicant or military spouse, and further, shall indicate the authority for that person to practice pharmacy within the state of Louisiana as well as the dates of issue and expiration of the credential.

3. No military-trained applicant or military spouse may practice pharmacy prior to the receipt of a special work permit or pharmacy technician candidate registration, or

with an expired special work permit or pharmacy technician candidate registration.

4. The special work permit shall not be eligible for reciprocity to any other jurisdiction.

D. The provisions of this Section shall not apply to a military-trained applicant who has received, or is in the process of receiving, a dishonorable discharge from the military. Further, the provisions of this Section shall not apply to a military spouse whose spouse has received, or in the process of receiving, a dishonorable discharge from the military.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3650.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 39:

Family Impact Statement

In accordance with Section 953 of Title 49 of the *Louisiana Revised Statutes*, there is hereby submitted a family impact statement on the Rule proposed for adoption, repeal, or amendment. The following statements will be published in the Louisiana Register with the proposed agency Rule.

1. The Effect on the Stability of the Family. We can discern no effect on the stability of the family.

2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of their Children. We can discern no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect on the Functioning of the Family. We can discern no effect on the functioning of the family.

4. The Effect on Family Earnings and Family Budget. To the extent that a military-trained applicant or military spouse may be able to begin employment sooner than is now possible, the proposed Rule may have a beneficial impact on family earnings and the family budget.

5. The Effect on the Behavior and Personal Responsibility of Children. We can discern no effect on the behavior and personal responsibility of children.

6. The Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. We can discern no effect on the ability of the family or a local government to perform the activity as contained in the proposed Rule.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a poverty impact statement on the Rule proposed for adoption, repeal, or amendment.

1. The Effect on Household Income, Assets, and Financial Security. To the extent that a military-trained applicant or military spouse may be able to secure employment sooner than is now possible, the proposed rule may have a beneficial impact on household income, assets, and financial security.

2. The Effect on Early Childhood Development and Preschool through Postsecondary Education Development. We anticipate no impact from the proposed Rule on early childhood development or preschool through postsecondary education development.

3. The Effect on Employment and Workforce Development. It would be possible for a beneficiary of the proposed Rule to obtain employment sooner than is now possible; therefore, we anticipate a potentially positive impact from the proposed rule on employment and workforce development.

4. The Effect on Taxes and Tax Credits. We anticipate no impact from the proposed rule on taxes or tax credits.

5. The Effect on Child and Dependent Care, Housing, Health Care, Nutrition, Transportation, and Utilities Assistance. We anticipate no impact from the proposed Rule on child and dependent care, housing, health care, nutrition, transportation, or utilities assistance.

Small Business Statement

In accordance with Section 965 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a regulatory flexibility analysis on the Rule proposed for adoption, repeal, or amendment. This will certify the agency has considered, without limitation, each of the following methods of reducing the impact of the proposed Rule on small businesses:

1. The Establishment of Less Stringent Compliance or Reporting Requirements for Small Businesses. The proposed Rule change would not change any recordkeeping or reporting requirements for small businesses.

2. The Establishment of Less Stringent Schedules or Deadlines for Compliance or Reporting Requirements for Small Businesses. There are no changes in the deadlines for compliance or reporting requirements for small businesses.

3. The Consolidation or Simplification of Compliance or Reporting Requirements for Small Businesses. There are no changes in the reporting requirements for small businesses.

4. The Establishment of Performance Standards for Small Businesses to Replace Design or Operational Standards Required in the Proposed Rule. There are no design or operational standards in the proposed Rule.

5. The Exemption of Small Businesses from All or Any Part of the Requirements Contained in the Proposed Rule. There are no exemptions for small businesses in the proposed Rule.

Public Comments

Interested persons may submit written comments to Malcolm J Broussard, Executive Director, Louisiana Board of Pharmacy, 3388 Brentwood Drive, Baton Rouge, LA 70809-1700. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, August 27, 2013 at 9:00 a.m. in the board office. At that time, all interested persons will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. The deadline for the receipt of all comments is 12:00 noon that same day.

Malcolm J. Broussard
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Preferential Licensing for Military Personnel

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is estimated that implementation of the proposed rule will cost the agency $500 in FY 13-14 for printing costs of the Notice of Intent and Final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No impact on state or local governmental revenue collections is anticipated as a result of the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change may result in the ability for certain military personnel to begin practicing pharmacy in this state more quickly that currently possible.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change will not have any effect on competition. It is possible that certain military personnel may obtain employment sooner than is now possible, but we do not expect applications from non-military personnel to be adversely affected.

Malcolm J. Broussard	Evan Brasseaux
Executive Director	Staff Director
1307#031	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Social Work Examiners

General Requirements
(LAC 46:XXV.117, 119, 307, 315, 319, 703, 705, 905, 907, and 911)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 37:2705.C.1, that the Louisiana state Board of Social Work Examiners intends to promulgate rules that require social workers to report arrests or charges within seven days of the incident; and to report diagnosis of substance abuse/dependency and/or impatient mental health treatment to the board within seven days of the occurrence. The board also intends to promulgate a rule that requires social workers to report a change of address within ten business days. In response to Act 276 of the 2012 Legislative Session, the board intends to promulgate a rule regarding the expedited licensing of military personnel and the spouses of military personnel. Proposed changes to §§307, 315 and 319 are to address current practices and the current name of the examinations accepted by the board. The board proposes revising 703 and 705 to clarify the intention and purpose of the Impaired Professional Program, as well as address the retention of IPP files. The board intends on revising §§905, 907, and 911 in response to Act 625 of the 2012 Legislative Session which exempted the board from the limitations of R.S. 37:21.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXV. Credentialed Social Workers
Chapter 1. Standards of Practice
§117. Conduct

A. - D. …

E. A social worker shall notify the Louisiana state Board of Social Work Examiners within seven business days of any arrests or charges, to include DWI and DUI, regardless of final disposition. Minor traffic offenses such as speeding and parking tickets do not need to be reported.

F. A social worker shall notify the Louisiana state Board of Social Work Examiners within seven business days of any diagnosis of substance abuse/dependency or any treatment for mood-altering substance, drugs or alcohol, or prescription medication. A social worker shall notify the board within seven business days of any condition requiring inpatient mental health treatment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:299 (February 2000), amended LR 29:2382 (November 2003), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§119. Representation to the Public

A. - D. …

E. Mailing Address. A social worker shall file a change of address with the board within 10 business days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:299 (February 2000), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

Chapter 3. General Provisions
§305. Qualifications for Registration, Certification, Licensure

A. - D.6. …

E. Licensing of Qualified Military-trained Applicants and Spouses of Military Personnel

1. A military-trained social worker is eligible for registration, certification or licensure as an RSW, LMSW, CSW or LCSW (applicable social work credential) as provided for in Subsections A-D of this Section provided the applicant:

a. has completed a military program of training in social work and has been awarded a military occupational specialty or similar official designation as a social worker with qualifications which are substantially equivalent to or exceed the requirements of the applicable social work credential which is the subject of the application;

b. has performed social work services in active practice at a level that is substantially equivalent to or exceeds the requirements of the applicable social work credential which is the subject of the application;

c. has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice social work in this state at the time the act was committed; and

d. has not received a dishonorable discharge from military service.

2. A military-trained social worker, who has not been awarded a military occupational specialty or other official designation as a social worker, who nevertheless holds a current license, certification or registration for the practice of social work from another jurisdiction, which jurisdiction's requirements are substantially equivalent to or exceed the requirements for the applicable social work credential for which he or she is applying, is eligible for licensure, certification or registration by reciprocity or endorsement pursuant to §319 provided the applicant:

a. has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice social work in this state at the time the act was committed; and

b. has not received a dishonorable discharge from military service.

3. A spouse of a member of the active-duty military forces or a spouse of a former member of the military forces who has not received a dishonorable discharge and who holds a current license, certification or registration for the practice of social work from another jurisdiction, which jurisdiction's requirements are substantially equivalent to or exceed the requirements for the applicable social work credential for which he or she is applying, is eligible for licensure, certification or registration by reciprocity or endorsement pursuant to §319 provided the applicant:

a. has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice social work in this state at the time the act was committed; and

b. is in good standing and has not been disciplined by the agency that issued the license, certification, or permit.

4. The procedures governing the applications of military-trained applicants and applicants who are spouses of military personnel, including the issuance and duration of temporary practice permits and priority processing of applications, are provided for in Subsection §309 R.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:301 (February 2000), amended LR 29:2383 (November 2003), LR 34:1401 (July 2008), LR 37:2616 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§307. Administration of Examination

A. - A.2. …

3. Examination Pass Point. The board shall administer and grade a written examination or employ a national recognized testing firm to do the same. Whichever method is used, the board will consistently strive to improve reciprocity with other states having licensure comparable to Louisiana. A pass score of 70 will be used to grade the examination for the licensed clinical social worker and the licensed master social worker.

B. - D.2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:302 (February 2000), repromulgated LR 29:2383 (November 2003), amended LR 37:2616 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§309. Application Procedure

A. - Q.2. …

R. Procedures for Applications of Military-trained Applicants or Spouses of Military Personnel, Issuance of Temporary Practice Permits and Priority Processing of Applications

1. In addition to the application procedures otherwise required by this Section, a military-trained social worker, as specified in §305.E.1, applying for registration, certification or licensure, shall submit with the application:

a. a copy of the applicant's military report of transfer or discharge which shows the applicant's honorable discharge from military service;

b. the official military document showing the award of a military occupational specialty in social work and a transcript of all military course work, training and examinations in the field of social work;

c. documentation showing the applicant's performance of social work services, including dates of service in active practice, at a level which is substantially equivalent to or exceeds the requirements of the social work credential which is the subject of the application;

d. for applicants seeking LCSW licensure, documentation showing the accumulated supervised experience in social work practice or out-of-state accumulated social work employment as specified by §309.J and K;

e. an affidavit from the applicant certifying that he or she has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice social work in this state at the time the act was committed.

2. In addition to the application procedures otherwise required by this Rule, a military-trained social worker, as specified in §305.E.2, applying for registration, certification or licensure, shall submit with the application:

a. a copy of the applicant's military report of transfer or discharge which shows the applicant's honorable discharge from military service;

b. the completion of all forms and presentation of all documentation required for an application pursuant to §319;

c. for applicants seeking LCSW licensure, documentation showing the accumulated supervised experience in social work practice or out-of-state accumulated social work employment as specified by §309.J and K;

d. an affidavit from the applicant certifying that he or she has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice social work in this state at the time the act was committed.

3. In addition to the application procedures otherwise required by this Rule, a spouse of a member of the active-duty military forces or a spouse of a former member of the military forces as specified in §305.E.3, applying for registration, certification or licensure, shall submit with the application:

a. a copy of the current military orders of the military spouse of the applicant and the applicant's military identification card or a copy of the military report of transfer or discharge of the military spouse of the applicant which shows an honorable discharge from military service;

b. a copy of the applicant's marriage license and an affidavit from the applicant certifying that he or she is still married to a military spouse or former military spouse;

c. the completion of all forms and presentation of all documentation required for an application pursuant to §319;

d. for applicants seeking LCSW licensure, documentation showing the accumulated supervised experience in social work practice or out-of-state

accumulated social work employment as specified by §309.J and K;

e. an affidavit from the applicant certifying that he or she has not been disciplined in any jurisdiction for an act which would have constituted grounds for refusal, suspension, or revocation of a license to practice social work in this state at the time the act was committed and is in good standing and has not been disciplined by the agency that issued the license, certification, or permit.

f. documentation demonstrating competency in social work practice at the level which is the subject of the application and/or completion of appropriate continuing education units;

4. Applicants who present completed applications and the supporting documentation required by this Rule are eligible for a temporary social work practice permit at the level of the applicable social work credential which is the subject of the application. The board, through its staff, will give priority processing to such applications and, subject to verification of applications and supporting documentation, issue the appropriate temporary practice permit not later than 21 days after the completed application is submitted. The temporary social work practice permit authorizes the applicant to practice social work at the designated level of the social work credential, consistent with the verified application and supporting documentation for a period of 90 days from the date of issuance.

5. As soon as practicable, but not longer than the duration of the applicant's temporary social work practice permit, the board will grant the application for the applicable social work credential which is the subject of the application or notify the applicant of its denial.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:302 (February 2000), amended LR 29:2383 (November 2003), LR 34:1402 (July 2008), LR 37:2617 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§315. Board Members

A. - B. …

C. Meetings

1. The board shall schedule meetings for the following calendar year during the last quarter of the current year.

2. A schedule of meeting dates shall be published.

C.3. - D.4. …

E. Vacancies. The board shall notify all social workers and professional social work organizations of vacancies on the board, the qualifications required to serve, and the process for nominations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:304 (February 2000), amended LR 29:2385 (November 2003), LR 34:248 (February 2008), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§319. Reciprocity and Endorsement

A. - C.2. …

3. The applicant has passed the examination of the Association of Social Work Boards, or equivalent examination, in order to secure current social work license or certification in the state of Louisiana. The applicant shall request that the ASWB forward the official score report to the Louisiana board.

4. - 7. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:306 (February 2000), amended LR 34:249 (February 2008), LR 37:2619 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

Chapter 5. Minimum Supervision Requirements

§503. LMSWs Seeking the LCSW Credential

A. - R. …

S. The supervision agreement/plan of supervision will be reviewed and revisions may be required. Revisions shall be submitted to the board office within 30 days of receipt by the supervisee/supervisor. The supervisee and supervisor will be mailed a letter confirming board approval of the supervision agreement/plan of supervision, as well as the beginning date of supervision credit.

T. - Y. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:307 (February 2000), amended LR 29:2387 (November 2003), LR 34:1402 (July 2008), LR 37:2620 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

Chapter 7. Impaired Professional Program Authority

§703. Purpose

A. The goal of the Social Work Impaired Professional Program is to provide for public protection through monitoring and a remediative course of action applicable to social workers who are physically or mentally impaired due to mental illness or addiction to drugs or alcohol. Impairments include, but are not limited to mental, physical, and addictive disorders or other conditions. The program also supports recovery through preventive measures and allows entrance into the program before harm occurs.

B. A social worker who meets the requirements of R.S. 37:2706, 2707, 2708, or 2724 may enter the program subsequent to self-disclosure of impairment via an initial or renewal application for a credential. Entrance into the program may also occur by determination of the board, following involuntary disclosure of impairment in accordance with R.S. 37:2717(A)(2) or R.S. 37:2717(B)(4), or by other circumstances deemed appropriate by the board. Participation in the program may hence be required as a prerequisite to continued social work practice in accordance with the conditions of any consent order, compliance or adjudication hearing. A social worker who enters the program may be allowed to maintain his/her social work credential while in compliance with the requirements of their program.

C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2389 (November 2003), amended LR 34:249 (February 2008), LR 37:2620 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§705. Program Implementation

A. - A.14. …

B. The records of the IPP, including participation agreements and all information concerning participants, including assessments, evaluations, physical, mental or substance abuse evaluations and/or therapy and treatment records, monitoring logs, substance abuse/drug screens, attendance logs and any other information received by the IPP in connection with a social worker's participation in the program are within the custody and control the Louisiana state Board of Social Work Examiners. Consistent with §705.A.14, such records shall be maintained by the board on a confidential basis during the term of the social worker's participation agreement and thereafter retained by the board for a period of not less than five years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2389 (November 2003), amended LR 34:250 (February 2008), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

Chapter 9. Procedural Rules

§905. Investigation Procedures

A. - E. …

F. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2391 (November 2003), amended LR 34:1405 (July 2008), LR 37:2621 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§907. Disposition of Investigation

A. - C. …

D. If the investigation report contains a determination that there is probable cause to believe that the involved social worker has engaged or is engaging in conduct, acts, or omissions constituting legal cause under the law, these rules and regulations, or ethical standards for any form of disciplinary action as specified in R.S. 37:2717, then the administrator shall promptly notify the attorney general or the assistant attorney general assigned to prosecute such matters on behalf of the state pursuant to R.S. 37:2717(C). The notice shall deliver to the assistant attorney general all investigative reports, statements, notes, recordings, court records, and other data obtained in the course of the investigation. It will also request the preparation of a draft of an administrative complaint regarding any violations which are disclosed in or suggested by the investigation. The assistant attorney general prosecuting the matter may request and obtain other information from the board's administrator, including access to consultants to assess the results of the investigation and prepare a draft of the administrative complaint. The draft of the administrative complaint shall identify the involved social worker and be prepared in the same form and content as the administrative complaint specified in §909.B of these rules. The draft of the administrative complaint shall be signed by the assistant attorney general and delivered to the board's administrator within 30 days of the notice and delivery to the assistant attorney general of the investigation, report and specified materials. The board's administrator is authorized to extend the time for the submission of the draft of the administrative complaint for a reasonable time as requested by the assistant attorney general.

E. - F. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2391 (November 2003), amended LR 37:2621 (September 2011), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

§911. Notice of Administrative Complaint and Hearing Scheduling

A. Upon the docketing of the administrative complaint, the board should schedule the complaint for a hearing before a hearing panel of the board. This hearing shall take place not less than 30 days nor more than 150 days of the docketing of the complaint, provided that the time for the hearing may be lengthened as the board deems necessary or appropriate, or upon good cause shown by motion of the attorney general or respondent.

B. - C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2393 (November 2003), amended by the Department of Health and Hospitals, Board of Social Work Examiners, LR 39:

Family Impact Statement

The proposed changes have no anticipated adverse impact on the family.

Poverty Impact Statement

The proposed rulemaking will have no impact as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to Emily Efferson, Administrator, by mail at 18550 Highland Road, Suite B, Baton Rouge, LA 70809, email at emily@labswe.org or fax at (225) 756-3472. Written comments will be accepted until 4:30 p.m. on August 30, 2013.

Emily Efferson
Administrator

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: General Requirements

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The estimated cost to the Louisiana State Board of Social Work Examiners (LABSWE) to publish the Notice of Intent is $1,500. The estimated cost to upload the new rules to the website is $100. All implementation expenditures will be made in FY 13-14. Since the LABSWE anticipates only 1 to 2 expedited licensure application processing requests annually from military personnel or spouses, any workload increases are minimal and will be absorbed by current staff and resources.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed changes will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed changes have no estimated costs and/or economic benefits to directly affected persons or non-governmental groups. LABSWE proposes to add Sub Part E "Licensing of Qualified Military-trained Applicants and Spouses of Military Personnel" to Section 305 in response to mandates relative to Act 276 of the 2012 Legislative Session regarding expedited processing of licenses for military personnel who have completed a military program of training and been awarded a military occupational specialty in the area of social work and to a military spouse licensed, certified or registered in another jurisdiction.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Expedited processing for licensure will allow qualified military personnel and their qualified spouse to practice in Louisiana sooner than is now possible. It is anticipated that applications from non-military personnel will not be adversely affected.

Emily Efferson	Evan Brasseaux
Administrator	Staff Director
1307#086	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Adult Day Care Centers—Licensing Standards
(LAC 48:I.Chapter 43)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 48:I.Chapter 43 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950, et seq.

In compliance with the directives of Act 839 of the 2008 Regular Session of the Louisiana Legislature, the Department of Health and Hospitals, Bureau of Health Services Financing, adopted provisions governing the licensing standards for home and community-based services (HCBS)providers to establish comprehensive licensing standards and a single HCBS license (*Louisiana Register*, Volume 38, Number 1). Providers of the following services will be licensed under the comprehensive licensing standards: Adult Day Care, Family Support, Personal Care Attendant (PCA), Respite Care, Substitute Family Care, Supervised Independent Living (SIL) and Supported Employment.

As a result of the promulgation of the January 20, 2012 Rule, the department now proposes to repeal the licensing provisions governing adult day care center services as these provisions were revised and repromulgated in Part I, Chapter 50 of Title 48 of the *Louisiana Administrative Code.*

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification
Chapter 43. Adult Day Care Centers

§4301. Purpose

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:109 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4303. Authority

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:109 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4305. Types of Programs (Modules) Licensed

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:109 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4307. Definitions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:110 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4309. Procedures

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971 through 1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:111 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4311. General Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:112 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4313. Administration and Organization

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:113 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4315. Management Responsibilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:113 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4317. Human Resources

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:114 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4319. Direct Service Management

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:116 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4321. Food and Nutrition

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:118 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4323. Transportation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:118 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4325. General Safety Practices

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:119 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4327. Emergency and Safety

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:119 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4329. Physical Environment

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1971-1980.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:119 (January 1998), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, August 28, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Adult Day Care Centers Licensing Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 13-14. It is anticipated that $820 (SGF) will be expended in FY 13-14 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will not affect revenue collections since the licensing fees, in the same amounts, will continue to be collected pursuant to the Home and Community-Based Services Waivers comprehensive licensing standards.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule repeals the licensing provisions governing Adult Day Care Center services as these provisions were revised and repromulgated in Part I, Chapter 50 of Title 48 of the Louisiana Administrative Code. It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state for FY 13-14, FY 14-15, and FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule may have a positive effect on competition and employment as it will assist providers in meeting the licensing standards.

J. Ruth Kennedy	Evan Brasseaux
Medicaid Director	Staff Director
1307#062	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Early and Periodic Screening, Diagnosis and Treatment
School-Based Nursing Services (LAC 50:XV.Chapter 95)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:XV.Chapter 95 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing provides Medicaid coverage for health care services rendered to children and youth under the age of 21 through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The department promulgated an Emergency Rule which amended the provisions governing the EPSDT Program in order to establish reimbursement and coverage for school-based nursing services rendered to all children enrolled in Louisiana schools (*Louisiana Register*, Volume 37, Number 12). The department promulgated an Emergency Rule which amended the January 1, 2012 Emergency Rule to clarify the provisions governing EPSDT school-based nursing services (*Louisiana Register*, Volume 38, Number 3). This proposed Rule is being promulgated to continue the provisions of the March 20, 2012 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 5. Early and Periodic Screening, Diagnosis, and Treatment
Chapter 95. School-Based Nursing Services
§9501. General Provisions

A. EPSDT school-based nursing services are provided by a registered nurse (RN) within a local education agency (LEA). The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for children and youth resulting in a more efficient and effective delivery of care.

B. RNs providing school-based nursing services are required to maintain an active RN license with the state of Louisiana and comply with the Louisiana Nurse Practice Act.

C. School-based nursing services shall be covered for all recipients in the school system and not limited to those with an Individualized Education Program (IEP).

D. School boards and staff shall collaborate for all services with the Medicaid recipient's BAYOU HEALTH plan and shall ensure compliance with established protocols. In a fee-for-service situation, for the non-BAYOU HEALTH individuals, staff will make necessary referrals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§9503. Covered Services

A. The following school-based nursing services shall be covered.

1. Episodic Care. This is unplanned care that occurs when children see the nurse for assessment of a health concern. Episodic care includes but is not limited to:

a. nose bleeds;
b. cuts;
c. bruises; or
d. flu symptoms.

2. Chronic Medical Condition Management and Care Coordination. This is care based on one of the following criteria.

a. The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (examples would be children with asthma, diabetes, or

cerebral palsy). There must be a written health care plan based on a health assessment performed by the RN. The date of the completion of the plan and the name of the person completing the plan must be included in the written plan. Each health care service required and the schedule for its provision must be described in the plan.

b. Medication Administration. This service is scheduled as part of a health care plan developed by either the treating physician or the school district LEA. Administration of medication will be at the direction of the physician and within the license of the RN and must be approved within the district LEA policies.

c. Implementation of Physician's Orders. These services shall be provided as a result of receipt of a written plan of care from the child's physician/BAYOU HEALTH provider or an IEP/Health care plan for students with disabilities.

3. Immunization Assessments. These services are nursing assessments of health status (immunizations) required by the Office of Public Health. This service requires an RN to assess the vaccination status of children in these cohorts once each year. This assessment is limited to the following children:

a. children enrolling in a school for the first time;
b. pre-kindergarten children;
c. kindergarten children; and
d. children entering sixth grade; or
e. any student 11 years of age regardless of grade.

4. EPSDT Program Periodicity Schedule for Screenings. A nurse employed by a school district may perform any of these screens within their licensure for BAYOU HEALTH members as authorized by the BAYOU HEALTH plan or as compliant with fee-for-service for non-BAYOU HEATH individuals. The results of these screens must be made available to the BAYOU HEALTH provider as part of the care coordination plan of the district. The screens shall be performed according to the periodicity schedule including any inter-periodic screens.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§9505. Reimbursement Methodology

A. Payment for EPSDT school-based nursing services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

1. Each LEA shall determine cost annually by using DHH's Cost Report for Nursing Service Cost form based on the Direct Services Cost Report.

2. Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current nursing service providers as allocated to nursing services for Medicaid special education recipients. The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for nursing services. There are no additional direct costs included in the rate.

3. Indirect cost shall be derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included.

4. To determine the amount of nursing services cost that may be attributed to Medicaid; the ratio of total Medicaid students in the LEA to all students in the LEA is multiplied by total direct cost. Cost data is subject to certification by each LEA. This serves as the basis for obtaining Federal Medicaid funding.

B. For the nursing services, the participating LEAs' actual cost of providing the services shall be claimed for Medicaid Federal Financial Participation (FFP) based on the following methodology.

1. The state shall gather actual expenditure information for each LEA through its Payroll/Benefits and Accounts Payable System.

2. Develop Direct Cost—The Payroll Cost Base. Total annual salaries and benefits paid, as well as contracted (vendor) payments, shall be obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data shall be reported on DHH's Nursing Services Cost Report form for all nursing service personnel (i.e. all personnel providing LEA nursing treatment services covered under the state plan).

3. Adjust the Payroll Cost Base. The payroll cost base shall be reduced for amounts reimbursed by other funding sources (e.g. Federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This application results in total adjusted salary cost.

4. Determine the Percentage of Time to Provide All Nursing Services. A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for nursing service personnel shall be used to determine the percentage of time nursing service personnel spend on nursing services and General and Administrative (G and A) time. This time study will assure that there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS approved Medicaid Administrative Claiming methodology. Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity. To reallocate G and A time to nursing services, the percentage of time spent on nursing services shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the nursing services with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined Paragraph B.4 above to allocate cost to school based services. The product represents total direct cost.

a. A sufficient number of nursing service personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.

5. Determine Indirect Cost. Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under Paragraph B.3 above. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving nursing services.

6. Allocate Direct Service Cost to Medicaid. To determine the amount of cost that may be attributed to Medicaid, total cost as determined under Paragraph B.5

above shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based nursing services cost.

C. Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims. Each LEA shall complete the Nursing Services Cost Report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed nursing services cost reports shall be subject to desk review by the department's audit contractor. The department shall reconcile the total expenditures (both state and federal share) for each LEA's nursing services. The Medicaid certified cost expenditures from the nursing services cost report(s) will be reconciled against the MMIS paid claims data and the department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all nursing services provided by the LEA.

D. Cost Settlement Process. As part of its financial oversight responsibilities, the department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

1. The financial oversight of all LEAs shall include reviewing the costs reported on the Nursing Services Cost Reports against the allowable costs, performing desk reviews and conducting limited reviews.

2. The department will make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with DHH appeal procedures.

3. The department shall adjust the affected LEA's payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures for providing LEA services for each LEA.

4. If the interim payments exceed the actual, certified costs of an LEA's Medicaid services, the department shall recoup the overpayment in one of the following methods:

a. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;

b. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or

c. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

5. If the actual certified costs of an LEA's Medicaid services exceed interim Medicaid payments, the department will pay this difference to the LEA in accordance with the final actual certification agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by providing access to school-based nursing services.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 by ensuring that children have access to school-based nursing services.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, August 28, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Early and Periodic Screening Diagnosis and Treatment—School-Based Nursing Services

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will result in estimated state general fund programmatic savings of $1,331,359 for FY 13-14, $1,371,807 for FY 14-15 and $1,412,961 for FY 15-16. It is anticipated that $984($492 SGF and $492 FED) will be expended in FY 13-14 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will have no impact on federal revenue collections for FY 13-14, FY 14-15 and FY 15-16 other than the cost of promulgation. It is anticipated that $492 will be expended in FY 13-14 for the federal administrative expenses for promulgation of this proposed Rule and the final Rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule continues the provisions of the January 1, 2012 and March 20, 2012 Emergency Rules which amended the provisions governing the EPSDT Program in order to establish reimbursement and coverage for school-based nursing

services rendered to all children enrolled in Louisiana schools through a certified public expenditure (CPE) collaboration with school boards/districts. It is anticipated that implementation of this proposed Rule will reduce programmatic expenditures in the Medicaid Program by approximately $1,331,851 for FY 13-14, $1,371,807 for FY 14-15 and $1,412,961 for FY 15-16 since the state general funds required to finance the provision of these services will be provided by the school boards through the CPE arrangement.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed Rule will not have an effect on competition or employment.

J. Ruth Kennedy	Evan Brasseaux
Director	Staff Director
1307#063	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Family Support/Subsidy Services—Licensing Standards
(LAC 48:I.Chapter 59)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 48:I.Chapter 59 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

In compliance with the directives of Act 839 of the 2008 Regular Session of the Louisiana Legislature, the Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions governing the licensing standards for home and community-based services (HCBS) providers to establish comprehensive licensing standards and a single HCBS license (*Louisiana Register*, Volume 38, Number 1). Providers of the following services will be licensed under the comprehensive licensing standards: Adult Day Care, Family Support, Personal Care Attendant (PCA), Respite Care, Substitute Family Care, Supervised Independent Living (SIL) and Supported Employment. As a result of the promulgation of the January 20, 2012 Rule, the department now proposes to repeal the licensing provisions governing Family Support/Subsidy services as these provisions were revised and repromulgated in Part I, Chapter 50 of Title 48 of the *Louisiana Administrative Code.*

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification
Chapter 59. Family Support/Subsidy Services

§5901. Purpose

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5903. Definitions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5905. Eligibility

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5907. Application Process

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5909. Subsidy Payments

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5911. Monitoring

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5913. Time Limitation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

ISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5915. Appeals and Terminations:

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5917. Application Procedure

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5919. Review of Applications

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5921. Issuance of a License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5923. Types of Licenses and Expiration Dates

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5925. Reapplication

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5927. Refusal, Revocation and Fair Hearing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5929. Terms of the Licensure

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5931. Services for Different Handicaps

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5933. Quarterly Staffing Report

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5935. Licensing Inspections

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5937. New Construction, Renovations of Existing Facilities and Conversion of Any Residential or Commercial Building for Residential Care

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5939. General Waiver

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5941. Family Support/Subsidy Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5943. General Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5945. Governing Body

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5947. Responsibilities of a Governing Body

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5949. Accessibility of Executive

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5951. Documentation of Authority to Operate

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

ISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5953. Administrative File

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5955. Organizational Communication

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5957. Accounting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5959. Confidentiality and Security of Files

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5961. Records—Administrative and Client

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5963. Program Description

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5965. Transportation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5967. External Professional Service

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5969. Staff Plan

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5971. Nondiscrimination

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5973. Recruitment

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5975. Screening

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5977. Orientation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5979. Training

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5981. Evaluation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

ISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5983. Personnel Practices

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5985. Abuse Reporting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R. S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5987. Basic Rights

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5989. Self-Advocacy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5991. Advocacy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§5993. Grievance Procedures for Clients

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, August 28, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Family Support/Subsidy Services Licensing Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 13-14. It is anticipated that $1,640 (SGF) will be expended in FY 13-14 for the state's

administrative expense for promulgation of this proposed Rule and the final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will not affect revenue collections since the licensing fees, in the same amounts, will continue to be collected pursuant to the Home and Community-Based Services Waivers comprehensive licensing standards.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule repeals the licensing standards governing Family Support/Subsidy services as these provisions were revised and repromulgated in Part I, Chapter 59 of Title 48 of the Louisiana Administrative Code. It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state FY 13-14, FY 14-15, and FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule may have a positive effect on competition and employment as it will assist providers in meeting the licensing standards.

J. Ruth Kennedy	Evan Brasseaux
Medicaid Director	Staff Director
1307#064	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Intermediate Care Facilities for Persons
with Developmental Disabilities
Reimbursement Rate Reduction
(LAC 50:VII.32903)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:VII.32903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

As a result of a budgetary shortfall in state fiscal year 2011, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for non-state intermediate care facilities for persons with developmental disabilities (ICFs/DD) to reduce the per diem rates (*Louisiana Register*, Volume 37, Number 10).

Due to a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for non-state ICFs/DD to further reduce the per diem rates (*Louisiana Register*, Volume 38, Number 7). This proposed Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule.

Taking the proposed per diem rate reduction into consideration, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that private (non-state) intermediate care facility services for persons with developmental disabilities under the State Plan are available at least to the extent that they are available to the general population in the state.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part VII. Long Term Care
Subpart 3. Intermediate Care Facilities for Persons with Developmental Disabilities
Chapter 329. Reimbursement Methodology
Subchapter A. Non-State Facilities
§32903. Rate Determination

A. - L. …

M. Effective for dates of service on or after July 1, 2012, the per diem rates for non-state intermediate care facilities for persons with developmental disabilities (ICFs/DD) shall be reduced by 1.5 percent of the per diem rates on file as of June 30, 2012.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:2253 (September 2005), amended LR 33:462 (March 2007), LR 33:2202 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1555 (July 2010), LR 37:3028 (October 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule may have an adverse impact on family functioning, stability and autonomy as described in R.S. 49:972 in the event that provider participation in the Medicaid Program is diminished as a result of reduced reimbursement rates.

Poverty Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have an adverse impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 in the event that health care assistance is reduced as a result of diminished provider participation.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, August 28, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an

opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Intermediate Care Facilities for Persons with Developmental Disabilities Reimbursement Rate Reduction

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic savings of $1,168,684 for FY 13-14, $1,268,269 for FY 14-15 and $1,306,317 for FY 15-16. It is anticipated that $328 ($164 SGF and $164 FED) will be expended in FY 13-14 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 14-15. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will reduce federal revenue collections by approximately $1,986,624 for FY 13-14, $1,982,036 for FY 14-15 and $2,041,497 for FY 15-16. It is anticipated that $164 will be expended in FY 13-14 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 14-15. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule continues the provisions of the July 1, 2012 emergency rule which amended the provisions governing the reimbursement methodology for non-state intermediate care facilities for persons with developmental disabilities (ICFs/DD) to reduce the per diem rates (approximately 525 facilities). It is anticipated that implementation of this proposed rule will reduce programmatic expenditures in the Medicaid Program by approximately $3,155,636 for FY 13-14, $3,250,305 for FY 14-15 and $3,347,814 for FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition. However, it is anticipated that the implementation of this proposed rule may have a negative effect on employment as it will reduce the payments made to non-state intermediate care facilities for persons with developmental disabilities. The reduction in payments may adversely impact the financial standing of providers and could possibly cause a reduction in employment opportunities.

J. Ruth Kennedy
Director
1307#065

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Personal Care Attendant Services—Licensing Standards
(LAC 48:I.Chapter 77)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 48:I.Chapter 77 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950, et seq.

In compliance with the directives of Act 839 of the 2008 Regular Session of the Louisiana Legislature, the Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions governing the licensing standards for home and community-based services providers to establish comprehensive licensing standards and a single HCBS license (*Louisiana Register*, Volume 38, Number 1). Providers of the following services will be licensed under the comprehensive licensing standards: Adult Day Care, Family Support, Personal Care Attendant (PCA), Respite Care, Substitute Family Care, Supervised Independent Living (SIL) and Supported Employment.

As a result of the promulgation of the January 20, 2012 Rule, the department now proposes to repeal the licensing provisions governing personal care attendant services as these provisions were revised and repromulgated in Part I, Chapter 50 of Title 48 of the *Louisiana Administrative Code.*

Title 48
PUBLIC HEALTH-GENERAL
Part 1. General Administration
Subpart 3. Licensing and Certification

Chapter 77. Personal Care Attendant Services

§7701. Personal Care Attendant Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2426 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7703. Responsibility for Care Planning

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2426 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7705. Qualification of Team Members

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2426 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7707. Basic Activities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2426 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7709. Initial Application Process

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2426 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7711. Surveys

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2427 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7713. Issuance of License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2427 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7719. The Denial, Revocation or Non-Renewal of a License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2428 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7720. Notice and Appeal

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2428 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7721. Terms of the Licensure

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7723. Services for Different Handicaps

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7729. New Construction, Renovations of Existing Facilities and Conversion of Any Residential or Commercial Building for Residential Care

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7731. General Waiver

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7733. Personal Care Attendant Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7735. General Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7736. Operational Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2429 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7737. Governing Body

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7739. Responsibilities of a Governing Body

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7741. Accessibility of Executive

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7743. Documentation of Authority to Operate

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7745. Administrative File

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7747. Organizational Communication

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7749. Accounting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7751. Confidentiality and Security of Files

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7753. Administrative and Client Records

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7755. Program Description

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2430 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7757. Transportation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office

of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7759. External Professional Service

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7761. Personnel Policies

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7763. Nondiscrimination

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7765. Recruitment

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7767. Screening

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7769. Orientation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7771. Training

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7772. Required Staffing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7773. Evaluation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7775. Personnel Practices

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repealed by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2431 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7777. Abuse Reporting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2432 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7779. Basic Rights

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2432 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7781. Self-Advocacy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2432 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7783. Advocacy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2432 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§7785. Grievance Procedures for Clients

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2432 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, August 28, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Personal Care Attendant Services Licensing Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 13-14. It is anticipated that $1,722 (SGF) will be expended in FY 13-14 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections since the licensing fees, in the same amounts, will continue to be collected pursuant to the Home and Community-Based Services Waivers comprehensive licensing standards.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule repeals the provisions of the November 20, 2007 Rule, which governs the licensing standards for providers of Personal Care Attendant Services, in order to comply with the directives of Act 839 of the 2008 Regular Session of the Louisiana Legislature. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state FY 13-14, FY 14-15, and FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule may have a positive effect on competition and employment as it will assist providers in meeting the licensing standards.

J. Ruth Kennedy	Evan Brasseaux
Director	Staff Director
1307#066	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Respite Care—Licensing Standards (LAC 48:I.Chapter 81)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 48:I.Chapter 81 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950, et seq.

In compliance with the directives of Act 839 of the 2008 Regular Session of the Louisiana Legislature, the department adopted provisions governing the licensing standards for home and community-based services (HCBS) providers to establish comprehensive licensing standards and a single HCBS license (*Louisiana Register*, Volume 38, Number 1). Providers of the following services will be licensed under the comprehensive licensing standards: adult day care, family support, personal care attendant (PCA), respite care, substitute family care, supervised independent living (SIL), and supported employment.

As a result of the promulgation of the January 20, 2012 Rule, the Department of Health and Hospitals, Bureau of Health Services Financing now proposes to repeal the licensing standards governing respite care services as these provisions were revised and repromulgated in Part I, Chapter 50 of Title 48 of the *Louisiana Administrative Code*.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 81. Respite Care§8801. Initial Application Process

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2432 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8104. Surveys

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2433 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8105. Issuance of a License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2433 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8111. The Denial, Revocation, or Non-Renewal of a License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2434 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8112. Notice and Appeal

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2435 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8113. Terms of the License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2435 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8115. Services for Different Handicaps

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2435 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8121. New Construction, Renovations of Existing Facilities and Conversion of Any Residential or Commercial Building for Residential Care

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2436 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8123. General Waiver

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2436 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8125. Respite Care Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2436 (November 2007,) repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8127. General Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2436

(November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8128. Operational Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2437 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8129. Program and Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2438 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8130. Required Staffing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2438 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8131. Personnel Policies

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2438 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8132. Training

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2438 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8133. Client Rights

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2438 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8135. Individual Service Plan

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2438 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8137. Daily Aspects of Care

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8139. Clothing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8141. Health Aspects of Care

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8143. Food and Nutrition

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8145. Money

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439

(November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8147. Discharge

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8149. Privacy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8151. Contact with Family and Collaterals

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8153. Participation in Program Development

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8155. Disciplinary Safeguards

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8157. Furnishings and Equipment for Center Based Respite Care

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8159. Play Space and Equipment

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8161. Health and Safety

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2439 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8165. Maintenance

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2440 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§8167. In or Out-of-Home

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2120.1-7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:2440 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written

comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, August 28, 2013 at 9:30 a.m. in room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Respite Care—Licensing Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 13-14. It is anticipated that $1,558 (SGF) will be expended in FY 13-14 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections since the licensing fees, in the same amounts, will continue to be collected pursuant to the Home and Community-Based Services Waivers comprehensive licensing standards.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule repeals the licensing standards governing Respite Care services as these provisions were revised and repromulgated in Part I, Chapter 50 of Title 48 of the Louisiana Administrative Code. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state FY 13-14, FY 14-15, and FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule may have a positive effect on competition and employment as it will assist providers in meeting the licensing standards.

J. Ruth Kennedy	Evan Brasseaux
Director	Staff Director
1307#067	Legislative Fiscal Office

NOTICE OF INTENT

Department of Insurance
Office of the Commissioner

Regulation 101—Registration and Regulation of Navigators
(LAC 37:XIII.Chapter 143)

Under the authority of the *Louisiana Insurance Code*, R.S. 22:1 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., R.S. 22:11, and R.S. 22:753, notice is hereby given that the Department of Insurance proposes to promulgate Regulation 101. The purpose of the regulation is to require the registration and provide for the regulation of all entities and all persons authorized by the U.S. Department of Health and Human Services to act as navigators for any affordable insurance exchange operating in this state.

Title 37
INSURANCE
Part XIII. Regulations
Chapter 143. Regulation 101—Registration and Regulation of Navigators

§14301. Purpose

A. The purpose of Regulation 101 is to implement a provision of Act 349 of the 2013 Regular Session of the Louisiana Legislature relative to the registration and regulation of navigators as authorized in R.S. 22:753.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14303. Authority

A. Regulation 101 is promulgated pursuant to the authority granted in R.S. 22:11 and 22:753(H)(5).

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14305. Applicability and Scope

A. Regulation 101 is applicable to all entities and persons that receive either funding or certification from any state or federal governmental agency for the purposes of acting as a health insurance navigator for an affordable insurance exchange (also called a Health Insurance Marketplace) in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14307. Definitions

A. As used in Regulation 101, the following terms shall have the meaning or definition as indicated herein.

Affordable Insurance Exchange—an exchange or marketplace established pursuant to the Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152.

Commissioner—commissioner of insurance for the state of Louisiana.

Navigator—any person or entity that receives a grant of funding or certification or other form of recognition or designation as a *navigator* by an affordable insurance exchange or by any state or federal governmental entity pursuant to 45 CFR §155 et seq., as authorized by §1311 of the Affordable Care Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14309. Registration of Navigators

A. Each navigator must be registered with the commissioner.

B. Each navigator grantee shall complete and submit a registration form prescribed by the commissioner and in a manner directed by the commissioner within 10 days of the effective date of this regulation, or within 10 days of

certification or notice of a grant of funding to a navigator, whichever is earlier.

C. A navigator grantee shall append its registration form with a list of persons employed or associated with the entity that shall act or shall reasonably be expected to act as navigators individually, and shall submit sufficient proof of certification as a navigator. When such a navigator entity employs or associates with such persons not included in the appendix, the navigator shall submit an updated appendix to the commissioner within 10 days of the employment or association. Whenever a person listed on a submitted appendix ceases to be employed or associated with the navigator entity, or ceases to act in a capacity as a navigator, the entity shall submit an updated appendix to the commissioner within 10 days of such event.

D. No navigator shall be permitted to act as such in this state or to advertise such service unless such navigator has completed the registration process promulgated in Regulation 101.

E. In the event that any navigator, whether an entity or an individual, is decertified or in any other manner has its designation as a navigator revoked, altered, or suspended, such navigator shall immediately notify the commissioner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14311. Required Education and Training

A. A navigator must complete initial education and training as prescribed by the U.S. Department of Health and Human Services prior to engaging in services as a navigator.

B. A navigator must complete all continuing education and training prescribed by the U.S. Department of Health and Human Services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14313. Prohibited Conduct

A. Pursuant to 45 CFR §155 et seq., no navigator shall:

1. engage in any activities that would require a health and accident insurance producer license;

2. offer advice or recommendations nor any form of endorsement of a particular health benefit plan or health and accident insurance product;

3. provide any services related to health benefit plans or health and accident insurance products offered outside of an affordable insurance exchange, except to the extent required by federal law or regulations;

4. accept any form of compensation or consideration of any kind whatever from a health insurance issuer or from a health and accident stop-loss issuer;

5. disclose any information obtained in the course of navigator activities where such information is confidential or protected from disclosure by law, including but not limited to personal identifiable information, protected health information, or income tax information; and

6. violate the standards of conduct or prohibitions relating to navigators as enumerated in 45 CFR §155.260 or other federal laws or regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14315. Required Reports and Reporting

A. A navigator that is required to file annual and quarterly progress reports with the Centers for Medicare and Medicaid Services shall also file such reports with the commissioner within 15 days of filing with the appropriate federal office or agency.

B. A navigator that is required to file financial reports with the Centers for Medicare and Medicaid Services shall also file such reports with the commissioner within 10 days of filing with the appropriate federal office or agency.

C. A navigator shall report to the commissioner any regulatory action or other form of administrative action to which the navigator has been made subject to by state or federal administrative agencies. Such report shall be made to the commissioner within 10 days of the action.

D. The commissioner may require the furnishing of other information necessary and proper for the enforcement of Regulation 101.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

§14317. Enforcement

A. A navigator acting in violation of Regulation 101 or in violation of any applicable federal law or regulation pertaining to navigators shall be subject to reporting by the commissioner to the relevant federal regulatory agency responsible for navigator oversight.

B. No provision of Regulation 101 shall be interpreted to preclude other forms of enforcement against navigators in such cases where a navigator has violated other provisions of law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:11 and 22:753.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 39:

Family Impact Statement

1. Describe the effect of the proposed regulation on the stability of the family. The proposed regulation should have no measurable impact upon the stability of the family.

2. Describe the effect of the proposed regulation on the authority and rights of parents regarding the education and supervision of their children. The proposed regulation should have no impact upon the rights and authority of children regarding the education and supervision of their children.

3. Describe the effect of the proposed regulation on the functioning of the family. The proposed regulation should have no direct impact upon the functioning of the family.

4. Describe the effect of the proposed regulation on family earnings and budget. The proposed regulation should have no direct impact upon family earnings and budget.

5. Describe the effect of the proposed regulation on the behavior and personal responsibility of children. The proposed regulation should have no impact upon the behavior and personal responsibility of children.

6. Describe the effect of the proposed regulation on the ability of the family or a local government to perform the function as contained in the Rule. The proposed regulation should have no impact upon the ability of the family or a

local governmental unit to perform the function as contained in the Rule.

Poverty Impact Statement

1. Describe the effect on household income, assets, and financial security. The proposed regulation should have no effect on household income assets and financial security.

2. Describe the effect on early childhood development and preschool through postsecondary education development. The proposed regulation should have no effect on early childhood development and preschool through postsecondary education development.

3. Describe the effect on employment and workforce development. The proposed regulation should have no effect on employment and workforce development.

4. Describe the effect on taxes and tax credits. The proposed regulation should have no effect on taxes and tax credits.

5. Describe the effect on child and dependent care, housing, health care, nutrition, transportation and utilities assistance. The proposed regulation should have no effect on child and dependent care, housing, health care, nutrition, transportation and utilities assistance.

6. Describe the effect of the proposed regulation on the ability of the family or a local government to perform the function as contained in the rule. The proposed regulation should have no impact upon the ability of the family or a local governmental unit to perform the function as contained in the rule.

Small Business Statement

The impact of the proposed regulation on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed rule on small businesses.

1. Identification and estimate of the number of the small businesses subject to the proposed Rule. The proposed regulation should have no measurable impact upon small businesses.

2. The projected reporting, record keeping, and other administrative costs required for compliance with the proposed Rule, including the type of professional skills necessary for preparation of the report or record. The proposed regulation should have no measurable impact upon small businesses.

3. A statement of the probable effect on impacted small businesses. The proposed regulation should have no measurable impact upon small businesses.

4. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed rule. The proposed regulation should have no measurable impact on small businesses; therefore, will have no less intrusive or less cost alternative methods.

Public Comments

Interested persons may submit written comments to Korey Harvey, Attorney, Office of Legal Services, Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804, or by facsimile to (225) 342-1632. All comments must be submitted by August 30, 2013.

Public Hearing

Interested persons may appear and give comments at a public hearing to be conducted at 10:00 am, Wednesday, August 28, 2013, at the Louisiana Department of Insurance, in the Public Hearing Room of the Poydras Building, 1702 N. Third Street, Baton Rouge, LA 70802. If interested persons have any questions regarding attendance or participation in the hearing, including directions to the Poydras Building, please call (225) 342-4673.

James J. Donelon
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Regulation 101—Registration and Regulation of Navigators

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed regulation will have no implementation costs or savings to either the state or to local governmental units, because the proposed regulation is limited in scope and is highly specific and applicable to only a small number of non-governmental entities. The Louisiana Department of Insurance will be required to maintain registration records of Navigators, an activity that is anticipated to result in a negligible change in workload but will not require additional financial resources.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed regulation will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed regulation will result in negligible costs and economic benefits to directly affected persons or non-governmental groups. The proposed rule adds to those duties and prohibitions already imposed by federal law, that federally licensed navigators must register with the department and submit a copy of any federally-mandated financial or progress reports to the department.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed regulation is not estimated to have an effect on competition and employment. The federal government designates official navigators through grant awards. The proposed regulation creates licensing and reporting requirements at the state level for this narrowly defined group.

Noble Ellington
Chief Deputy Commissioner
1307#085

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Natural Resources
Office of Coastal Management

Mitigation (LAC 43:I.700 and 724)

Under the authority of R.S. 49:214.21-49:214.41 and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:450 et seq., the Department of Natural Resources, Office of Coastal Management proposes to amend LAC 43:700 and 724 relative to the rules and procedures for mitigation.

This proposed Rule amendment is intended to assist in ensuring that the Office of Coastal Management's regulatory practices regarding its mitigation program are consistent with the state's Comprehensive Master Plan for a Sustainable Coast, and simplifying the present mitigation rules to reduce the burden on limited state resources.

Title 43
NATURAL RESOURCES
Part I. Office of the Secretary
Chapter 7. Coastal Management
Subchapter A. Definitions
§700. Definitions

* * *

Consistency Authorization—a letter or other formal notification stating that the Office of Coastal Management has found that the proposed activity is consistent, to the maximum extent practicable, with the Louisiana Coastal Resources Program.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 49:214.21-49:214.41.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 21:835 (August 1995), amended by the Office of Coastal Restoration and Management, LR 28:516 (March 2002), amended by the Department of Natural Resources, Office of the Secretary, LR 35:2183 (October 2009), amended by the Department of Natural Resources, Office of Coastal Management, LR 39:

Subchapter C. Coastal Use Permits and Mitigation
§724. Rules and Procedures for Mitigation

A. General. This Section provides general procedures for avoiding and minimizing adverse impacts identified in the permit review and consistency authorization review processes, restoring impacted sites when appropriate, quantifying anticipated unavoidable coastal resources ecological value losses, requiring appropriate and sufficient compensatory mitigation, reviewing and establishing mitigation banks and/or in-lieu-fee programs, and evaluating and processing requests for variances from the compensatory mitigation requirement.

B. Avoidance, Minimization, and Restoration of, and Compensation for, Ecological Losses of Coastal Resources Values

1. The secretary shall not grant a coastal use permit or issue a general permit or consistency authorization for an individual activity unless the permit process includes evaluation of the following:

a. any locations, designs, methods, practices, and techniques which may be required, following a thorough review of §§701-719, to avoid and minimize those adverse impacts identified during the permit review and consistency review processes;

b. any locations, designs, methods, practices, and techniques which may be required, following a thorough review of §§701-719, to restore impacted sites when appropriate; and

c. a requirement for compensatory mitigation to offset any net loss of coastal resources ecological value that is anticipated to occur despite efforts to avoid, minimize, and restore permitted/authorized impacts (i.e., unavoidable net loss of coastal resources ecological value), unless a variance is granted pursuant to §724.K.

2. If the secretary determines that a proposed activity would comply with §§701-719 and would not result in a net loss of coastal resources ecological values, the secretary shall not require compensatory mitigation.

3. When a proposed oil and gas exploration site would impact coastal resources, the determination regarding the avoidance and minimization of adverse impacts and impact site restoration for the proposed exploration activity and its associated production and transmission activities shall be made through the geologic review procedure. Additionally, the geologic review procedure will be used if:

a. there are environmentally or administratively sensitive features impacted;

b. the project appears likely to have significant secondary impacts (e.g., saltwater intrusion into adjacent wetlands) that could be avoided via alternate locations; or

c. the secretary determines it is necessary.

4. In addition to the requirement contained in §724.B.3, the secretary may utilize the geologic review procedure, when requested by the Louisiana Department of Wildlife and Fisheries (LDWF), to render the determination regarding avoidance and minimization of adverse impacts, and impact restoration and mitigation, for proposed oil and gas exploration activities and associated production and transmission activities which would:

a. occur within 1/4 mile of an oyster seed ground, oyster seed reservation, or a public oyster harvesting area;

b. impact other oyster or other shell reef(s);

c. occur within the boundaries of a wildlife refuge or wildlife management area owned or managed by LDWF;

d. occur within an area designated as a natural and scenic river in accordance with the provisions of R.S. 56:1840 et seq.; or

e. impact unique and/or sensitive coastal habitats (e.g., salt domes, beaches, dunes, reefs, cheniers, etc.).

C. Quantification of Anticipated Net Gains and Unavoidable Net Losses of Ecological Value

1. Anticipated net gains and unavoidable net losses of coastal resources ecological value shall be quantified as cumulative habitat units (CHUs) or average annual habitat units (AAHUs), whichever is most appropriate. For wetlands, there are several evaluation methods, for other coastal resources, appropriate accepted evaluation methods will be used where practical.

2. CHUs represent the total number of habitat units gained or lost over the life of a project, where net gain or net loss of coastal resources ecological value = (sum of CHUs produced in a future-with-project scenario) - (sum of CHUs produced in a future-without-project scenario).

3. AAHUs represent the annualized number of habitat units gained or lost as a result of a project where, net gain or net loss of coastal resources ecological value = (AAHUs produced in a future-with-project scenario) - (AAHUs produced in a future-without-project scenario). AAHUs = (sum of CHUs for a given scenario) / (project years).

4. Gains and unavoidable losses of ecological value will be determined as follows:

a. for marsh habitats, the June 2009 (or later revision when appropriate), version of the Wetland Value Assessment Methodology Coastal Marsh Community Models (WVA); or

b. for bottomland hardwoods and fresh swamp, the January 10, 1994, or later version of "Habitat Assessment Models for Fresh Swamp and Bottomland Hardwoods Within the Louisiana Coastal Zone" (Model).

5. The secretary may use any certified or accepted peer-reviewed and/or authored—habitat evaluation methodology, or a combination of an appropriate habitat evaluation methodology and best professional judgment to determine net gains and unavoidable net losses of ecological value.

D. - F.12. …

G. Advanced Mitigation Projects

1. The secretary may consider proposals by federal and state agencies, local governing bodies, and private entities to implement pre-approved mitigation measures. Any entity desiring to implement pre-approved mitigation measures shall be required to abide by all requirements and conditions pursuant to §724.J.

2. An applicant may implement a pre-approved mitigation measure to satisfy the compensatory mitigation requirements of a proposed activity or to offset losses caused by a future project impact.

3. The secretary shall determine the acceptability of a pre-approved mitigation measure(s) in accordance with §724.J.

H. Individual Compensatory Mitigation Measures

1. A permit applicant may implement an individual mitigation measure or measures to satisfy the compensatory mitigation requirements of a proposed activity.

2. The secretary shall determine the acceptability of an individual compensatory mitigation measure(s) in accordance with §724.J.

3. The sufficiency of an individual mitigation measure or measures shall be evaluated consistent with the rules and procedures for mitigation provided elsewhere in this section, best professional judgment, or a combination thereof.

4. If an individual compensatory mitigation measure(s) for any one permitted activity fails more than once, the applicant shall be required to purchase credits from a mitigation bank approved in accordance with §724.F or an approved in-lieu-fee program to satisfy all remaining mitigation obligations associated with the permitted activity.

5. The permit applicant shall be responsible for the monitoring of the mitigation measure and shall submit monitoring reports to the secretary at years one, three, five, and every fiv years for the remainder of the determined project life to be audited by staff to ensure compliance and perform monitoring as required.

a. The secretary may establish a different reporting schedule that is consistent with the current reporting requirements for mitigation banks so that the reporting requirements for individual compensation measures are equivalent to the reporting requirements of mitigation banks of the same habitat type and hydrologic basin.

b. These monitoring reports shall include but are not limited to the following:

i. on the ground photographs taken during the growing season depicting a completed project with the photo date and approximate scale noted;

ii. a detailed narrative summarizing the condition of the project and all regular maintenance activities;

iii. a drawing based upon the site plan that depicts topography with supporting elevation tables, sampling plots, and permanent photo stations; results of tidal monitoring, including mean high and low water elevations;

iv. results of vegetation survey including visual estimates of percentage of overall cover and percent cover by each species, percentage exotic vegetation, total percentage facultative and total percentage upland species in each vegetation layer,

v. survival rate of planted vegetation, an estimate of natural revegetation, and a qualitative estimate of plant vigor.

c. The permit applicant must submit a final report.

I. Monetary Contributions to the Louisiana Wetlands Conservation and Restoration Fund

1. Compensatory mitigation may be accomplished by monetary contribution to the Louisiana Wetlands Conservation and Restoration Fund (Coastal Mitigation Account).

2. Such monetary contributions shall be used to offset anticipated unavoidable net losses of ecological values and shall be selected as the compensatory mitigation option when it is determined that more suitable options are not available to produce the required habitat benefits and replace those habitat units consistent with the Louisiana's Comprehensive Master Plan for a Sustainable Coast.

3. The secretary shall determine the amount of the monetary contribution. In determining the amount of the monetary contribution, the secretary may consider any of the following factors: state, federal, or other habitat costs (CWPPRA, CIAP, State Surplus), comparative fee programs, and other in-lieu fee programs. The secretary shall maintain an accurate estimate based on actual construction costs for coastal wetland restoration projects and notify the Department of the Army (DA), resource agencies, and all stakeholders of any modifications to the mitigation trust fund contribution amounts.

J. - J.6.j. …

K. Variances from Compensatory Mitigation Requirements

1. Pursuant to the remainder of this Section, the secretary may grant a full or partial variance from the compensatory mitigation requirement (variance) when a permit applicant or consistency authorization applicant has satisfactorily demonstrated to the secretary:

a. that the required compensatory mitigation would render impracticable an activity proposed to be permitted; and

b. that such activity has a clearly overriding public interest.

2. Variance Request Requirements

a. Following the application of §724.B; development of a compensatory mitigation option(s) pursuant to §724.J; and presentation by the secretary (in accordance with §723.C.8.b) of a draft permit, including conditions for compensatory mitigation, the permit applicant may file a variance request with the secretary.

b. The variance request must be filed and resolved prior to initiation of the proposed activity.

c. The variance request must be filed in writing and include the following:

i. a detailed statement explaining why the proposed compensatory mitigation requirement would render the proposed activity impracticable, including supporting information and data; and

ii. a detailed statement demonstrating that the proposed activity has a clearly overriding public interest by explaining why the public interest benefits of the proposed activity clearly outweigh the public interest benefits of compensating for wetland values lost as a result of the activity, including supporting information and data.

d. As part of the requirements of §724.K.2.c, requests for variances for mineral exploration, extraction, and production activities shall include production projections, including supporting geologic and seismographic information; a projected number of new jobs; and the expected duration of such employment opportunities. The secretary shall ensure that any proprietary information is adequately protected.

e. As part of the requirements of §724.K.2.c, requests for variances for mineral transportation activities shall include information regarding the amount of product proposed to be transported; the destination of the product; a projected number of new jobs and their location; and the expected duration of such employment opportunities. The secretary shall ensure that any proprietary information is adequately protected.

f. As part of the requirements of §724.K.2.c, requests for variances for flood protection facilities shall include the following information:

i. a detailed description of the existing infrastructure which would be protected by the flood protection facility, including public facilities (e.g., roads, bridges, hospitals, etc.), residential areas (including approximate number of homes and associated residents), industries, businesses, and include cost benefit ratios;

ii. detailed drawings or photographic documentation depicting the locations of the above infrastructure components;

iii. a detailed description of the extent and severity of past flooding problems and projections of potential damages due to future flooding events; and

iv. a description of nonstructural and structural flood protection and reduction measures which have been undertaken or implemented in the past, or are reasonably expected to occur in the future.

g. As part of the requirements of §724.K.2.c, all requests for variances shall include cost estimates for implementing the proposed project and performing compensatory mitigation.

h. The request shall be accompanied with a nonrefundable filing and hearing fee of $250.

3. Review and Notification by the Secretary

a. The secretary shall review a variance request and inform the applicant of its completeness within 15 days of receipt.

b. If the variance request is not complete or if additional information is needed, the secretary shall request from the applicant, the additional information necessary to evaluate and process the request. If the applicant fails to respond to such request within 30 days, the secretary may advise the applicant that his request will be considered withdrawn. If the request is considered withdrawn, to reinstate the request, the applicant will be required to resubmit the request including any previously requested additional information, accompanied with an additional nonrefundable filing and hearing fee of $250.

c. The secretary shall not issue a variance prior to publishing a "Notice of Intent to Consider a Variance from the Compensatory Mitigation Requirement", and accepting and considering public comments.

d. Within 30 days of the secretary's acceptance of the variance request as complete, the secretary shall review the request, considering the criteria set forth in §724.K.1, and either:

i. notify the applicant of the secretary's intention to deny the request, including his rationale; or

ii. determine that the variance request warrants further consideration and publish a "Notice of Intent to Consider a Variance from the Compensatory Mitigation Requirement."

e. "Notices of Intent to Consider a Variance from the Compensatory Mitigation Requirement" shall be published in the official state journal, and distributed to Joint Public Notice and all persons that submitted comments on the original public notice, and provided to the local governing authority of the parish or parishes where the proposed activity would take place.

f. "Notices of Intent to Consider a Variance from the Compensatory Mitigation Requirement" shall contain the following:

i. name and address of the applicant;

ii. the location and description of the proposed activity;

iii. a description of the area to be directly impacted (acres and habitat types) and quantification of anticipated unavoidable net losses of ecological value;

iv. a description of the compensatory mitigation plan proposed as a condition of permit issuance;

v. a description of the nature and extent of the variance;

vi. a summary of the information presented by the applicant in fulfillment of §724.K.2.c-g;

vii. notification that public comments, including requests for public hearings, will be accepted for 25 days from the date of publication of the "Notice of Intent to Consider a Variance from the Compensatory Mitigation Requirement."

4. Public Hearings on Variance Requests

a. A public hearing shall be held when:

i. requested by the applicant following the secretary announcing his intention to deny a variance request;

ii. the secretary determines that a public hearing is warranted, following a review of comments received during the period described in §724.K.3.f.vii; or

iii. there is significant public opposition to the variance request, or there have been requests from legislators or from governmental agencies or other authorities, or in controversial cases involving significant economic, social, or environmental issues.

b. Public hearings shall be conducted in accordance with §727.

5. Final Variance Decision

a. The secretary shall issue a final variance decision based on full consideration of the criteria set forth in §724.J.1, information submitted by the applicant, comments received during the public comment period, and comments received at the public hearing if one is held. A "statement of finding" described in §724.K.5.b shall be prepared:

i. within 15 days of the closing of the public comment period if the secretary determines that a public hearing is not warranted; or

ii. within 15 days of the public hearing if one is held.

b. The secretary shall prepare a signed final "statement of finding" which explains the reasons for denying a variance or describes why the proposed compensatory mitigation requirement would have rendered the proposed activity impracticable, describes why the public interest benefits of the proposed activity clearly outweigh the public interest benefits of requiring compensation for wetland values lost as a result of the activity; and describes the nature and extent of the granted variance. This statement shall be part of the permit record, available to the public, and attached to the granted permit.

c. The final variance decision is subject to reconsideration as described at R.S. 49:214.35.

6. Duration of Variance

a. A variance shall be valid only for the original permit recipient. Any party receiving a transferred permit may seek a variance, through the procedures established by §724.K.2-5.

b. A variance shall be valid for the initial terms of the permit to which it is specifically related, unless the variance is modified, or revoked in accordance with §724.K.7.

c. The secretary may extend a variance, in accordance with §723.D.5, concurrently with the extension of the permit to which it is specifically related.

7. Modification or Revocation of Variance

a. If requested by the applicant, the secretary shall consider modifying a variance, according to the procedures described in §724.K.2-5.

b. The secretary may revoke a variance, if:

i. there are inaccuracies in the information furnished by the applicant during the permit or variance review period;

ii. there is any violation of the conditions and limitations of the permit to which the variance is specifically related;

iii. there is any violation of the conditions and limitations of the variance;

iv. the applicant misrepresented, without regard to intent, any material facts during the variance or permit review period; or

v. the actual public interests of the activity turn out to be significantly less than that estimated by the applicant in its statements filed in association with the variance request review.

c. The procedure for revoking a variance shall be as follows.

i. The secretary shall, in writing, inform the variance holder that revocation is being considered, providing reasons for the potential revocation and advising the variance holder that he will be given, if requested within 10 days from receipt of the notice, an opportunity to respond to the reasons for potential revocation.

ii. After consideration of the variance holder's response, or if no response is received, the secretary shall provide written notice to the variance holder, allowing the variance to remain valid or explaining newly imposed compensatory mitigation requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 49:214.41.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 21:835 (August 1995), amended by the Department of Natural Resources, Office of Coastal Management, LR 39:

Family Impact Statement

This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972

Poverty Impact Statement

This proposed Rule has no known impact on poverty as described in R.S. 49:973

Small Business Statement

In accordance with R.S. 49:965.6, the Department of Natural Resources Office of Coastal Management has conducted a Regulatory Flexibility Analysis and found that the proposed amendment of this Rule will have negligible impact on small businesses.

Public Comment

All interested persons are invited to submit written comments on the proposed regulation amendment. Persons commenting should reference this proposed regulation by *Rules and Procedures for Mitigation*. Such comments must be received no later than August 10, 2013, at 4:30 p.m., and should be sent to Kelley Templet, Manager, Office of Coastal Management P.O. Box 44487, Baton Rouge, LA 70804-4487 or by email to kelley.templet@la.gov. Copies of this proposed regulation can be purchased by contacting OCM at (225) 342-7360, and is available for viewing and copying on the internet at: http://dnr.louisiana.gov/ index.cfm?md=pagebuilder& tmp=home&pid=85&ngid=5.

Public Hearing

Requests for a public hearing must be received by 4:30 p.m. August 10, 2013. If determined a public hearing is warranted, the public hearing will be held on August 27, 2013 at 1:30 p.m. in the Griffon Room of the LaSalle

Building, 617 North Third Street, Baton Rouge, LA 70802, so that interested persons may submit oral comments on the proposed amendments.

Stephen Chustz
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Mitigation

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Implementation of the proposed rules may result in a minimal savings to the state. No effect on local governmental units is anticipated. The proposed rules provide a definition for *consistency authorization* and makes revisions in existing rules to ensure that the Office of Coastal Management's regulatory practices regarding its mitigation program are consistent with Louisiana's Comprehensive Master Plan for a Sustainable Coast. The proposed rules are also simplified to reduce unnecessary burdens on state resources. The proposal includes changes to the following sections: methods available for avoiding and minimizing adverse impacts identified in the permit review process; restoring impacted sites when appropriate; quantifying anticipated unavoidable wetland ecological value losses; implementing a pre-approved mitigation measure and an individual mitigation measure to satisfy compensatory mitigation requirements; and evaluating and processing requests for variances from compensatory mitigation requirements.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of the proposed rules may result in a minimal savings to the state due to changes providing for the simplification of the mitigation review process.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Implementation of the proposed rules may result in a minimal savings for applicants since the information required for approval of a mitigation project will be consistent with the state's master plan.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of this rule change.

Keith Lovell
Assistant Secretary
1307#018

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Corrections Services

Administrative Remedy Procedure (LAC 22:I.325)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950), the Department of Public Safety and Corrections, Corrections Services, hereby gives notice of its intent to amend the contents of Section 325, Administrative Remedy Procedure.

The full text of this proposed Rule may be viewed in the Emergency Rule section of this edition of the *Louisiana Register*.

Family Impact Statement

Amendment to the current Rule has no known impact on family formation, stability or autonomy, as described in R.S. 49:972.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Written comments may be addressed to Melissa Callahan, Deputy Assistant Secretary, Department of Public Safety and Corrections, P.O. Box 94304, Baton Rouge, LA 70804 until 4:30 p.m. on August 9, 2013.

James M. LeBlanc
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Administrative Remedy Procedure

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no impact on state or local governmental unit expenditures. The proposed rule change updates and revises LAC 22:1.325 that ensures that all offenders and employees have reasonable access to and comply with the department's "Administrative Remedy Procedure" through which an offender may seek formal review of a complaint relating to his incarceration. Offenders housed in local jail facilities shall also be afforded reasonable access to a grievance remedy procedure.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units as a result of the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There is no estimated cost and/or economic benefit to directly affected persons or non-governmental groups as a result of the proposed rule change.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of the proposed rule change.

Thomas C. Bickham, III
Undersecretary
1307#045

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Office of State Police

Hazardous Material Information Development Preparedness and Response Act (LAC 33:V.10111)

The Department of Public Safety and Corrections, Office of State Police, in accordance with R.S. 49:950 et seq, and R.S. 30:2361 et seq., gives notice of its intent to amend its rules regulating hazardous materials to exempt a chemical facility's controlled release of acetylene, butane, butylene, cyclopropane, ethylamine, ethylene, hydrogen, methyl ether,

propane, or propylene from the reporting requirements and includes certain facilities with continuous emissions monitoring systems for sulfur dioxide emissions in the category of facilities subject to special reportable quantities for sulfur dioxide.

Title 33
ENVIRONMENTAL QUALITY
Part V. Hazardous Wastes and Hazardous Materials
Subpart 2. Department of Public Safety and Corrections—Hazardous Materials
Chapter 101. Hazardous Material Information Development, Preparedness and Response Act
§10111. Release and Incident Reporting

A. - D.4 …

E. Exceptions to Reportable Quantities—Special Circumstances

1. The following special circumstances have been identified by the department and the following specific reportable quantities shall apply.

a. …

b. Petroleum refinery and chemical manufacturing facilities which operate flaring systems as part of their manufacturing process, and any combustion unit operating with a continuous emissions monitoring system for sulfur dioxide emissions, shall have the following reportable quantities:

b.i. - d. …

e. The controlled release of natural gas, acetylene, butane, butylene, cyclopropane, ethylamine, ethylene, hydrogen, methyl ether, propane, or propylene for maintenance, the start up or shut down of industrial equipment, or other purposes is considered a permitted release and is not reportable provided the release cannot be reasonably expected to affect the public safety beyond the boundaries of the facility.

E.1.f. - H. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2361 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 12:327 (May 1986), amended LR 13:184 (March 1987), LR 13:761 (December 1987), LR 14:803 (November 1988), LR 16:975 (November 1990), LR 17:610 (June 1991), LR 27:861 (June 2001), LR 34:882 (May 2008), LR 39:

Family Impact Statement

The proposed Rule will not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of the children.

Small Business Impact Statement

The impact of the proposed Rule on small businesses has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Poverty Statement

The impact of the proposed Rule on child, individual, or family poverty has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on poverty in relation to individual or community asset development as provided in the LA R.S. 49:973. The agency has considered economic welfare factors and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on poverty.

Public Comments

Interested persons may submit written comments to Paul Schexnayder, Post Office Box 66614, Baton Rouge, LA 70896. Written comments will be accepted through August 15, 2013.

Jill Boudreaux
Undersecretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Hazardous Material Information Development Preparedness and Response Act

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule, which exempts a chemical facility's release of certain chemicals from reporting requirements and includes certain facilities with continuous emissions monitoring systems in the category of facilities subject to special reportable quantities for sulfur dioxide, will not result in any estimated implementation costs or savings to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule is not anticipated to have a significant effect on revenue collections of state or local governmental units as the proposed rule change will result in only slightly fewer reports of chemical releases.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule is not anticipated to have a significant effect on the costs and/or benefits to directly affected persons or non-governmental groups as the proposed rule change will result in only slightly fewer reports of chemical releases.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition and employment as a result of the proposed rule.

Jill P. Boudreaux
Undersecretary
1307#076

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of State
Commercial Division
Notary Division

Notaries Public (LAC 46:XLVI.Chapter 1)

Pursuant to the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.), and under the authority of R.S. 35:1 et seq., and R.S. 36:742, the secretary of state hereby gives notice of his intent to adopt LAC Title 46 Part XLVI to provide regulations for notaries public in the state of Louisiana.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVI. Notaries Public

Chapter 1. Notaries Public

§101. Qualifications

A. Any resident citizen or alien of the state, 18 years of age or older, may be appointed a notary public in and for the parish in which he resides provided that he/she meets the requirements established by R.S. 35:191(C).

B. The applicant is required to complete an application to qualify form requiring the applicant to:

1. be a citizen or resident alien of the state;
2. be 18 years of age or older;
3. be registered to vote in the parish in which he seeks commission;
4. attest to his good moral character, integrity and sober habits;
5. must not be under an order of interdiction or is incapable of serving because of mental infirmity; and
6. must not have been convicted of a felony or has been pardoned if convicted.

C. The applicant must be able to read, write, speak, and be sufficiently knowledgeable of the English language. In addition, he must have one of the following:

1. received a high school diploma;
2. received a diploma for completion of a home study program approved by the State Board of Elementary and Secondary Education; or
3. been issued a high school equivalency diploma after successfully completing the test of General Education Development (GED).

D. The qualifying application fee is shown in §129.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§103. Applications

A. notary applicant must be qualified by the notary division in the office of the secretary of state and must take and pass the Louisiana state notary examination (referred to as “notary exam”), unless the applicant is licensed to practice law in Louisiana.

B. The applicant must complete an application to qualify form and send it to the notary division in the secretary of state's office. Once the application to qualify form has been approved by the secretary of state's office, the applicant can register to take the notary exam by:

1. registering online at the secretary of state's website using a credit card; or
2. completing the examination registration form and:
   a. attaching a check or money order made payable to the secretary of state and mailing the examination registration form to the notary division; or
   b. completing a credit card cover sheet and faxing or emailing the sheet with the examination registration form to the notary division.

C. To file online, the applicant must contact the notary division to obtain his access code by emailing notaries@sos.la.gov or by calling (225) 922-0507.

D. The registration fee to take the notary exam is shown in §129.

E. Deadlines for submitting application to qualify and examination registration form are listed on the secretary of state's website notary division.

F. The notary exam is given twice a year on the first Saturday in June and December. If the date falls on a state holiday, the notary exam will be given on the next non-holiday Saturday. The Office of Assessment and Evaluation within Louisiana State University conducts the notary exams regionally on behalf of the secretary of state's office.

G. Any notary public commissioned by passing a parish notary exam can take the notary exam to obtain statewide jurisdiction. Failure to pass the notary exam shall have no effect on the status of the commission of the notary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191, R.S. 35:191.1, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§105. Study Guide

A. The official study guide for the notary exam is "The Fundamentals of Louisiana Notarial Law and Practice."

B. The cost to purchase the study guide is shown in §129 and is non-refundable.

C. The study guide can be purchased by:

1. ordering online at the secretary of state's website using a credit card;
2. completing an order form, attaching a check or money order made payable to the secretary of state, and mailing to the notary division;
3. completing an order form and providing a credit card number and faxing or emailing to the notary division; or
4. visiting the notary division's customer service counter at the secretary of state's office at 8585 Archives Drive, Baton Rouge, LA during office hours of 8 a.m. to 4:30 p.m.

D. The study guide is sent via U.S. mail on the day of receipt of the order if received before 12:30 p.m. Orders received after 12:30 p.m. will be mailed the next business day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:191.1 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§107. Courses

A. Applicants are not required by law to take a course or instruction class in order for an applicant to take the notary exam.

B. Although the secretary of state does not recommend particular courses or instructors, the department does

maintain a list of registered and bonded notary exam preparatory course providers.

C. All course providers, except an educational institution listed in R.S. 35:191.4(D), shall annually post a bond guarantee by a commercial surety company licensed to do business in Louisiana with the secretary of state in the amount of $25,000.

D. Beginning February 8, 2015, all persons providing notary examination preparatory education and instruction must be a notary public with statewide notarial authority.

E. Each provider must submit an annual registration statement to the secretary of state on or before January 1 of each year on a form provided by the secretary of state. In addition, each provider shall submit a semiannual report to the secretary of state on or before June 30 and December 31 listing the name and address of each person who received a course or courses of instruction or study from the provider for the training and instruction for the notary exam required by the secretary of state during the time covered by the report.

F. Pursuant to R.S. 35:191.4(F)), if a provider does not submit an annual report or the annual report is not submitted timely, penalties may be imposed up to $1,000 for each day the provider is not in compliance with this section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191.4 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§109. Louisiana State Notary Public Examinations

A. The notary exams are given at regional testing centers throughout the state.

B. The examinee can elect to take the notary exam in a computer-testing format or a paper-and-pencil format.

C. The registration fee for the notary exam is shown in §129.

D. Statewide standards for the notary exam are available on the secretary of state's website under the section notary division examinations. These standards include:

1. application procedures;
2. examination schedule;
3. examination format and content; and
4. procedures for review of any examination which was taken and was failed by the examinee.

E. The Office of Assessment and Evaluation for Louisiana State University is offering a notary exam pre-assessment test to show the likelihood of a candidate's ability to be successful on the notary exam. Please refer to the secretary of state's website notary division for more information regarding this pre-assessment test. See §129 for the pre-assessment test fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191, R.S. 35:191.1, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§111. Notary Commission

A. Once an applicant has taken and passed the notary exam, the following documents must be filed with the secretary of state's office along with the commission filing fee (see §129), in order to receive his notary commission;

1. two oaths of office forms, properly executed (one copy filed with secretary of state and one copy filed with parish clerk of court);
2. official signature page;
3. either of the following (exempt if an attorney):
   a. surety bond or personal surety bond that has been approved by the parish clerk of court in the amount of $10,000; or
   b. errors and omissions policy in the amount of $10,000; or
4. if an attorney, a certificate of good standing from the Louisiana Supreme Court (in lieu of bond or errors and omissions policy); and
5. commission filing fee (see §129) with a check or money order made payable to the secretary of state.

B. A notary is commissioned based upon the commission date indicated on the notary database. He does not have to wait until he receives the commission certificate from the secretary of state's office before performing notary functions. In addition, a notary is commissioned for life.

C. A notary may request an additional commission certificate or replace a certificate by logging into his file online or by contacting the notary division. The fees for a certificate of notary commission or a replacement notary certificate are shown in §129.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:71, R.S. 35:72, R.S. 35:75, R.S. 35:191, R.S. 35:191.2, R.S. 36:742, and Attorney General Opinion 1940 Volume 42 Page 2,346.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§113. Attorneys

A. An attorney who is licensed to practice law in Louisiana can obtain a notary commission by filing a qualifying application and commission documents.

B. The notary commission for an attorney must be filed in the parish of their residence.

C. An attorney is exempt from taking the notary exam and from the surety bond or personal surety bond requirements.

D. An attorney has statewide jurisdiction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:71, R.S. 35:191, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§115. Parish Changes

A. If a notary moves to another parish, he must submit the following to the secretary of state:

1. completed qualifying application form with the qualifying fee which is separate from commission filing fee;
2. two oaths of office forms, properly executed (one copy filed with secretary of state and one copy filed with parish clerk of court);
3. official signature page;
4. either of the following (exempt if an attorney):
   a. surety bond or personal surety bond that has been approved by the parish clerk of court in the amount of $10,000;
   b. errors and omissions policy in the amount of $10,000; or
   c. rider for an existing surety bond that has been approved by the parish clerk of court changing the parish; and
5. commission filing fee (see §129) with a check or money order made payable to the secretary of state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:71, R.S. 35:72, R.S. 35:75, R.S. 35:191, R.S. 35:191.3, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§117. Name Changes

A. If a notary's name changes, the notary must submit the following to the secretary of state:

1. two oaths of office forms, properly executed (one copy filed with secretary of state and one copy filed with parish clerk of court);

2. name change form listing name on current commission, new name requested, and reason for change;

3. official signature page;

4. either of the following (exempt if an attorney):

a. original or certified true copy surety or personal surety bond that has been approved by the parish clerk of court in the amount of $10,000;

b. original errors and omissions policy in the amount of $10,000; or

c. rider for an existing surety bond that has been approved by the parish clerk of court changing the name on the bond; and

5. commission filing fee (see §129) with a check or money order made payable to the secretary of state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:71, R.S. 35:72, R.S. 35:75, R.S. 35:191, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§119. Dual Commission

A. Dual commissions can only be obtained for one other parish in which the notary maintains an office and is not reciprocal with the existing commission (see reciprocal parish list.)

B. If a notary requests a dual commission, he must submit the following to the secretary of state:

1. two oaths of office forms, properly executed (one copy filed with secretary of state and one copy filed with parish clerk of court);

2. official signature page;

3. either of the following (exempt if an attorney):

a. surety bond or personal surety bond that has been approved by the parish clerk of court in the amount of $10,000; or

b. errors and omissions policy in the amount of $10,000; and

4. commission filing fee (see §129) with a check or money order made payable to the secretary of state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:71, R.S. 35:191, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§121. Notary Bond Renewal

A. Surety bonds and errors and omissions policies are filed with the secretary of state every five years. Personal surety bonds expire at the death of the surety and must be renewed when such occurs.

B. Either of the following must be submitted to the secretary of state for bond renewal (exempt if an attorney):

1. surety bond or personal surety bond that has been approved by the parish clerk of court in the amount of $10,000; or

2. errors and omissions policy in the amount of $10,000.

C. A check or money order made payable to the secretary of state for the notary bond renewal filing fee (see §129) must accompany the renewal for the notary bond.

D. A notary who fails to renew his notarial bond timely or fails to file his new or renewed bond of evidence of insurance coverage will be automatically suspended and will not have authority to perform the functions of a notary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:71, R.S. 35:72, R.S. 35:75, R.S. 35:191, and R.S. 36:742

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§123. Leave of Absence

A. The secretary of state, on behalf of the governor, may grant a leave of absence to any notary that is absent from the state for a period not to exceed 36 months. The notary must provide the secretary of state with a letter requesting the leave specifying the date the notary is to be absent and the date of return.

B. If a notary is in the military service, he should notify the secretary of state's office certifying that he is a member of the military service of the United States or state of Louisiana. Included on the notification letter, he should show the expiration date of his bond and the period of leave which begins when the leave is granted. The notary will then have 60 days after the date of discharge to give the notary time to apply for a new bond.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:131 et seq., R.S. 35:202, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§125. Retirement Status

A. Any notary who is 70 years or older shall be permitted to retire his commission by filing a retirement status affidavit form attesting to the notary's age and certifying that he will no longer exercise the duties and functions of a notary while retirement status is in effect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:202 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§127. Resignation

A. Any notary may resign his commission by signing a letter of resignation and forwarding it to the secretary of state's office. After resigning, the notary shall not exercise any duties or functions of a notary public and may become an active notary again only by completing the application process of his parish including taking the exam, if applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:202 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§129. Notary Division Fee Schedule

A. The fee schedule for notaries public is as follows.

Item	Fee
Annual Report	$25
Certificate of Notary Commission	$20
Certified Copy of Notary Bond	$20
Commission Filing Fee	$35
Notary Bond Renewal	$20
Notary Exam Pre-Assessment Test	$30

Item	Fee
Notary Exam Registration Fee	$75
Notary Filing Information Packet	$0
Notary Study Guide	$90
Qualifying Application Fee	$35
Replacement Identification Card	$3
Replacement Notary Certificate	$15

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:1 et seq., R.S. 35:191.2, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§131. Notary Seal

A. A notary's signature is his seal. If he elects to have a seal to use when notarizing documents, he is not required to have a particular style of seal to give authenticity to his copies.

B. The name of the notary and the witnesses must be typed, printed legibly, or stamped.

C. Every document notarized in the state of Louisiana shall have the notary identification number assigned to him/her by the secretary of state and that number shall be typed or printed legibly and placed next to the notary's name. If the notary is an attorney who is licensed to practice law in the state of Louisiana, he may use his Louisiana state bar roll number in lieu of his notary identification number.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:12 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§133. Reciprocal Parishes

A. There are groups of reciprocal parishes created by the legislature (see R.S. 35:191). The reciprocal agreement allows a validly appointed notary in a parish authorization to exercise any and all functions of a notary in the reciprocal parishes without additional bonding or examination. For a list of reciprocal parishes, see the secretary of state's website notary division.

B. If a notary moves to a parish that is in his reciprocal grouping, he is still required to be commissioned in the parish he resides in.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§135. Fees to be Charged by a Notary Public

A. Louisiana does not have a statutory fee schedule which would determine or limit what a notary can charge for his services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§137. Notary Database

A. The secretary of state's website contains current contact information on all notaries commissioned in the state of Louisiana.

B. If a notary is listed on the notary database as being suspended, the notary did not file his annual report or his bond has expired.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191.2 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§139. Annual Report

A. Within 60 days prior to the anniversary date of the notary's commission, the notary division shall mail out an annual report notice to all notaries in the state of Louisiana.

B. The notary can file his report by:

1. registering online at the secretary of state's website using a credit card; or

2. completing the annual report form and:

a. attaching a check or money order made payable to the secretary of state and mailing to the notary division; or

b. completing the credit card cover sheet and faxing or emailing with the annual report to the notary division.

C. The annual report filing fee is shown in §129.

D. To file online, the notary will be required to use his notary identification number and the unique access code which is printed on the front of the annual report renewal notice post card.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:191.2, R.S. 35:202, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§141. Ex-Officio Notaries Public

A. An ex-officio notary public must meet the same qualifications as a notary public listed in §101 above.

B. An ex-officio notary is required to file either of the following with the notary division of the secretary of state's office as a condition for the faithful performance of all duties required by law toward all persons who may employ him as an ex-officio notary:

1. original or certified true copy surety or personal surety bond that has been approved by the parish clerk of court in the amount of $10,000; or

2. original errors or omissions policy in the amount of $10,000.

C. If the ex-officio notary is a state employee who serves as an ex-officio notary in the course and scope of his employment, he must file his oath of office with the secretary of state's office.

D. An ex-officio notary is authorized to perform functions, powers, and authority only as directly related to and required for the operation of the office, agency, or department under which the authority is granted.

E. Title 35 Chapter 6 of the Revised Statutes contains specific requirements for ex-officio notaries who will perform various functions of a notary public in their place of employment (i.e. administer oaths, take acknowledgments, attest on affidavits, etc.).

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:391 et seq. and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

§143. Provisional Notary

A. A notary applicant can be provisionally commissioned if he meets the following qualifications and requirements:

1. the applicant resides and maintains a residence in a parish with a population of less than 40,000;

2. the applicant has passed the multiple choice and research section of the notary exam on or after December 1, 2009;

3. the applicant's authority to exercise the powers of a notary public is only within the course and scope of the applicant's employment;

4. the applicant's notarial authority shall be under the direction of a supervisor for the employer;

5. the applicant's supervisor shall not be a notary;

6. the applicant's employer must be a business that was in existence prior to January 1, 2013;

7. the applicant's employer shall not be a business whose primary function is to provide notary services;

8. the applicant's employer must be a party to the act or instrument being sworn to, acknowledged or passed before or the act or other instrument is necessary to or incidental to the business activity or operations of the employer;

9. at least one of the persons appearing before the applicant to execute an affidavit, acknowledgment, or other notarial act or instrument is a former, current, or prospective client or a customer of the employer;

10. applicant's jurisdiction is within the parish of commission and in any adjacent parish with a population of less than 40,000 where his employer maintains an office;

11. the applicant must post and maintain a bond, at the expense of employer, in the amount of $20,000;

12. the applicant's employer shall hold harmless any claim made against the notary bond when the applicant is acting in the course and scope of employment or under the direction of the employer;

13. the applicant must submit the completed and notarized application for provisional notarial appointment provided by the secretary of state to the notary division;

14. the applicant is required to attend the notary orientation class provided by the secretary of state;

15. if the employer terminates the employment or no longer wishes to be bound by these provisions, he shall immediately send written notice to the secretary of state and the commission shall be automatically revoked unless:

a. the applicant declares in writing his intention to remain a provisional notary with an inactive status until a new application for provisional notary form from another employer is submitted to the secretary of state; or

b. the applicant declares in writing the desire to remain a provisional notary with an inactive status while pursuing successful completion of the notary exam and shall exercise no notarial functions until notified by the secretary of state that his status has been changed;

16. if the applicant voluntarily terminates employment with named employer, a written notification to the secretary of state must be submitted and:

a. the applicant declares in writing his intention to remain a provisional notary with an inactive status until a new application for provisional notary form from another employer is submitted to the secretary of state; or

b. declares in writing his intention to remain a provisional notary with an inactive status while pursuing successful completion of the notary exam and shall have no authority to exercise notarial functions until notified by the secretary of state that his status has been changed;

17. the applicant understands that the employer is not liable for any damages caused by negligent or fraudulent errors or omissions when notarizing outside the course and scope of employment;

18. the commission can be suspended or revoked by the court or suspended by the secretary of state pursuant to R.S. 35:15; and

19. the provisional notary commission shall expire on August 1, 2016 unless all sections of the notary exam have been successfully completed.

B. The provisional notary has no authority to:

1. draft and prepare a last will and testament or donation mortis causa;

2. draft and prepare a trust; or

3. draft and prepare any instrument that transfers title to immovable property including but not limited to an act of sale or act of donation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:15, R.S. 35:191, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, LR 39:

Family Impact Statement

The proposed Rule LAC 46:XLVI regarding notaries public should not have any known or foreseeable impact on any family as defined by R.S. 49:927 or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;

2. the authority and rights of parents regarding the education and supervision of their children;

3. the functioning of the family;

4. family earnings and family budget;

5. the behavior and personal responsibility of children; and

6. the ability of the family or a local government to perform the function as contained in the proposed amendments to the Rule.

Poverty Impact Statement

The proposed Rule LAC 46:XLVI regarding notaries public should not have any known or foreseeable impact on poverty as defined by R.S. 49:973. Specifically, there should be no known or foreseeable effect on:

1. the household income, assets and financial security;

2. early childhood development and preschool through postsecondary education development;

3. employment and workforce development;

4. taxes and tax credits; and

5. child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Statement

The impact of the proposed Rule on small business has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small business as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on Small Business.

Public Comments

Interested persons may submit written comments to Carla Bonaventure, Commercial Division Administrator, Commercial Division, Department of State, P.O. Box 94125, Baton Rouge, LA 70804-9125. She will be responsible for responding to inquiries regarding the proposed Rule. The deadline for the Department of State to receive written comments is 4:30 p.m. on Friday, August 30, 2013 after the public hearing.

Public Hearing

A public hearing on the proposed Rule is scheduled for Thursday, August 29, 2013 at 11:00 a.m. in the Auditorium at State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time, all interested persons will be afforded the opportunity to submit data, views, or arguments either orally or in writing.

Tom Schedler
Secretary of State

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Notaries Public

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed Rule will provide guidelines for notaries public and for applicants to become notaries public. It is estimated that there will be no implementation costs or savings to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed Rule will have a minimal impact on revenue collections of the state governmental units. While the proposed policy provides for an optional pre-assessment test for applicants to become a notary public, applicants are not currently required to take the test. There will be no effect on revenue collections to local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed Rule will have a minimal impact on estimated costs and/or economic benefits to directly affected persons. While the proposed policy provides for an optional pre-assessment test for applicants to become a notary public, applicants are currently not required to take the test. There will be no effect on estimated costs and/or economic benefits to local governmental units.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed policy will have no effect on competition and employment.

R. Kyle Ardoin	Evan Brasseaux
First Assistant	Staff Director
1307#080	Legislative Fiscal Office

NOTICE OF INTENT

Department of State
Commercial Division
Office of Uniform Commercial Code

Uniform Commercial Code (LAC 10:XIX.Chapters 1-3)

Pursuant to the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.), and under the authority of Louisiana's Uniform Commercial Code (R.S. 10:9-101 et seq.), R.S. 10:9-526, Public Law 99-198 (Food Security Act of 1985), and R.S. 36:742, the secretary of state hereby gives notice of his intent to repeal and replace LAC 10:XIX.Chapters 1-3 to provide regulations for the Uniform Commercial Code in the state of Louisiana.

Title 10
FINANCIAL INSTITUTIONS, CONSUMER CREDIT, INVESTMENT SECURITIES AND UCC
Part XIX. Uniform Commercial Code
Chapter 1. Secured Transactions

§101. Policy

A. In the state of Louisiana, Title 10, Chapter 9 was enacted as the Uniform Commercial Code, secured transactions (hereinafter referred to as the UCC). The UCC implemented provisions of article 9 with regard to the notice filing approach under which an abbreviated notice is filed with the appropriate filing officer evidencing that a debtor and a secured party intend to engage in or have engaged in a secured transaction using specified collateral as security.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-101 et seq., R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§103. Place of Filing—When Filing Is Required in Louisiana

A. The proper place to file in order to perfect a security interest is with the clerk of court of any parish, or, in the case of Orleans Parish, with the recorder of mortgages thereof (the filing officer).

B. It is only necessary to file in one parish to properly perfect a security interest, notwithstanding the location of the collateral, the location of the debtor, or the fact that the secured collateral may be relocated or situated in various parishes within the state of Louisiana.

C. The secretary of state is not authorized to accept UCC filings. Any filings directed erroneously to the secretary of state will be returned to the secured party with directions as to the proper filing procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3651 et seq., R.S. 10:9-501, R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§105. Formal Requisites of Financing Statement

A. To be effective, a financing statement must:

1. give the debtor's name and mailing address:

a. a financing statement sufficiently shows the name of the debtor if it gives the individual, partnership, or corporate name of the debtor (as applicable); and

b. the trade names of the debtor, or the names of the individual partners, may also be set forth in the financing statement at the option of the secured party;

2. give the name and address of the secured party from which information concerning the security interest may be obtained; and

3. give a statement indicating the types, or describing the items, of collateral:

a. if the collateral is minerals or the like, including oil and gas, or accounts resulting from the sale thereof at the wellhead or minehead, or is a fixture, the financing statement must:

i. show that it covers this type of collateral;

ii. be accompanied by an attachment containing a description of the real estate sufficient if it were contained in a mortgage of the real estate to cause such mortgage to be

effective as to third persons if it were properly filed for record under Louisiana law; and

iii. if the debtor does not have an interest of record in the real estate, the financing statement must also show the name of a record owner of the immovable or real right therein. It is not necessary to name all record owners of the immovable or real right.

b. the standard Uniform Commercial Code, financing statement form (Form UCC-1) for Louisiana and has been approved by the secretary of state contains appropriate spaces to indicate whether the filing is fixture or mineral related, and to set forth the name of the record owner if the named debtor does not own the real estate.

B. When a debtor so changes his name or in the case of an organization its name, identity, or corporate structure so that a filed financing statement becomes seriously misleading to third parties, a new Form UCC-1 must be filed within four months after the change to perfect a security interest in collateral acquired by the debtor more than four months after the change. Form UCC-1 may be filed by the secured party without the debtor's signature.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-502, R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§107. Forms to be Used in Filing

A. Under the UCC, the notice to be filed with the filing officer is called a financing statement. The approved Form UCC-1 measures 8 1/2 by 11 inches. All filing officers will accept these standard forms. Failure to use Louisiana's Form UCC-1 renders the filing subject to the nonstandard form penalty.

B. If the space provided on Form UCC-1 is inadequate, the item should be identified and continued on an additional 8 1/2 by 11 inch sheet. The name of the debtor should appear as the first item on the additional sheet.

C. The security agreement entered into by the secured party and the debtor is sufficient as a financing statement if it contains all the information required in a financing statement and is signed by the debtor; however, the nonstandard form penalty will be assessed for the filing of such agreement.

D. A carbon, photographic, facsimile, or other reproduction of a security agreement or financing statement is sufficient as a financing statement if the security agreement so provides or if the original has been filed in the state of Louisiana.

1. Filing officers shall reject any financing statement or security agreement if the copy is illegible.

2. Fax filings of the financing statement will be accepted.

3. Laser printed financing statements prepared by computerized loan documentation service companies will be accepted as standard filings if presented in the same format as Louisiana's Form UCC-1 on 8 1/2 by 11 inch paper.

E. A consignor, lessor, depositor, or bailor of goods has the option of filing a financing statement using the terms consignor, consignee, lessor, lessee, depositor (or bailor), and depositary (or bailee), instead of the terms secured party and debtor. The filer may indicate that the financing statement is filed as a lease, consignment, deposit, or bailment either by indicating the same in the statement describing the types, or items, of the secured collateral or by designating the status of the parties to the transaction in the appropriate debtor and secured party name blocks and in the space designated for signatures, or both.

F. A financing statement may disclose an initial assignment of the security interest by giving the name and address of the assignee. After disclosure of the assignment, the assignee is the secured party of record. Form UCC-1 contains appropriate space to disclose such an initial assignment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-521, R.S. 10:9-525, R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§109. Presentation of Filing

A. All filings required by the UCC shall be made by presenting the appropriate documents and tendering the required fees to any of the 64 filing officers. Filings may be made in person, by mail, or by fax machine pursuant to §107.D herein. Payment of the fees shall be made in any manner acceptable by the filing officer in the parish in which the filing is made.

1. If Form UCC-1 is presented for filing, the form shall be filed with the filing officer.

2. Although a filer is encouraged to utilize Form UCC-1, the filer may submit a copy of the security agreement in lieu of Form UCC-1 and attach the nonstandard filing fee. If the required signatures appear on the nonstandard filing, they need not appear on Form UCC-1.

3. If an acknowledgment copy from the filing officer is desired by persons submitting a facsimile copy of the financing statement, a laser printed financing statement or a copy of the security agreement, the filer must submit an additional copy of the document.

B. The filing officer shall mark each financing statement with a file number, the parish of filing, and the date and time of filing.

C. After the document has been filed, the second copy (acknowledgment copy of Form UCC-1 or the photocopy of the document submitted by the filer) will be returned to the secured party of record. If the acknowledgment copy is to be returned to another party or another address, indicate the same in the appropriate box on Form UCC-1.

D. The filing officer shall transmit the information contained in the financing statement together with the date and time of filing and file number thereof, no later than 4:30 p.m. on the second business day following filing, to the secretary of state for inclusion in the master index. Note that a summary of the collateral described in the financing statement may be included in the information transmitted to the secretary of state. This summary is for informational purposes only and is not a substitute for the description of the collateral contained in the financing statement.

E. The secretary of state shall, within two business days following receipt of such information from the filing officer, send written notice by mail or electronically confirming such receipt and reflecting all information received and included in the master index, to the secured party of record and such other requesting person as designated on the financing statement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-519 et seq., R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§111. Indexing

A. If more than one debtor name is set forth in the financing statement or other statement, all debtors, including any listed trade names, will be entered into the secretary of state's master index. If an attachment is required to complete the debtor name listing, please indicate the same in the additional debtor name block on Form UCC-1 and attach the listing on an 8 1/2 by 11 inch sheet.

B. Debtor names shall be indexed exactly as set forth by the secured party in the debtor name block of Form UCC-1, or in the case of a nonstandard filing, as set forth in the body of the agreement. Please note the following for clarification.

1. If the secured party desires to have the filing officer additionally index a married woman under her maiden name, the secured party must specifically request the same by setting forth the maiden name separately.

2. In the event the debtor's signature varies from the typewritten name set forth in the debtor name block of Form UCC-1 (or in the body of a nonstandard filing) and the secured party desires to have this varied name included in the master index, the secured party must specifically request the same by setting forth the varied name as an additional debtor name on the financing statement.

C. The secretary of state shall maintain a master index of information contained in all financing statements and other statements filed with filing officers and transmitted to the secretary of state. The master index shall list all such statements according to the name of the debtor and shall include all of the information transmitted to the secretary of state by all filing officers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-519 et seq., R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§113. Duration

A. With the exception of transmitting utility filings presented in the format required by §107 herein, a financing statement is effective for a period of five years from the date of filing. Transmitting utility filings properly presented for filing are effective until a termination statement is filed with the filing officer with whom the financing statement was originally filed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-526 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§115. Subsequent Filings

A. Filings relating to changes affecting the initial financing statement have been consolidated and incorporated into a single standard form for Louisiana prescribed by the secretary of state called Uniform Commercial Code, amendment form (Form UCC-3). This single composite form may be used as a continuation statement, a release statement, a statement of partial assignment, a statement of assignment (full assignment), a termination statement, an amendment to a financing statement, or a statement of master assignment or master amendment (affecting 20 or more initial financing statements filed in the same parish).

B. Form UCC-3 measures 8 1/2 by 11 inches. Any filings made on any form other than on the approved Form UCC-3 will be assessed the nonstandard filing fee penalty.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-512, R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§117. Procedure for Filing Form UCC-3

A. The procedural rules set forth in §107 and §109 herein governing the use of prescribed forms and presentation of Form UCC-1 filing are incorporated by reference herein and must be followed in the presentation of Form UCC-3 or other statement changing the status of an initial filing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§119. Place of Filing Form UCC-3

A. Any subsequent filings affecting an initial UCC financing statement must be filed in the parish in which the initial UCC financing statement was filed.

B. Filings erroneously directed to a parish other than that in which the initial financing statement was filed shall be rejected by the filing officer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§121. Preparation of Form UCC-3 Filing

A. Any Form UCC-3 filing changing the initial financing statement must:

1. give the name and address (as applicable), of each debtor as it appears on the initial financing statement or the most recent filing;

2. give the name and mailing address (as applicable), of the secured party of record;

3. give the initial UCC file number (entry number), the date of filing, and the parish in which the initial financing statement was filed; and

4. indicate the type of action requested (Only one type of transaction may be requested on any Form UCC-3.).

AUTHORITY NOTE: Promulgated in accordance with R S. 10:9-501 et seq., R.S. 10:9-516, R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§123. Additional Specific Requirements for Filings Changing the Status of an Initial UCC Filing

A. Continuation Statement

1. A filed financing statement is effective for a period of five years. No exception is made for a stated maturity date of less than five years. A security interest ceases to be perfected unless a continuation statement is filed prior to the expiration date of a financing statement. A continuation statement may only be filed by the secured party within the six-month period prior to the expiration date and must state that the initial financing statement is still effective. The

timely filing of a continuation statement extends the effectiveness of the initial financing statement for an additional five-year period after the last date for which the initial financing statement is effective. Continuous perfection may be achieved by filing successive continuation statements in this manner.

2. If the initial financing statement lapses due to a failure to timely continue within the six-month period prior to the end of the five-year period of effectiveness, the secured party must file a new financing statement rather than a continuation statement.

3. A continuation statement signed by a person other than the secured party of record must be accompanied by a separate written statement of assignment signed by the secured party of record and include the required fee for an assignment.

B. Release

1. The secured party of record may release all or a part of any collateral described in a filed financing statement. The statement of release must include a description of the released collateral.

2. A statement of release signed by a person other than the secured party of record must be accompanied by a separate written statement of assignment signed by the secured party of record, and include the required fee for an assignment.

3. If the secured party wishes to release all of the collateral, a termination statement should be filed.

C. Assignments

1. In addition to the general information required on Form UCC-3, a statement of assignment must set forth the name and address of the assignee.

a. Full Assignment. A full assignment is made when a secured party assigns all rights under the financing statement. Form UCC-3 contains an appropriate box to be checked by the secured party if a full assignment is contemplated.

b. Partial Assignment. A partial assignment is made when a secured party assigns rights to only part of the collateral described in the financing statement. A description of the assigned collateral must be set forth in the appropriate space on Form UCC-3 or on an attached sheet if more space is required. Form UCC-3 contains an appropriate box to be checked by the secured party if a partial assignment is contemplated.

2. A copy of the assignment agreement is sufficient as a separate statement if it contains all the requirements set forth in §115-121 and §123.C, but will constitute a nonstandard filing subject to the nonstandard filing fee.

D. Termination

1. Prior to expiration of the five-year effective period, a financing statement may be canceled by filing a termination statement. The termination statement must state that the secured party of record no longer claims a security interest under the financing statement, which must be identified by its initial file number. Form UCC-3 contains an appropriate box to be checked by the secured party when a termination is requested.

2. A termination statement signed by a person other than the secured party of record must be accompanied by a separate written statement of assignment signed by the secured party of record, and include the required fee for an assignment.

E. Amendment

1.a. An amendment may be used to change or add the following:

i. name(s) of the debtor or the secured party;

ii. the address of either the debtor or the secured party; or

iii. to add collateral.

b. If an amendment adds collateral, a description of the collateral must be included; this filing is effective as to the added collateral only from the filing date of the amendment.

2. The filing of an amendment does not extend the period of effectiveness of a financing statement.

3. When a debtor's name has been deleted by the filing of an amendment changing the name, the original debtor name will continue to be reflected in the secretary of state's master index and therefore will be reflected on a certificate requesting that exact name.

4. An amendment signed by a person other than the secured party of record must be accompanied by a separate written statement of assignment signed by the secured party of record, and include the required fee for an assignment.

F. Master Assignment

1. A secured party of record may assign all of its rights under 20 or more financing statements filed in any one parish by filing Form UCC-3 master assignment in the parish in which the initial financing statements were filed.

2. The secured party shall specifically indicate the type of statement being filed on Form UCC-3 and type the words "master assignment" in the space proved therein.

3. As an exception to §121.A.2 and 4 herein, debtor information (name and address) and the date of filing relating to each initial financing statement being assigned need not be provided. However, the following information shall be set forth on Form UCC-3 master assignment:

a. the name and address of the secured party of record;

b. the name and address of the assignee;

c. the initial file number of each financing statement being assigned. This information shall be provided on 8 1/2 by 11 inch sheets attached to Form UCC-3, headed by the name of the secured party of record; and

d. the parish of initial filing.

G. Master Amendment

1. A secured party of record may amend its name and mailing address shown in 20 or more financing statements filed in any one parish by filing Form UCC-3 master amendment in the parish in which the initial financing statements were filed.

2. The secured party shall specifically indicate the type of statement being filed on Form UCC-3 and type the words "master amendment" in the space provided therein.

3. As an exception to §123.A.2 and 4 herein, debtor information (name and address) and the date of filing relating to each initial financing statement being amended need not be provided. However, the following information shall be set forth on Form UCC-3 master amendment:

a. the name and address of the secured party of record;

b. the new name and address of the secured party, which should be set forth on Form UCC-3;

c. the initial file number of each financing statement in which the secured party's name and address is being amended. This information shall be provided on 8 1/2 by 11 inch sheets attached to Form UCC-3, headed by the name of the secured party of record; and

d. the parish of initial filing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-526, and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§125. Request for Information or Copies

A. Background

1. The secretary of state's master index of information is composed of UCC filing data submitted by the 64 filing officers. The database is a composite of all presently effective financing statements, as well as any statements of assignment, continuation, release, or amendment, and initial financing statements which have been terminated within the one-year period prior to a request for a certificate. All UCC filings are indexed according to the name of each particular debtor set forth on the financing statement.

2. The secretary of state's master index does not contain information on statutory liens or tax liens, except for statements filed pursuant to R.S. 23:1546 relative to unemployment compensation contributions, and IRS tax liens affecting movable property filed on or after September 1, 1990. In addition, the master index does not contain any information on notices of assignments of accounts receivable, or chattel mortgage or collateral chattel mortgage filing information.

3. Initial UCC documents filed with the parish filing officers remain at the local level in the parish of filing. Any filings which change the status of an initial UCC filing must be made with the filing officer with whom the financing statement was originally filed, and the original will remain on file in that parish. The secretary of state does not receive copies of UCC filings. Therefore, requests for copies of documents must be made in the parish in which the filing was originally made. If filings on a particular debtor have been made in more than one more parish, each parish filing officer must be contacted for copies of such filings. If the file numbers cannot be provided by the requesting party, a certificate must be requested from the filing officer.

B. Prescribed forms to be used in requesting information or copies. A standard form for Louisiana prescribed by the secretary of state called information request form (Form UCC-11) shall be used in requesting:

1. copies of filings; and/or

2. the filing officer's certificate showing whether there is listed any presently effective financing statements or other statements naming a particular debtor or secured party. It is recommended that the Form UCC-11 be utilized to facilitate accurate responses, but there is no penalty for failure to use the form.

C. Information Request (Certificate)

1. A separate written request for information (certificate) must be submitted for each debtor name. If information is requested on more than one name, a separate Form UCC-11 must be submitted for each name. A business name, trade name, or D/B/A is considered a separate name. A husband and wife are considered separate debtors.

2. The requesting party must be sure to submit a request for a certificate with the correct spelling of the debtor's name. A deviation or error in the debtor's name may result in a failure to disclose all of the desired information.

3. The UCC certificate issued by the filing officer will contain the following information as reflected in the secretary of state's master index:

a. statements filed under the exact debtor name requested;

b. statements filed under the exact debtor name requested in which no Social Security number or employer identification number was provided in the initial financing statement:

i. note that if the requesting party is unable to provide the debtor's taxpayer identification number, the certificate will reflect all filings under the exact name requested without regard to the various Social Security number or employer identification number designated therein;

ii. if the requesting party desires a certificate which reflects all filings under an exact debtor name without regard to the Social Security number or employer identification number on the financing statement (e.g., whether the number is different, the same, or not disclosed on the financing statement), the requesting party should omit the Social Security number or employer identification number when submitting his request to the filing officer. Note that a certificate run on a common debtor name (e.g., John Smith) without regard to Social Security number or employer identification number may disclose an indefinite number of listings and may result in a substantial fee;

c. statements filed under the exact Social Security number or employer identification number provided, without regard to the spelling of the debtor's name.

4. Upon request, a supplement to the certificate will also be provided by the filing officer which will set forth filings listed under debtor names which may be considered similar to the name requested, so as to assist the requesting party in locating all desired filings. The supplement is not certified by the filing officer and may not represent a complete listing of debtor names which may be considered similar to the name under which the search was made.

D. Information Request (Certificate) on Secured Parties. Form UCC-11 requests for information on secured party names may be submitted to any of the 64 filing officers. The request shall specifically indicate that it pertains to a secured party and contain the Social Security number or employer identification number, as applicable, of the secured party who is the subject of the request. The UCC certificate issued by the filing officer will disclose all financing statements or other statements filed in the UCC master index on or after January 1, 1990, in which the secured party's Social Security number or employer identification number was provided on the initial statement or subsequent filing relating thereto.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-519, R.S. 10:9-526, R.S. 36:742, and R.S. 52:52.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§127. Schedule of Fees for Filing and Information Requests

A. The fees schedule for filing and information requests submitted on Forms UCC-1, UCC-3, and UCC-11 are provided in R.S. 10:9-525.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-519 et seq., R.S. 10:9-525, R.S. 10:9-526, R.S. 36:742, and R.S. 49:222(A).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

Chapter 2. Internal Revenue Service Tax Liens

§201. Place of Filing

A. The proper place to file notices of federal tax liens affecting movable property (corporeal and incorporeal) is with the clerk of court of any parish, or, in the case of Orleans Parish, with the recorder of mortgages thereof (the "filing officer").

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-501 et seq., R.S. 10:9-526, R.S. 36:742, and R.S. 52:52.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§203. Forms to be Used in Filing

A. The document entitled "Notice of Federal Tax Lien under Internal Revenues Laws" utilized nationwide by the IRS shall be accepted by all filing officers in lieu of Form UCC-1. Nonstandard form penalties shall not be applicable to filings presented by the IRS pursuant to this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-526 and R.S. 36:742.

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 17:488 (May 1991).

§205. Filing Fees

A. The uniform filing fee to be collected by each filing officer includes prepayment of the termination fee, as well as, the indexing of all debtor names appearing on the lien submitted by the IRS.

AUTHORITY NOTE: Promulgated in accordance with R.S. 10:9-525, R.S. 10:9-526, R.S. 36:742, and R.S. 49:222(A).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

Chapter 3. Central Registry

§301. Definitions

Buyer in the Ordinary Course of Business—a person who, in the ordinary course of business, buys farm products from a person engaged in farming operations and is in the business of selling farm products.

Central Registry—the master index maintained by the secretary of state reflecting information contained in all effective financing statements, and statements evidencing assignments, amendments, continuations, and terminations thereof.

Commission Merchant—any person engaged in the business of receiving any farm product for sale, on commission, or for or on behalf of another person.

Creditor—any person who holds a security interest in a farm product.

Crop Year—

1. for a crop grown in soil, the calendar year in which it is harvested or to be harvested;

2. for animals, the calendar year in which they are born or acquired; or

3. for poultry or eggs, the calendar year in which they are sold or to be sold.

Cumulative Addendum—a document listing all information transmitted by the filing officers to the central registry as of the date of issuance that was not included on the most recent master list.

Debtor—any person who owns or has an ownership interest in farm products which are subject to a security interest of creditors.

Effective Financing Statement—a written instrument which is an abstract of a security device and which complies with the provisions of R.S. 3:3654(E). An effective financing statement may also contain additional information sufficient to constitute a financing statement or other statement under chapter 9 of title 10 of the *Louisiana Revised Statutes*.

EFS—an effective financing statement.

Encumbrance Certificate—a written document which lists all effective financing statements affecting a person which have been filed with the filing officer and containing the information required by this Chapter to be transmitted to the secretary of state for inclusion in the central registry on the date and at the time the certificate is issued and which complies with the provisions of R.S. 3:3654(F).

Farm Product—any type of crop whether growing or to be grown, and whether harvested or unharvested, or any species of livestock, or any type of agricultural commodity or product raised or cultivated of every type and description, including but not limited to cattle, hogs, sheep, horses, bees, rabbits, or poultry, and oysters, crabs, prawns, shrimp, alligators, turtles, and fish raised, produced, cultivated, harvested, or gathered on any beds of bodies of water, whether owned, leased, or licensed by the debtor, grains, beans, vegetables, grasses, legumes, melons, tobacco, cotton, flowers, shrubberies, plants and fruits, nuts and berries, and other similar products whether of trees or other sources, or if they are a product of such crop or livestock in its unmanufactured state, such as seed, ginned cotton, wool-clip, honey, syrup, meat, milk, eggs, and cut, harvested, or standing timber, or supplies used or produced in farming operations, and if they are in the possession, including civil possession as defined in Civil Code articles 3421 and 3431, of a debtor engaged in planting, producing, raising, cultivating, harvesting, gathering, fattening, grazing, or other farming operations.

Filing—the receipt of an EFS, amendment, assignment, continuation, release, or termination of an EFS by the filing officer stamped with the date and time received and assigned a file number.

Filing Officer—the clerk of court of any parish, or in the case of Orleans Parish, the recorder of mortgages.

Knows or *Knowledge*—actual *knowledge*.

Master List—a document listing all effective financing statements, amendments, assignments, and continuations of effective financing statements which:

1. is organized according to farm products; and

2. is arranged within each such product:

a. in alphabetical order according to the last name of the individual debtors, or, in the case of debtors doing

business other than as individuals, the first word in the name of such debtors;

b. in numerical order according to the Social Security number of the individual debtors, or, in the case of debtors doing business other than as individuals, the Social Security number or employer identification number of such debtors;

c. geographically by parish; and

d. by crop year.

Office—the *office* of the secretary of state of the state of Louisiana.

Person—any individual, partnership, corporation, trust or any other business entity.

Portion—*portion* of the master list distributed to registrants regularly that cover the farm products in which such registrant has indicated an interest.

Registrant—any person who has made application with the office of the secretary of state, has paid the required registration fee, and received written notice that his application has been accepted.

Regular Business Day—any day that the office of the secretary of state and filing officers are open for routine business.

Secretary—the *secretary* of state of the state of Louisiana, or his duly authorized agent.

Secured Party—a creditor with a security interest in farm products.

Security Device—a written instrument that establishes a creditor's security interest in farm products or any pledge or privilege described in R.S. 9:4521, whether or not evidenced by a written instrument.

Security Interest—an interest in or encumbrance upon farm products that secures payment or performance of an obligation.

Selling Agent—a person, other than a commission merchant, who is engaged in the business of negotiating the sale and purchase of any farm product on behalf of a person engaged in farm operations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3652, R.S. 3:3654, R.S. 3:3655, R.S. 10:9-526, R.S. 36:742, Civil Code Articles 3421 and 3431, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§303. Administration

A. The central registry will be administered by the secretary of state and operated by the uniform commercial code division of the office. Any notices, petitions, documents, or other correspondence shall be addressed to the:

Louisiana Secretary of State
Uniform Commercial Code Division
Central Registry
P.O. Box 94125, Baton Rouge, LA 70804-9125

B. Filings and encumbrance certificates will be administered by the filing officers as discussed in §§307, 309, and 317 herein. Addresses and phone numbers for the 64 filing officers are set forth in §325 herein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3654, R.S. 3:3655, R.S. 3:3656, R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§305. Formal Requisites of an Effective Financing Statement (EFS)

A. The EFS must:

1. be an original or reproduced copy thereof; and
2. contain:

a. the name and address of the secured party;

b. the name and address of each person subjecting the farm product to the security interest:

i. in the case of a natural person, the surname (last name or family name) must appear first;

ii. in the case of a corporation or other entity not a natural person, the name must appear with the first word or character not an article or punctuation mark;

c. the Social Security number or, if other than a natural person, the Social Security number or employer identification number of each such person submitting the farm product(s) to the security interest;

d. the crop year unless every crop of the farm product in question, for the duration of the EFS, is to be subject to the particular security interest;

e. each farm product name and corresponding product code as designated by the secretary of state (see §319 herein);

f. the dollar amount of the security interest;

g. a reasonable description of the property, including each parish code where the farm product is produced or to be produced; and

h. any further details of the farm product subject to the security interest if needed to distinguish it from other such products owned by the same person but not subject to the particular security interest.

B. The top portion of the approved EFS document (Form UCC-1F) also contains space to set forth information required under Louisiana law (R.S. 10:9-101 et seq.) for filing financing statements pursuant to Article 9 of the Uniform Commercial Code. Filing parties are encouraged to utilize the EFS for perfection requirements under the UCC, in order to eliminate duplicate filing requirements and to promote filing efficiency.

C. Forms UCC-1F or UCC-3F amendments must provide all information needed for preparation of the master list of farm products, as set forth in §305.A.2 above. In the event the farm product description provided by the secured party contains a discrepancy between the product name and product code, that particular item will be excluded from the master list. Notice of such exclusion shall be provided in the written confirmation sent by the secretary of state in accordance with §307.I herein.

D. The secretary of state shall not be responsible for any effective financing statement (or particular farm product information contained therein) not revealed in the master list or cumulative addendum thereto, or oral or written confirmation of information furnished by the filing officers pursuant to §315 herein, which was not filed in accordance with these regulations and thereby not appearing in the central registry of farm product information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3651 et seq., R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§307. Filing Procedures

A. The proper place to file in order to perfect a security interest in farm products is with the clerk of court of any parish, or in the case of Orleans Parish, the recorder of mortgages thereof (the filing officer).

B. Security devices affecting farm products must be accompanied by a properly completed effective financing statement (EFS) or the filing information will not be reflected in the master list or portions thereof, cumulative addenda, or encumbrance certificates issued in accordance with §315 and §317 herein.

C. All effective financing statements must be submitted on Form UCC-1F as prescribed by the secretary.

D. All amendments, releases, assignments, continuations, and terminations of EFS must be submitted on Form UCC-3F, as prescribed by the secretary.

E. If the space provided on Forms UCC-1F or UCC-3F is inadequate, the additional data may be provided on an additional sheet of paper and attached to Forms UCC-1F or UCC-3F at no additional charge to the filing party. It is also permissible to submit the additional data on 8 1/2 by 11 inch sheets of paper which are each identified at the top with the first debtor's name.

F. All effective financing statements, amendments, releases, assignments, or continuations of effective financing statements must be accompanied by the required fee unless approval for billing has been granted by the filing officer.

G. If the person filing an EFS, amendment, release, continuation, or termination furnishes the filing officer a copy thereof, the filing officer shall note upon the copy the file number and date and hour thereof, and send the copy by mail to such person. If the copy is to be returned to another party or another address, indicate the same in the appropriate box on Forms UCC-1F or UCC-3F.

H. The filing officer shall transmit the information contained in the effective financing statement or other statement, together with the date and time of filing and file number thereof, no later than 4:30 p.m. on the second business day following filing, to the secretary of state for inclusion in the central registry.

I. The secretary of state shall, within two business days following receipt of such information from the filing officer, send written notice to the secured party (and such other interested person designated on the form) confirming such receipt and reflecting all information received and included in the central registry.

J. Any questions regarding the filing information reflected in the written notice of acknowledgment from the secretary of state should first be directed to the filing officer who accepted and recorded the filing.

1. Data entry errors will be corrected by the filing officers at no charge to the secured party. The filing officer shall make each correction and transmit the same to the secretary of state for inclusion in the central registry, together with the date and time such correction was made, no later than 4:30 p.m. on the second business day after receiving written request for the correction. Upon such correction, the secretary of state will send written notice to the secured party confirming receipt of the same.

2. Errors committed by the secured party in preparing the financing statement must be corrected by filing an amendment or by filing a new effective financing statement.

K. Any questions regarding receipt of the written notice of acknowledgment from the secretary of state should be directed to the secretary of state's UCC Division at (225) 922-1193.

L. The secretary is not authorized to accept security devices affecting farm products, or the accompanying EFS. Any filings directed erroneously to the secretary shall be returned to the secured party with directions as to the filing procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3651 et seq., R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§309. Procedures for Filing Amendments, Assignments, Releases, Continuations and Terminations of EFS

A. Any statement of continuation, amendment, release, continuation, termination, or other similar statement pertaining to an effective financing statement shall identify the initial file number and shall be filed with the same filing officer with whom the effective financing statement was originally filed.

B. Any amendment resulting in a material change to a security device shall be filed in writing and accompanied by related EFS (Form UCC-3F) within three months of the amendment.

1. A material change is whatever change would render the master list entry no longer informative as to what is subject to the security interest in question.

2. The requirement to amend arises when the information already made available no longer serves the purpose and other information is necessary to do so.

3. The amendment must be signed by both the secured party and the person subjecting the farm product(s) to the security interest.

C. All assignments of security devices which are accompanied by related EFS shall become effective at time and date of filing with the filing officer.

D. All continuations of security devices which are accompanied by related EFS must be filed with the filing officer within six months before the expiration of the initial five-year period and must be signed by both the secured party and the person subjecting the farm product to the security interest.

E. Each person who filed an effective financing statement with the filing officer shall request cancellation thereof within 10 calendar days after the date the person who has granted or who is affected by the security device requests in writing, cancellation of the security device, provided the effective financing statement and security interest thereunder are then no longer in effect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3651 et seq., R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§311. Registrations

A. Any person may register with the central registry to receive the master list or a portion thereof. Applications for registration shall consist of two types:

1. initial registrations; and
2. renewal registrations.

a. An initial registration application may be filed at any time of the year. Within five working days of receipt of a properly completed registration form and required fee, the secretary shall send the applicant written notice of acceptance and the most recent master list and cumulative addendum or portion thereof for which the applicant has indicated an interest. Applicants are not considered registered until they receive written notice of acceptance from the secretary.

b. A renewal registration application shall be filed by December 15 of each year. Failure to make application for renewal by December 15 shall result in termination of service by the central registry and loss of registrant status.

B. Registration application forms, as prescribed by the secretary, will be provided by the central registry upon request. The form must be completed in its entirety and submitted with the required fee.

C. The central registry will notify each registrant that a renewal application is due and provide the renewal application to the registrant by October 10 of each year.

D. Failure to register with the secretary subjects buyers, commission merchants, sellers, and others to a risk of additional liability to secured parties. Nonregistrants are encouraged to submit written requests for information to filing officers pursuant to §315.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3651 et seq., R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§313. Master List

A. The secretary shall compile all information transmitted by the filing officers to the central registry into a master list. The master list or portions thereof will be distributed to each registrant based on the farm products and parishes for which the registrant has indicated an interest.

B. The master list will be compiled on the first regular business day of each quarter, and distributed within five regular business days. Each master list shall contain all properly submitted filing information transmitted prior to close of business on the last regular business day of the previous quarter. Cumulative addenda shall be compiled on the first and fifteenth day of each month and distributed within three regular business days. The central registry will not distribute cumulative addenda on the first of each month in which there is a distribution of a master list.

C. The office shall allow interested parties to obtain direct access to the computerized information in the central registry. Method of access, terms, costs, and conditions will be stipulated by contract between the office and the interested party. The cost of direct access to the interested party will be limited to the actual cost to the central registry.

D. Registrants shall be deemed to have received any master list or cumulative addendum distributed by the central registry on the fifth day following the date of mailing to the intended recipient or the date of actual delivery, whichever occurs first. The central registry shall maintain accurate records so that such dates can be readily determined.

E. Registrants notifying the central registry of non-receipt will be provided a new list within five regular business days of receipt of the notice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3655, R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§315. Requests for Information from Non-registrants

A. Upon written request submitted to the filing officers, the filing officers shall furnish oral confirmation to any person of the existence of an EFS filed with a filing officer and transmitted to the central registry. The request shall contain:

1. the name, address, and telephone number (and fax number, if available) of the person making the request; and
2. the name, address, parish of residence, and Social Security number or employer identification number of the person who is the subject of the request.

B. Oral confirmation will be provided no later than the regular business day following the day on which the request is received, at or before the time of day when it was received by the filing officer.

C. If the requesting party cannot be reached at the stated telephone number on the next regular business day, the filing officer shall attempt to reach the party on the following regular business day. If at the end of that time the requesting party has not been reached, the filing officer shall be deemed to have fulfilled his obligation to provide oral confirmation.

D. All written requests and responses will be recorded and will be kept on file by each filing officer receiving such requests.

E. All oral confirmations will be followed by written confirmation in the form of an encumbrance certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3655, R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§317. Encumbrance Certificates

A. Encumbrance certificates may be requested from any filing officer. The request must be in writing. Each request shall be subject to the following provisions.

1. The request shall contain the name and address of the person making the request.
2. The request shall contain the complete name, address, and parish of residence of the person who is the subject to the request.
3. The request may contain the nickname, initials, or other appellation by which the person who is the subject of the request is sometimes or commonly known.
4. The request shall contain the Social Security number or employer identification number of the person who is the subject of the request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3654, R.S. 3:3655, R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§319. Farm Products List and Codes

A. Louisiana shall be deemed to be a state that has established a central registry as to all farm products produced in Louisiana. Notwithstanding the foregoing, only those farm products which have been assigned a collateral product code and approved by the secretary as falling within the definition of a *farm product* pursuant to the Food Security Act of 1985 and regulations issued thereunder shall be deemed acceptable for inclusion in the master list or portions thereof.

B. Persons desiring the most current listing of all approved farm products which have been assigned a corresponding collateral code should contact the secretary at (225) 922-1193.

C. In the event a secured party has taken a security interest in a farm product not specifically assigned a product code by the secretary, the following steps must be taken before the filing may be properly submitted to the filing officer for indexing and inclusion in the master list.

1. Contact the UCC Division/Central Registry at (225) 922-1193 to submit a request for a new farm product name and corresponding collateral product code to be assigned.

2. Generic categories of farm products, such as fish or greens are impermissible under the Food Security Act of 1985. Requests for approval of categories deemed generic will be disallowed by the secretary and shall not be accepted for inclusion in the master list.

3. Farm products deemed acceptable by the secretary shall be added to the list of published farm products and assigned a corresponding collateral code.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3655, R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§321. Schedules of Fees for Filing and Encumbrance Certificates

A. In accordance with R.S. 3:3657, the fees shall be assessed by the filing officers for filing, recording and canceling effective financing statements for Forms UCC-1F and UCC-3F.

B. Registration (initial and renewal) for the master list of farm product encumbrances shall be assessed each calendar year at a flat rate of $250. All transmissions shall be done electronically.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3655, R.S. 3:3657, R.S. 10:9-526, R.S. 36:742, R.S. 49:222(A), and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

§323. Filing Officers

A. The names and addresses of the 64 filing officers for the state of Louisiana can be obtained from the Department of State, Commercial Division, Office of Uniform Commercial Code/Central Registry at (225) 922-1193.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3655, R.S. 10:9-526, R.S. 36:742, and Public Law 99-198 (Food Security Act of 1985).

HISTORICAL NOTE: Promulgated by the Department of State, Commercial Division, Office of Uniform Commercial Code, LR 39:

Family Impact Statement

The proposed Rule, LAC 10:XIX.Chapters 1-3, regarding the Uniform Commercial Code should not have any known or foreseeable impact on any family as defined by R.S. 49:927 or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children; and
6. the ability of the family or a local government to perform the function as contained in the proposed amendments to the Rule.

Poverty Impact Statement

The proposed Rule LAC 10:XIX regarding the Uniform Commercial Code should not have any known or foreseeable impact on poverty as defined by R.S. 49:973. Specifically, there should be no known or foreseeable effect on:

1. the household income, assets and financial security;
2. early childhood development and preschool through postsecondary education development;
3. employment and workforce development;
4. taxes and tax credits; and
5. child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Statement

The impact of the proposed Rule on small business has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small business as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on Small Business.

Public Comments

Interested persons may submit written comments to Carla Bonaventure, Commercial Division Administrator, Commercial Division, Department of State, P.O. Box 94125, Baton Rouge, LA 70804-9125. She will be responsible for responding to inquiries regarding the proposed Rule. The deadline for the Department of State to receive written comments is 4:30 p.m. on Friday, August 30, 2013 after the public hearing.

Public Hearing

A public hearing on the proposed Rule is scheduled for Thursday, August 29, 2013 at 10 a.m. in the auditorium at State Archives Building, 3851 Essen Lane, Baton Rouge,

LA. At that time, all interested persons will be afforded the opportunity to submit data, views, or arguments either orally or in writing.

Tom Schedler
Secretary of State

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Uniform Commercial Code

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no estimated implementation costs or savings to the state or local governmental units as a result of the proposed rules. The proposed rules change the annual registration fee to receive copies of the master list of farm encumbrances and codify the agency's existing practices regarding the administration of the state's Uniform Commercial Code. Although the entire Uniform Commercial Code (Chapter 9 of Title 10) was amended in 2001 (Act 128 of 2001 Regular Legislative Session), the agency implemented the changes included in the act without updating its rules regarding the administration of the state's Uniform Commercial Code. The rules included in this proposal reconcile the agency's existing practice with its written rules.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of the proposed rule change is anticipated to result in a $36,000 increase in revenue for the state. There will be no revenue increase for local governmental units. The state is currently collecting $5,500 annually from some recipients that pay an annual registration fee to receive printed copies of the master list of farm product encumbrances. The current registration fee varies from $50 - $2,000 annually and is based on the category of farm product, price per farm product, and price for each parish included in the requested list of encumbrances. Over the years, the Secretary of State began transmitting the master lists electronically through emails at no cost to recipients who request an electronic transmission. Under the proposed rule change, printed copies of the master list of encumbrances would cease and the annual registration fee to receive electronic copies of the master list of farm encumbrances would be a flat fee of $250 annually.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Implementation of the proposed rule change will result in an increase in the cost of the annual registration fee to receive copies of the master list of farm product encumbrances for some recipients and a decrease in the cost for some recipients. The state is currently collecting $5,500 annually from some recipients that pay an annual registration fee to receive printed copies of the master list of farm product encumbrances. The current registration fee varies from $50 - $2,000 annually and is based on the category of farm product, price per farm product, and price for each parish included in the requested list of encumbrances. Over the years, the Secretary of State began transmitting the master lists electronically through emails at no cost to recipients who request an electronic transmission. Under the proposed rule, printed copies of the master list of encumbrances would cease and the annual registration fee to receive electronic copies of the master list of farm encumbrances would be a flat fee of $250 annually.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of the proposed rules.

R. Kyle Ardoin
First Assistant
1307#092

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of State
Elections Division

Voter Registration at Mandatory Voter Registration Agencies (LAC 31:II.Chapter 4)

Pursuant to the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and under the authority of R.S. 18:116, R.S. 36:742, and 42 U.S.C. §1973gg et seq., the secretary of state proposes to adopt LAC 31:II.Chapter 4 in an effort to comply with the permanent injunction entered on January 23, 2013, by the United States District Court, Eastern District of Louisiana, in the matter of "Scott, et al. v. Schedler, et al." (Docket No. 11-926), directing the secretary of state to implement "policies and procedures" as to each program for which the secretary of state has not achieved substantial compliance with the provisions of the National Voter Registration Act, 42 U.S.C. §1973gg et seq., as construed by the district court in the referenced proceeding. The district court's ruling is under review by the United States Court of Appeals for the Fifth Circuit, and if reversed may necessitate subsequent repeal or amendment of these rules.

The text of this proposed Rule may be viewed in the Emergency Rule section of this edition of the *Louisiana Register*.

Family Impact Statement

The proposed Rule, LAC 31:II.Chapter 4, regarding the Voter Registration at Mandatory Voter Registration Agencies should not have any known or foreseeable impact on any family as defined by R.S. 49:927 or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children; and
6. the ability of the family or a local government to perform the function as contained in the proposed amendments to the Rule.

Poverty Impact Statement

The proposed Rule, LAC 31:II.Chapter 4, regarding the Voter Registration at Mandatory Voter Registration Agencies should not have any known or foreseeable impact on poverty as defined by R.S. 49:973. Specifically, there should be no known or foreseeable effect on:

1. the household income, assets and financial security;

2. early childhood development and preschool through postsecondary education development;

3. employment and workforce development;

4. taxes and tax credits; and

5. child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Public Comments

Interested persons may submit written comments to Lani Durio, Attorney, Legal Division, Department of State, P.O. Box 94125, Baton Rouge, LA 70804-9125. She will be responsible for responding to inquiries regarding the proposed Rule. The deadline for the Department of State to receive written comments is 4:30 p.m. on August 30, 2013 after the public hearing.

Public Hearing

A public hearing on the proposed Rule is scheduled for Thursday, August 29, 2013, at 1 p.m. in the auditorium at State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time, all interested persons will be afforded the opportunity to submit data, views, or arguments either orally or in writing.

Tom Schedler
Secretary of State

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Voter Registration at Mandatory Voter Registration Agencies

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no implementation costs or savings to the state or local governmental units as a result of the proposed rule. The Secretary of State is proposing to adopt a voter registration rule to insure compliance with a permanent injunction that was entered by the United States District Court, Eastern District of Louisiana on January 23, 2013 in the matter of "Scott, et al. v. Schedler, et al." (Docket No. 11-926). The proposed rule establishes voter registration procedures for all state agencies that provide public assistance to Louisiana citizens or provide state-funded programs primarily engaged in providing services to persons with disabilities. Specifically, the proposed rule required state agencies to: 1) appoint a National Voter Registration Act (NVRA) Site Coordinator; 2) appoint a NVRA Department Coordinator; 3) meet with Secretary of State on a quarterly basis and submit statistical reports to the Secretary of State including the total number of completed voter registration forms; and 4) NVRA Department Coordinators provide training for all new employees. In addition to the specific requirements of state agencies pursuant to the proposed administrative rule, the Secretary of State will be required to provide annual training to NVRA Department Coordinators and NVRA Site Coordinators. Based upon the Secretary of State's current interpretation of the requirements of the injunction and this proposed administrative rule, all impacted state agencies (Departments of Health and Hospitals, the Department of Children and Family Services, the Louisiana Workforce Commission, and public universities, community colleges and technical colleges) should have no additional expenditures. Existing staff will be utilized for the NVRA coordinators and a non-electronic system will be utilized for all reporting requirements. However, to the extent this interpretation was to change in the future, this proposed rule may result in cost increases if this information is mandated to be kept electronically as opposed to paper.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no estimated effect on revenue collections of state or local governmental units as a result of this rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There is no estimated cost and/or economic benefit to directly affected persons or non-governmental groups as a result of this rule.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of this rule.

R. Kyle Ardoin
First Assistant
1307#079

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Transportation and Development
Professional Engineering and Land Surveying Board

Military-Trained Individuals and Military Spouses
(LAC 46:LXI.903, 905, 909, and 911)

Under the authority of the Louisiana professional engineering and land surveying licensure law, R.S. 37:681 et seq., and in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Louisiana Professional Engineering and Land Surveying Board has initiated procedures to amend its rules contained in LAC 46:LXI.903, 905, and 909 and to enact LAC 46:LXI.911.

This is a technical revision of existing rules under which LAPELS operates. These changes incorporate the new alternatives for licensure of military-trained individuals and military spouses.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXI. Professional Engineers and Land Surveyors
Chapter 9. Requirements for Certification and Licensure of Individuals and Temporary Permit to Practice Engineering or Land Surveying

§903. Professional Engineer Licensure

A. - A.6. …

B. The requirements for licensure as a professional engineer under the alternatives provided in R.S. 37:3651(A), (B) and (C) are as follows:

1. the applicant for licensure as a professional engineer shall be a military-trained individual who has completed a military program of training in engineering at a level that is substantially equivalent to or exceeds the requirements for licensure under R.S. 37:693(B)(2) and Subsection A herein, who has been awarded a military occupational specialty in engineering, who has performed in that military occupational specialty at a level that is substantially equivalent to or exceeds the requirements for licensure under R.S. 37:693(B)(2) and Subsection A herein, who has engaged in the active practice of engineering, who has not been disciplined in any jurisdiction for an act that

would have constituted grounds for refusal, suspension, or revocation of a license to practice engineering in Louisiana at the time the act was committed, who has submitted an application for licensure in accordance with the requirements of R.S. 37:694, and who was duly licensed as a professional engineer by the board; or

2. the applicant for licensure as a professional engineer shall be a military-trained individual who holds a current, valid license to engage in the practice of engineering issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of Columbia, based on requirements that are substantially equivalent to or exceed the requirements for licensure under R.S. 37:693(B)(2) and Subsection A herein, who has submitted an application for licensure in accordance with the requirements of R.S. 37:694, and who was duly licensed as a professional engineer by the board; or

3. the applicant for licensure as a professional engineer shall be a military spouse who holds a current, valid license to engage in the practice of engineering issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of Columbia, based on requirements that are substantially equivalent to or exceed the requirements for licensure under R.S. 37:693(B)(2) and Subsection A herein, who can demonstrate competency in the practice of engineering through an oral interview by the board, who has not been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice engineering in Louisiana at the time the act was committed, who is in good standing with and has not been disciplined by the agency that issued the license in the other jurisdiction, who has submitted an application for licensure in accordance with the requirements of R.S. 37:694, and who was duly licensed as a professional engineer by the board.

C. The provisions of Paragraphs 1 and 2 of Subsection B shall not apply to any individual who received a dishonorable discharge from the military. The provisions of Paragraph 3 of Subsection B shall not apply to a military spouse whose spouse received a dishonorable discharge from the military.

D. In Subsections B and C, the term *military* shall mean the United States military.

E. The authority for the executive director to issue a license can only be granted by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:688 and 37:3651.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 2:352 (November 1976), amended LR 5:114 (May 1979), LR 5:365 (November 1979), LR 6:735 (December 1980), LR 7:644 (December 1981), LR 10:804 (October 1984), LR 11:362 (April 1985), LR 19:56 (January 1993), amended by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 27:1028 (July 2001), LR 30:1712 (August 2004), LR 32:1619 (September 2006), LR 37:2412 (August 2011), LR 38:2564 (October 2012), LR 39:1060 (April 2013), LR 39:

§905. Temporary Permit to Practice Engineering

A. …

B. A military-trained individual or military spouse may be granted a written temporary permit to practice professional engineering for the period from the time the individual has applied to the board for licensure pursuant to §903.B until either the license has been granted or notice of denial of licensure has been issued, provided such individual holds a current, valid license to engage in the practice of engineering issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of Columbia, based on requirements that are substantially equivalent to or exceed the requirements for licensure under R.S. 37:693(B)(2) and §903.A, and provided further that before beginning such temporary practice in this state, the individual shall have applied to the board, paid the prescribed fee, and received a temporary permit, and upon the conclusion of such work, he/she shall advise the board as to the period of time that he/she has practiced in the state under such temporary permit.

C. The provisions of Subsection B shall not apply to any individual who received a dishonorable discharge from the military or to a military spouse whose spouse received a dishonorable discharge from the military.

D. In Subsections B and C, the term *military* shall mean the United States military.

E. The authority for the executive director to issue a temporary permit can only be granted by the board.

F. The fee for a temporary permit shall be equal to the fee paid by an applicant applying for licensure as a professional engineer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:688 and 37:3651.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 8:192 (April 1982), amended LR 16:773 (September 1990), LR 19:56 (January 1993), LR 22:286 (April 1996), amended by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 27:1028 (July 2001), LR 30:1712 (August 2004), LR 37:2412 (August 2011), LR 39:

§909. Professional Land Surveyor Licensure

A. - A.2. …

B. The requirements for licensure as a professional land surveyor under the alternatives provided in R.S. 37:3651(A), (B) and (C) are as follows:

1. the applicant for licensure as a professional land surveyor shall be a military-trained individual who has completed a military program of training in land surveying at a level that is substantially equivalent to or exceeds the requirements for licensure under R.S. 37:693(B)(4) and Subsection A herein, who has been awarded a military occupational specialty in land surveying, who has performed in that military occupational specialty at a level that is substantially equivalent to or exceeds the requirements for licensure under R.S. 37:693(B)(4) and Subsection A herein, who has engaged in the active practice of land surveying, who has not been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice land surveying in Louisiana at the time the act was committed, who has submitted an application for licensure in accordance with the requirements of R.S. 37:694, and who was duly licensed as a professional land surveyor by the board; or

2. the applicant for licensure as a professional land surveyor shall be a military-trained individual who holds a current, valid license to engage in the practice of land surveying issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of

Columbia, based on requirements that are substantially equivalent to or exceed the requirements for licensure under R.S. 37:693(B)(4) and Subsection A herein, who has submitted an application for licensure in accordance with the requirements of R.S. 37:694, and who was duly licensed as a professional land surveyor by the board; or

3. the applicant for licensure as a professional land surveyor shall be a military spouse who holds a current, valid license to engage in the practice of land surveying issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of Columbia, based on requirements that are substantially equivalent to or exceed the requirements for licensure under R.S. 37:693(B)(4) and Subsection A herein, who can demonstrate competency in the practice of land surveying through an oral interview by the board, who has not been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice land surveying in Louisiana at the time the act was committed, who is in good standing with and has not been disciplined by the agency that issued the license in the other jurisdiction, who has submitted an application for licensure in accordance with the requirements of R.S. 37:694, and who was duly licensed as a professional land surveyor by the board.

C. The provisions of paragraphs 1 and 2 of Subsection B shall not apply to any individual who received a dishonorable discharge from the military. The provisions of Paragraph 3 of Subsection B of this Section shall not apply to a military spouse whose spouse received a dishonorable discharge from the military.

D. In Subsections B and C, the term *military* shall mean the United States military.

E. The authority for the executive director to issue a license can only be granted by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:688 and 37:3651.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 2:244 (August 1976), amended LR 2:352 (November 1976), LR 5:114 (May 1979), LR 6:735 (December 1980), LR 7:645 (December 1981), LR 11:362 (April 1985), LR 16:773 (September 1990), LR 19:56 (January 1993), amended by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 27:1029 (July 2001), LR 30:1713 (August 2004), LR 32:1619 (September 2006), LR 35:1909 (September 2009), LR 37:2413 (August 2011), LR 38:2564 (October 2012), LR 39:

§911. Temporary Permit to Practice Land Surveying

A. A military-trained individual or military spouse may be granted a written temporary permit to practice professional land surveying for the period from the time the individual has applied to the board for licensure pursuant to §909.B until either the license has been granted or notice of denial of licensure has been issued, provided such individual holds a current, valid license to engage in the practice of land surveying issued to him/her by proper authority of a state, territory, or possession of the United States, or the District of Columbia, based on requirements that are substantially equivalent to or exceed the requirements for licensure under R.S. 37:693(B)(4) and §909.A, and provided further that before beginning such temporary practice in this state, the individual shall have applied to the board, paid the prescribed fee, and received a temporary permit, and upon the conclusion of such work, he/she shall advise the board as to the period of time that he/she has practiced in the state under such temporary permit.

B. The provisions of Subsection A shall not apply to any individual who received a dishonorable discharge from the military or to a military spouse whose spouse received a dishonorable discharge from the military.

C. In Subsections B and C, the term:

Military—the United States military.

D. The authority for the executive director to issue a temporary permit can only be granted by the board.

E. The fee for a temporary permit shall be equal to the fee paid by an applicant applying for licensure as a professional land surveyor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3651.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 39:

Family Impact Statement

In accordance with R.S. 49:953(A)(1)(a)(viii) and 972, the following Family Impact Statement is submitted with the Notice of Intent for publication in the *Louisiana Register*: The proposed Rule has no known impact on family formation, stability or autonomy.

Poverty Statement

In accordance with R.S. 49:953(A)(1)(a)(ix) and 973, the following Poverty Statement is submitted with the Notice of Intent for publication in the *Louisiana Register*: The proposed Rule has no known impact on child, individual or family poverty in relation to individual or community asset development.

Public Comments

Interested parties are invited to submit written comments on the proposed Rule through August 12, 2013 at 4:30 p.m., to Donna D. Sentell, Executive Director, Louisiana Professional Engineering and Land Surveying Board, 9643 Brookline Avenue, Suite 121, Baton Rouge, LA 70809-1433.

Donna D. Sentell
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Military-Trained Individuals and Military Spouses

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be no costs or savings to state or local governmental units resulting from this proposed rule change. The proposed rule makes changes mandated by the enactment of La. R.S. 37:3651. These changes consist of new alternatives for licensure of military-trained individuals and military spouses.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units as a result of this proposed change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change may provide increased income, prestige, credentials, marketability, etc. for those individuals

who may now be able to apply for licensure as a professional engineer or professional land surveyor.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change may provide increased employment opportunities, ability to compete, income, prestige, credentials, marketability, etc. to those individuals who may now be able to become licensed as professional engineers or professional land surveyors.

Donna D. Sentell
Executive Director
1307#027

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Resident Game Hunting Season—General and WMA Turkey Hunting Regulations (LAC 76:XIX.113)

The Wildlife and Fisheries Commission does hereby give notice of its intent to amend the turkey rules and regulations for the 2014 season.

Title 76
WILDLIFE AND FISHERIES
Part XIX. Hunting and WMA Regulations
Chapter 1. Resident Game Hunting Season
§113. General and WMA Turkey Hunting Regulations

A. General Regulations. Only gobblers (male turkeys) may be taken. Taking of hen (female) turkeys, including bearded hens, is prohibited; still hunting only. Use of dogs, electronic calling devices and live decoys is illegal. Turkeys may be hunted with shotguns, including muzzleloading shotguns, using shot not larger than #2 lead or BB steel shot, and approved archery equipment but by no other means. Shooting turkeys from a moving or stationary vehicle is prohibited. Shotguns capable of holding more than three shells prohibited. The running of coyote with dogs is prohibited in all turkey hunting areas during the open turkey season. No person shall hunt, trap or take turkeys by the aid of baiting or on or over any baited area. Baiting means placing, exposing, depositing or scattering of corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed so as to constitute a lure, attraction or enticement to, on or over any areas where hunters are attempting to take turkeys. A baited area is any area where corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed capable of luring, attracting or enticing turkeys is directly or indirectly placed, exposed, deposited, distributed or scattered. Such areas remain baited areas for 15 days following complete removal of all such corn, wheat or other grain, salt, or other feed. Wildlife agents are authorized to close such baited areas and to place signs in the immediate vicinity designating closed zones and dates of closures. No person hunting turkeys more than 200 yards from a baited area will be in violation of the turkey baiting regulation.

B. Tags

1. Prior to hunting turkeys, all turkey hunters, regardless of age or license status, must obtain turkey tags and have them in their possession while turkey hunting. Immediately upon killing a turkey, hunters must attach a carcass tag to the turkey before it is moved from the site of the kill and must document the kill on the turkey harvest report card. The date of kill and parish of kill must be recorded on the carcass tag. The tag must remain attached to the turkey while kept at camp or while it is transported to the domicile of the hunter or to a cold storage facility. Hunters who keep the carcass or meat at a camp must also comply with game possession tag regulations. Within seven days of the kill, the hunter must report the kill. Hunters may report turkeys by calling the validation phone number or using the validation website.

2. Turkey hunters purchasing licenses by phone or internet will be given an authorization number and a LDWF identification number that will serve as their license and tags until the physical license and tags arrive by mail. Turkey hunters who have purchased a license with tags, but have not yet received their physical license and tags, must immediately tag their kill with a possession tag before moving it from the site of the kill. The authorization number and LDWF identification number must be recorded on the possession tag. Hunters must retain documentation of any turkeys killed and upon receiving their physical tags and harvest report card, validate their kill as required in these regulations. The tags for turkeys killed prior to receiving the physical tags must be removed from the turkey harvest report card and discarded.

3. Tags removed from the turkey harvest report card prior to killing a turkey are no longer valid and if lost will not be replaced. Duplicate tags and turkey harvest report cards are available to replace lost report cards and attached tags. Hunters will be charged a fee for duplicate turkey harvest report cards and tags. Hunters that have killed a turkey prior to losing their remaining tag and harvest report card must remove and discard the duplicate tag to account for the original tag that was used and validated. Hunters must record any previously validated turkey on the duplicate turkey harvest report card.

C. Possession of Live Wild Turkeys. No person shall take live wild turkeys or their eggs from the wild. No person shall possess captive live wild turkeys, (Meleagris gallopavo silvestris, M.g. osceola, M.g. intermedia, M.g. merriami, M.g. mexicana) or their eggs, regardless of origin, without a valid game breeder license. No pen-raised turkeys from within or without the state shall be liberated (released) within the state.

D. Statewide Youth and Physically Challenged Season Regulations. Only youths 17 years of age or younger or hunters possessing a physically challenged hunter permit with wheelchair classification may hunt. Youth must possess a hunter safety certification or proof of successful completion of a hunter safety course. Youths must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for youth younger than 16 years of age. Adults accompanying youth may not possess a firearm or bow. Youths may possess only one firearm or bow while hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths 16-17 years old and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Only one gobbler per day may

be taken and any gobbler taken by the hunter during this special season counts towards their season bag limit of two.

E. Shooting hours—one-half hour before sunrise to one-half hour after sunset.

F. Turkey Hunting Area Descriptions

1. Area A

a. All of the following parishes are open:

i. Beauregard;

ii. Bienville;

iii. Claiborne;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates).

iv. East Baton Rouge;

v. East Feliciana;

vi. Grant;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates);

vii. Jackson;

viii. LaSalle;

ix. Lincoln;

x. Livingston;

xi. Natchitoches;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xii. Pointe Coupee;

Exception: see Sherburne WMA for special season dates on all state, federal, and private lands within Sherburne boundaries.

xiii. Rapides;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xiv. Sabine;

v. St. Helena;

xvi. Tangipahoa;

xvii. Union;

xviii. Vernon;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xvix. West Baton Rouge;

xx. West Feliciana (including Raccourci Island);

xxi. Winn;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

b. Portions of the following parishes are also open:

i. Allen—north of LA 104, west of LA 26 south of junction of LA 104 to US 190, north of US 190 east of Kinder, west of US 165 south of Kinder;

ii. Avoyelles—that portion bounded on the east by the Atchafalaya River, on the north by Red River to the Brouillette Community, on the west by LA 452 from Brouillette to LA 1, on the south by LA 1, eastward to Hamburg, thence by the west Atchafalaya Basin protection levee southward;

iii. Calcasieu—north of I-10;

iv. Caldwell—west of Ouachita River southward to Catahoula Parish line;

v. Catahoula—south and west of the Ouachita River from the Caldwell Parish line southward to LA 8 at Harrisonburg, north and west of LA 8 from Harrisonburg to the LaSalle Parish line, also that portion lying east of LA 15;

vi. Evangeline—north and west of LA 115, north of LA 106 west of LA 115 to US 167, west of US 167 south to LA 10, north of LA 10 west of US 167 to LA 13, west of LA 13 south of LA 10 to Mamou and north of LA 104 west of Mamou;

vii. Franklin—that portion lying east of LA 17 and east of LA 15 from its juncture with LA 17 at Winnsboro;

viii. Iberville—west of the Mississippi River;

Exception: see Sherburne WMA for special season dates on all state, federal and private lands within Sherburne boundaries.

ix. Jefferson Davis—north of US 190 from junction with LA 26 to Kinder, west of US 165 and north of I-10 west from junction of US 165;

x. Madison—that portion lying east of US 65 from East Carroll Parish line to US 80 and south of US 80. Also, all lands east of the main channel of the Mississippi River;

xi. Morehouse—west of US 165 from the Arkansas line to the junction of LA 140 at Bonita, north and west of LA 140 to junction of LA 830-4 (Cooper Lake Road), west of LA 830-4 to US 165 at Bastrop, south of US 165 to junction of LA 3051 (Grabault Road) south of LA 3051 to junction of LA 138, west of LA 138 to junction of LA 134, north of LA 134 to the Ouachita Parish line;

xii. Ouachita—all west of the Ouachita River. That portion east of the Ouachita River lying north of US 80 to LA 139, west of LA 139 to LA 134, north of LA 134 to the Morehouse parish line, south of the Morehouse parish line, and east of the Ouachita River;

xiii. Richland—that portion south of US 80 and east of LA 17;

xiv. St. Landry—that portion bounded on the west by the west Atchafalaya Basin Protection Levee and on the east by the Atchafalaya River;

Exception: the Indian Bayou area; see federal lands hunting schedule for Indian Bayou area dates.

xv. Upper St. Martin—all within the Atchafalaya Basin;

Exceptions: Sherburne WMA and Indian Bayou area, see WMA Turkey Hunting Schedule for special season dates on all state, federal and private lands within Sherburne WMA boundaries and see federal lands hunting schedule for Indian Bayou dates.

xvi. Tensas—that portion west of US 65 from the Concordia Parish line to its juncture with LA 128, north of LA 128 to St. Joseph; west and north of LA 605, 604 and 3078 northward to Port Gibson Ferry; also all lands east of the main channel of the Mississippi River;

2. Area B

a. All of the following parishes are open:

i. Ascension;

ii. DeSoto;

iii. Red River;

iv. St. Tammany;

v. Washington.

b. Portions of the following parishes are open:

i. Bossier—all open except that portion bounded on the north by I-20, on the west by LA 164, on the south by LA 164, and on the east by the Webster Parish line;

ii. Caddo—all except that portion north of I-20 from the Texas state line to I-220. west of I-220 to LA 1. west of LA 1 to Caddo Lake, south of Caddo Lake to the Texas state line;

ii. East Carroll—east of US 65 from Arkansas state line to Madison Parish line;

iii. Iberville—all east of the Mississippi River;

iv. Webster—all open except that portion bounded on the north by I-20, on the east by U.S. 371, on the south by LA 164, and on the west by the Bossier Parish line.

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

3. Area C

a. All of the following parishes are open:

i. Concordia.

b. Portions of the following parishes are open:

i. Caldwell—all east of the Ouachita River;

ii. Catahoula—all of the parish except for that portion located in area A;

iii. Franklin—west of LA 17 from the Richland Parish line southward to Winnsboro, west of LA 15 southward to the Catahoula Parish line;

iv. Iberia—east of the west Atchafalaya Basin protection levee;

v. Richland—west of LA 17 from Franklin Parish line to Ringle Road, south of Ringle Road to Ferguson Road, south of Ferguson Road to Little Road, south of Little Road to Big Creek, east of Big Creek to Franklin Parish line;

vi. Tensas—east and south of US 65 from Concordia Parish line to LA 128, south of LA 128 to St. Joseph, east and south of LA 605, 604 and 3078 northward to Port Gibson Ferry.

4. Turkey season dates on wildlife management areas, national wildlife refuges, Kisatchie National Forest and U.S. Army Corps of Engineers land located within areas A, B, and C may vary from the season set for the parish in which they are located. Seasons for these lands are specified in LAC 76:XIX.115.

G. WMA Turkey Hunting Regulations

1. WMAs with youth turkey hunts are closed to all activities except turkey hunting by authorized youth hunt participants, shooting range use, and fishing on the day(s) of the youth hunt.

2. Self-Clearing Permits—all turkey hunts, including lottery hunts, are self-clearing. Hunters must check in daily by obtaining a permit from a self-clearing station prior to hunting. The self-clearing permit must be in the hunter's possession while hunting. Upon completion of each days hunt, the hunter must check out by completing and depositing the hunter report portion of the permit in the check-out box at a self-clearing station before exiting the WMA.

3. Lottery Hunts—all or portions of some WMA seasons are designated as lottery hunts and are restricted to hunters selected by pre-application lottery. To apply for these lottery hunts, a hunter must submit a completed official application form to the Baton Rouge office by the deadline printed on the application. A non-refundable fee of $5 must be sent with each application. Applicants for WMA youth hunts must be 17 years of age or younger and at least 8 years old on the day of the hunt. Applicants may submit only one application and may be selected for only one spring WMA Turkey Lottery Hunt annually, except, youths may also apply for the regular WMA turkey lottery. Submitting more than one application per lottery type will result in disqualification. Hunters must abide by self-clearing permit requirements. Hunters chosen for WMA lottery hunts may be accompanied by one person. The person accompanying a lottery hunter shall not possess a firearm/bow or take a turkey, and must remain within a distance that allows normal voice contact with the lottery hunter at all times. Youths chosen for special youth only hunts may be assigned a guide on the day of the hunt provided that guides are available. One person may accompany the youth and guide, but may not hunt.

4. WMA Physically Challenged Hunt (wheelchair confined)—open only to hunters with a physically challenged hunter permit with wheelchair classification. During this hunt, ATVs may be used by hunters on all designated ATV trails in accordance with the physically challenged hunter permit. Hunters must abide by self-clearing permit requirements.

5. Rules Specific to Certain WMAs

a. Sandy Hollow. No turkey hunting within 100 yards of food plots identified by two yellow paint rings around the nearest tree.

b. Sherburne. All turkeys taken must be checked at the WMA headquarters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2263 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2375 (November 2002), LR 29:2512 (November 2003), LR 30:2874 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2469 (November 2007), LR 35:91 (January 2009), LR 35:2478 (November 2009), LR 36:2581 (November 2010), LR 37:3535 (December 2011), LR 38:2941 (November 2012), LR 39:

Family Impact Statement

In accordance with Act #1183 of 1999 Regular Session of the Louisiana Legislature, the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission hereby issues its Family Impact Statement in connection with the preceding Notice of Intent. This Notice of Intent will have no impact on the six criteria set out at R.S. 49:972(B).

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments on the proposed Rule to Mr. Kenneth Ribbeck, Wildlife Division, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA, 70898-9000, no later than 4:30 p.m., September 5, 2013.

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and the final Rule, including, but not limited to, the filing of the fiscal and economic impact statement, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Ronald Graham
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Resident Game Hunting Season General and WMA Turkey Hunting Regulations

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Establishment of turkey hunting regulations is an annual process that is carried out using existing staff and funding levels. No increase or decrease in costs to state or local

governmental units associated with implementing the proposed rule change is anticipated.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is anticipated to have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change closes a small portion of Caddo parish to facilitate the successful restocking of wild turkeys to the area, makes minor adjustments to Wildlife Management Area seasons and adds additional youth turkey hunting opportunities on the Kisatchie National Forest for the 2014 season. No additional costs or paperwork will be incurred and no impact on receipts and income to directly affected persons or non-governmental groups are anticipated. Turkey hunters will benefit from having additional youth opportunities and if restocking efforts are successful, will see more hunting opportunity in the future.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is anticipated to have no effect on competition and employment in the public and private sectors.

Lois Azzarello
Undersecretary
1307#038

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Resident Game Hunting Season—Turkey Hunting Areas, Seasons, and Bag Limits (LAC 76:XIX.115)

The Wildlife and Fisheries Commission does hereby give notice of its intent to amend the turkey dates and limits for the 2014 season.

Title 76
WILDLIFE AND FISHERIES
Part XIX. Hunting and WMA Regulations
Chapter 1. Resident Game Hunting Season
§115. Turkey Hunting Areas, Seasons, and Bag Limits

A. Daily limit is one gobbler. Season limit is two gobblers. Turkeys taken on WMAs are part of the season bag limit. Only one turkey may be taken during spring WMA lottery hunts.

B. Turkey season will open on the fourth Saturday in March. The Area A turkey season will be 30 consecutive days in length, the Area B turkey season will be 23 consecutive days in length, and the Area C turkey season will be 16 consecutive days in length. Wildlife Management Areas, National Forests, National Wildlife Refuges, and U.S. Army Corps of Engineers land may vary from this framework. Deviation from this framework may occur in those years when the fourth Saturday in March falls the day before Easter.

C. Statewide youth turkey and physically challenged season on private lands shall be the weekend prior to the start of the regular turkey season.

D. Only those wildlife management areas listed herein are open to turkey hunting. All other wildlife management areas are closed.

E. 2014 Turkey Hunting Schedule

Area	Season Dates
A	March 22 - April 20
B	March 22 - April 13
C	March 22 - April 6
Private Lands Youth and Physically Challenged Hunter (Wheelchair Confined) Hunt	March 15-16

F. Wildlife Management Area Turkey Hunting Schedule

WMA	Non-Lottery Hunt Dates	Lottery Hunt Dates
Attakapas	March 22 – March 30	None
Bayou Macon	None	April 12 - 13
Big Lake	March 22 - April 6	None
Bodcau	March 22 - April 6	None
Boeuf	March 22 – March 30	None
Clear Creek	March 31 – April 21	March 22 - 23 March 29 – 30
Camp Beauregard	March 22 – March 30	None
Dewey Wills	None	March 22 - 23 March 29 - 30
Fort Polk-Vernon	March 22 – April 20	None
Grassy Lake	March 22 – March 30	None
Hutchinson Creek	March 22 – April 20	None
Jackson-Bienville	March 22 – April 6	None
Lake Ramsey	March 22 – April 6	None
Little River	March 22 – April 6	None
Loggy Bayou	None	April 11 - 13
Peason Ridge	March 22 – April 20	None
Pomme de Terre	April 16 – April 20	None
Richard K. Yancey	March 22 – April 6	None
Sabine	None	March 28 - 30 April 11 - 13
Sandy Hollow	March 22 – April 6	None
Sherburne	March 24 - 26	March 22 - 23
Sicily Island	None	March 22 - 24 March 25 - 27 March 28 – 30 March 31 – April 2 April 3 - 6
Tangipahoa Parish School Board	March 22 – April 20	None
Tunica Hills South Tract	April 7 - 13	March 22 - 23 March 29 – March 30 April 5 - 6
Tunica Hills North Tract	April 7 - 13	March 22 - 23 March 29 – March 30 April 5 - 6
Union	March 31 – April 6	March 29 - 30
Walnut Hills	March 22 – April 20	None
West Bay	None	March 22 - 23 March 29 – March 30 April 5 - 6

G. Wildlife Management Area Lottery Youth Hunts

WMA/Ranger District	Lottery Youth Hunt Date
Big Lake	March 15
Bodcau	March 15 - 16
Clear Creek	March 15
Fort Polk-Vernon/Peason Ridge	March 15
Grassy Lake	March 15
Jackson-Bienville	March 15 - 16
Loggy Bayou	April 5 - 6
Pearl River	April 5
Pomme de Terre	April 5
Sherburne	March 15
Sicily Island	March 15
Spring Bayou	April 5
Tunica Hills	March 15
Union	March 15 - 16
West Bay	March 15

H. Non-Lottery WMA Youth Hunts

1. Bodcau WMA will be open April 12-13 (only youths may hunt).

2. Jackson-Bienville WMA will be open April 12-13 (only youths may hunt).

I. Wildlife Management Area Physically Challenged (Wheelchair Confined) Hunt

1. Jackson-Bienville WMA will be open April 14-20 to holders of valid physically challenged hunter (wheelchair classification) permits.

J. Federal Lands Turkey Hunting Schedule

1. Kisatchie National Forest (KNF) turkey hunting schedule: (youth only) March 15-16 on Caney, Calcasieu (except Vernon Unit lands within Ft. Polk-Vernon WMA) and Kisatchie Ranger Districts, (youth only) March 15 on Catahoula and Winn Ranger Districts. Caney Ranger District, March 22-April 6; all remaining KNF lands, March 22-April 13 (including Catahoula and Red Dirt National Wildlife Management Preserves).

2. U.S. Army Corps of Engineers turkey hunting schedule: Indian Bayou Area, March 15-16 youth and physically challenged lottery only hunt, and lottery hunt only on March 22-23 and March 29-March 30. Old River Control and Lock Areas, March 22-April 6.

3. National Wildlife Refuges: Bogue Chitto NWR, March 22-April 13, March 15-16 (youth only); Lake Ophelia NWR, March 15 (youth lottery only), March 22-April 6 hunt ends at 12 p.m. each day; Tensas NWR, March 15-16 (youth only), March 22-April 6; Upper Ouachita NWR, March 15 (youth lottery only).

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2264 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2376 (November 2002), LR 29:2513 (November 2003), LR 30:2875 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2470 (November 2007), LR 35:90 (January 2009), LR 35:2481 (November 2009), LR 36:2583 (November 2010), LR 37:3541 (December 2011), LR 38:2944 (November 2012), LR 39:

Family Impact Statement

In accordance with Act #1183 of 1999 Regular Session of the Louisiana Legislature, the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission hereby issues its Family Impact Statement in connection with the preceding Notice of Intent: This Notice of Intent will have no impact on the six criteria set out at R.S. 49:972(B).

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments on the proposed Rule to Mr. Kenneth Ribbeck, Wildlife Division, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA, 70898-9000 no later than 4:30 p.m., September 5, 2013.

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the Commission to promulgate and effectuate this Notice of Intent and the final Rule, including, but not limited to, the filing of the fiscal and economic impact statement, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Ronald Graham
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Resident Game Hunting Season Turkey Hunting Areas, Seasons, and Bag Limits

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no impact on state or local governmental unit expenditures. Establishment of turkey hunting seasons is an annual process that is carried out using existing staff and funding levels.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Revenue collections from the sale of wild turkey licenses in FY 14 are estimated to be $70,967. Failure to adopt this rule would result in no turkey hunting seasons for 2014 and the subsequent loss of state revenue collections from the sale of turkey licenses. In addition, loss of tax revenues of an indeterminable amount may occur to both state and local governmental units from the foregone sales of supplies and equipment used in the pursuit of turkeys.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change modifies open hunting season dates and bag limits in designated hunting areas and wildlife management areas for hunting turkeys during March and April, 2014.

Approximately 18,000 resident and nonresident sportsmen and an indeterminable number of sporting good distributors, retail outlets and landowners are directly affected by the proposed rule. Turkey hunters in Louisiana generate income to retail outlets, landowners and commercial businesses through hunting lease payments and purchases of related outdoor equipment and associated items (food, fuel, clothing, shotgun shells, etc.). These land and business owners will be negatively impacted if turkey hunting seasons, rules and regulations are not established and promulgated. The actual amount of this impact cannot be estimated at this time. Resident and nonresident turkey hunters will be required to purchase a Louisiana wild turkey license in addition to their basic and big game hunting licenses, provided they are not exempt from

purchasing a turkey license or do not already possess a license that includes wild turkey hunting privileges. The costs incurred by turkey hunters for the purchase of wild turkey licenses will be $5.50 for residents, non-resident active military, non-resident students and non-resident Louisiana natives, and $20.50 for other non-residents. In addition, non-residents can purchase an all inclusive 1-day license to hunt turkeys for $36.00.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Hunting supports approximately 13,084 full and part-time jobs in Louisiana, a portion of which are directly related to turkey hunting. Failure to establish turkey hunting seasons may have a negative impact on some of these jobs. It is anticipated that there will be little or no effect on competition in both the public and private sectors resulting from the proposed action.

Lois Azzarello
Undersecretary
1307#037

Evan Brasseaux
Staff Director
Legislative Fiscal Office

Administrative Code Updates

CUMULATIVE: January - June 2013

LAC Title	Part #.Section #	Action	Location: Month	Location: LR 39 Page #
7	XXV.101,103,111,113,117,121,123,141	Amended	Feb.	300
	XXV.141	Amended	June	1413
	XXV.145,151,153,157	Amended	Feb.	300
	XXV.155,159,165,167	Adopted	Feb.	300
13	I.4701,4703,4705,4707,4709	Adopted	June	1419
22	III.8101,8103,8301,8303,8501,8701,8703	Adopted	Apr.	1041
	XIII.503	Amended	Apr.	1042
25	VII.103,107,301,305,501,2303,3101,3103	Amended	Jan.	67
	VII.105,303,503,1307,1309,2705,4317,5307	Repealed	Jan.	67
	VII.3109,4103,4105,4301,4303,4305,4307	Amended	Jan.	67
	VII.4309,4311,4501,4503,4507,5101,5103	Amended	Jan.	67
	VII.5105,5107,5109,5111,5303,5305,5307	Amended	Jan.	67
	VII.5113,5115	Adopted	Jan.	67
	VII.5311,5313,5315,5317	Repealed	Jan.	67
	IX.305,307,313,314,315,317,319,321,331	Amended	May	1264
	IX.500,501,502,504,505,901,921,929,1101	Amended	May	1264
	IX.1103,1105,1107,1109,1111,1113,1115	Amended	May	1264
	IX.1117,1119,1121,1123,1125,1127,1129	Amended	May	1264
	IX.1131	Amended	May	1264
	XI.501,503,505,507,509,511,513,515,517	Repealed	May	1264
	XI.519,521,523,525,527,529,531	Repealed	May	1264
28	I.501	Repromulgated	Feb.	307
	IV.301	Amended	Feb.	308
	IV.703	Amended	Mar.	481
	IX.103,105	Amended	Jan.	84
	LXXIX.105,107,115,117,119,123,301,303	Amended	June	1438
	LXXIX.107	Amended	Feb.	306
	LXXIX.109,110,111,113	Repealed	Feb.	306
	LXXIX.305,703,705,1705,2105,2113,2117	Repealed	June	1438
	LXXIX.501,505,509,511,515,517,525,527	Amended	June	1438
	LXXIX.529,531,533,535,707,901,1101	Amended	June	1438
	LXXIX.1103	Adopted	Mar.	480
	LXXIX.1901,1903,2103,2109,2111,2120	Amended	June	1438
	LXXIX.2102,2508	Adopted	June	1438
	LXXIX.2119,2125,2129,2133,2703,2705	Repealed	June	1438
	LXXIX.2127,2131,2135,2307,2313,2319	Amended	June	1438
	LXXIX.2323,2325,2327,2329,2331,2339	Amended	June	1438
	LXXIX.2501,2503,2505,2507,2509,2511	Amended	June	1438
	LXXIX.2513,2515,2517,2519,2521,2701	Amended	June	1438
	LXXIX.2707,2709,2711,2713,2715,2719	Repealed	June	1438
	LXXIX.2717,2735,2901,2903,3003,3301	Amended	June	1438
	LXXIX.2721,2723,2725,2727,2729,2731	Repealed	June	1438
	LXXIX.2721,2723,2725,2727,2729,2731	Repealed	June	1438
	LXXIX.2733,2905,2907,2909,2911,2913	Repealed	June	1438
	LXXIX.3101	Repealed	June	1438
	LXXIX.3303	Amended	June	1438
	LXXXIII.301,409,517,613	Amended	Feb.	304
	LXXXIII.301,409,521	Amended	June	1421
	LXXXIII.612	Adopted	Feb.	304
	LXXXIII.1102	Amended	Feb.	304
	LXXXIII.3501,3505	Adopted	Mar.	472
	LXXXIII.3503,3507	Amended	Mar.	472
	CXI.305,701,1817	Amended	Apr.	1018
	CXI.319,1809,1810,2201,2203,2205,2207	Adopted	Jan.	73
	CXI.701,1701,1813,1817,1825	Amended	Jan.	73
	CXI.1127,1129,1711,1713,1715,1717,3501	Amended	June	1422
	CXI.1804,1805,1806.1807,1808	Repromulgated	Jan.	73
	CXI.2400,2409,2411,2412,2413,2415	Adopted	Jan.	73
	CXIII.303,307,309,1905,3101	Amended	Jan.	80
	CXIII.1907	Adopted	Jan.	80
	CXV.1301	Amended	Mar.	476
	CXV.1302,1303	Adopted	Mar.	476
	CXV.1304,1305,1306	Repromulgated	Mar.	476
	CXV.2317	Amended	Apr.	1038
	CXXXI.233,235,237,240,243,348,405,409	Amended	June	1459
	CXXXI.605,607,609,629,630,631,633,648	Amended	June	1459
	CXXXI.659,703,705,707,721,723	Amended	June	1459
	CXXXIX.301	Amended	Mar.	473
	CXXXIX.401,403,405,407,409,411,417,419	Adopted	Mar.	473
	CXXXIX.421,423,521,707	Adopted	Mar.	473
	CXXXIX.503,505,507,509,511,513,515,517	Amended	June	1431
	CXXXIX.512	Amended	Jan.	81
	CXXXIX.518,901,1101,1303,1503,2501	Amended	June	1431
	CXXXIX.523,1105	Adopted	June	1431
28	CXXXIX.2709	Amended	June	1431
	CXXXIX.2709,2711	Amended	Apr.	1021
	CXLV.505	Amended	Jan.	82
	CXLV.505	Amended	Apr.	1021
	CXLVII.105,301,303,305,325,701,905	Amended	May	1272
	CXLVII.327	Repealed	May	1272
	CLIII.1301,1303,1305	Adopted	Jan.	82
	CLV.101,103,301,303,307,309,311,313,501	Adopted	Apr.	1023
	CLV.503,505,701,703,705,707,901,1101	Adopted	Apr.	1023
	CLV.1103,1105,1107,1109,1111,1301,1303	Adopted	Apr.	1023
	CLVII.101,301,303,305,307,309,311,313	Adopted	Apr.	1029
31	I.1101,1103,1105,1107	Adopted	Apr.	1055
33	III.319	Amended	Apr.	1039
	III.506,507,2160,3003,5116,5122,5311,5901	Amended	May	1276
	III.509	Amended	May	1279
	III.905	Amended	May	1278
	III.2801,2803,2807,2811,2813,2817,2819	Amended	June	1466
	III.2815	Adopted	June	1466
	III.2821	Amended	June	1466
	III.3003	Amended	Apr.	1038
	VI.803	Repromulgated	Jan.	85
	XI.905	Repromulgated	Jan.	85
34	I.5515	Adopted	May	1280
	I.5517	Adopted	Feb.	309
	I.5519	Adopted	Feb.	309
	III.131	Amended	Jan.	85
35	I.1505	Amended	May	1281
	IX.9105	Adopted	May	1281
40	I.305	Amended	Feb.	331
	I.306	Adopted	Feb.	331
42	XI.2415	Amended	Feb.	329
43	I.700,724	Amended	June	1474
	I.723,727	Amended	Feb.	327
	I.728	Adopted	Feb.	327
	XIX.103	Amended	Mar.	515
46	I.1303	Amended	Mar.	483
	I.1905,1907	Adopted	Mar.	483
	V.309,1507,1509,1511,1703	Adopted	Mar.	498
	V.1501,1503,1505,1701,1705	Amended	Mar.	498
	XXI.603,607	Amended	Apr.	1040
	XXXIII.103	Repromulgated	Jan.	86
	XXXIII.306,307,706,707	Amended	Jan.	87
	XXXIII.305	Repealed	May	1282
	XXXIII.415,1505,1506,1509,1511,1513	Amended	Jan.	89
	XXXIII.1611,1709	Amended	May	1282
	XXXIII.1613,1709,1809	Amended	Jan.	86
	XLV.6506	Amended	Apr.	1047
	XLVII.3707	Amended	Mar.	501
	XLIX.303,503,505,511,701,709,713,903,905	Amended	Apr.	1044
	XLIX.1101,1105,1107,1201,1301	Amended	Apr.	1044
	LIII.1103	Amended	Feb.	315
	LIII.1139,1143	Amended	Feb.	313
	LIII.1503	Amended	May	1282
	LIII.1525	Adopted	May	1282
	LIII.1705	Amended	Feb.	313
	LIII.1713,2743	Amended	Feb.	312
	LIII.1727	Repealed	Feb.	313
	LIII.2401,2403,2405,2407	Adopted	Mar.	501
	LIII.2705	Amended	Feb.	312
	LIII.2901,2909,2911,2913,2917,2921,2925	Amended	Feb.	314
	LIII.2931	Repealed	Feb.	314
	LXI.903,1901,2909	Amended	Apr.	1060
	LXI.2701,3111,3113	Amended	June	1481
	LXIII.601,603	Amended	Feb.	311
	LXVII.10309	Amended	Feb.	310
	LXVII.10701	Adopted	Feb.	310
	LXXV.107,109,121,123,125,701	Amended	Apr.	1042
	LXXV.130	Adopted	Apr.	1042
	XCI.313	Amended	Jan.	91
	XCI.1101	Adopted	Jan.	91

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48	I.12533	Amended	June	1469
	I.12535	Adopted	June	1469
50	I.1501,1503	Adopted	Apr.	1051
	I.3503,3505,3507,3509	Amended	Jan.	92
	I.3507	Repromulgated	Feb.	318
	I.8341,8345,8347,8349	Amended	Mar.	509
	I.12501	Amended	Mar.	505
	II.105,113	Amended	Apr.	1052
	II.10154,10156	Amended	June	1471
	II.20005	Amended	May	1286
	III.20509	Adopted	May	1285
	V.915,959	Amended	Jan.	94
	V.959	Amended	Feb.	323
	V.963	Repromulgated	Jan.	95
	V.963	Amended	June	1470
	V.1301,1303,1305,1307,1309	Adopted	Feb.	323
	V.2709	Amended	Mar.	505
	V.5109	Adopted	Feb.	327
	V.5315,5515,5717,5915,6117	Amended	June	1472
	VII.32965,32967,32969	Adopted	Feb.	325
	IX.8305	Amended	Jan.	96
	IX.8505	Adopted	Jan.	96
	IX.8701	Repealed	Jan.	96
	IX.15143	Amended	Jan.	96
	XI.3501	Amended	Jan.	93
	XI.3501	Amended	Mar.	506
	XI.6901,6903	Amended	May	1283
	XI.7503	Amended	Feb.	316
	XIII.121	Adopted	Mar.	509
	XIII.701	Amended	Apr.	1050
	XIII.10301	Amended	Apr.	1050
	XV.6501	Adopted	Feb.	318
	XV.6701,6703,6705	Repealed	Feb.	318
	XV.6905	Amended	Apr.	1048
	XV.9113	Amended	Mar.	505
	XV.9701,9703	Adopted	Jan.	93
	XV.10701	Amended	Jan.	97
	XV.12919	Adopted	Apr.	1052
	XV.28101	Amended	May	1286
	XIX.309	Amended	Apr.	1052
	XIX.4329	Amended	Jan.	95
	XIX.4329,4334,4335,4337	Amended	May	1284
	XXI.701	Adopted	Mar.	509
	XXI.2915	Amended	Mar.	507
	XXI.6101	Amended	Apr.	1049
	XXI.8105,8301,8305,8307,8311,8313,8315	Amended	Feb.	319
	XXI.8302	Adopted	Feb.	319
	XXI.8321,8323,8501,8701,8901,8903,9301	Amended	Feb.	319
	XXI.9303,9501,9503	Amended	Feb.	319
	XXI.9501	Amended	Mar.	508
	XXI.9501	Amended	Mar.	508
	XXI.9501	Repromulgated	Apr.	1048
	XXI.11301	Amended	Mar.	507
	XXI.14301	Amended	Apr.	1049
	XXI.16901	Amended	Apr.	1049
	XXII.2701	Amended	Mar.	506
	XXIII.1301	Amended	Feb.	316
	XXV.701	Amended	Feb.	316
	XXVII.325,353	Amended	May	1285
	XXXIII.501	Amended	Feb.	317
	XXXIII.2701	Amended	Feb.	317

LAC Title	Part #.Section #	Action	Location: Month	Location: LR 39 Page #
51	XIV.411	Repromulgated	Mar.	511
52	I.703,704,802,803,1002,1003,1009,1010	Amended	June	1415
	I.801,804,806,808	Adopted	June	1415
	I.1012,1013,1014,1017,1018,1101,1102	Amended	June	1415
	I.708,1001,1004,1005,1006,1007,1011,1015	Repealed	June	1415
	I.1016,1103,1104	Repealed	June	1415
55	III.110	Adopted	Mar.	516
	III.155	Repromulgated	Jan.	98
	V.103,303	Amended	June	1478
56	III.2301,2303,2305,2307	Adopted	Jan.	117
	V.1107	Amended	Mar.	486
58	I.115,117	Adopted	Jan.	120
	I.401,405,407	Amended	Jan.	119
	IX.201,202,203,204,205	Adopted	May	1286
	XVIII.101,102,103,104	Adopted	June	1482
61	I.1516	Adopted	Jan.	103
	I.1520	Amended	Jan.	103
	I.1520	Repromulgated	Feb.	329
	I.1907	Amended	Jan.	99
	III.2501	Amended	Jan.	102
	III.2503	Amended	Jan.	99
	V.101,303,304,703,907,1103,1307,1503,2503	Amended	Mar.	487
	I.1661,1663,1665,1667,1669,1673	Amended	Apr.	1006
	I.1668	Adopted	Apr.	1009
	I.1692,1693,1695,1697	Amended	Apr.	1015
	I.1694	Adopted	Apr.	1015
67	III.1290,1291	Repealed	June	1413
	III.1249,5563	Amended	June	1413
	III.5597	Adopted	Jan.	67
	III.7302,7355	Amended	Jan.	66
	III.7304,7325,7357,7373	Amended	Mar.	470
	V.6704	Adopted	Jan.	66
	V.6953,7103,7303	Amended	Jan.	66
	V.7503,7505,7507,7509and7511	Amended	Apr.	1006
	V.7503	Repromulgated	May	1264
70	I.701,703,705,707,709,710,711,713	Repealed	Jan.	117
	IX.301,313,315	Amended	Jan.	104
	IX.303,305,307,309,311,317,319,321,323	Repromulgated	Jan.	104
	IX.325,327,329,331,333,335,337	Repromulgated	Jan.	104
	IX.901,903,905,907,909,911,913,915,917	Repealed	Jan.	104
	IX.919,921,923,925,927,929,931,933,935	Repealed	Jan.	104
	IX.937	Repealed	Jan.	104
	XXIX.101,103,105,107,109,111,113,115			
73	I.303	Amended	Jan.	98
76	I.701	Amended	Apr.	1062
	V.301	Amended	Jan.	120
	VII.199	Amended	Jan.	120
	VII.335	Amended	Feb.	330
	VII.357	Amended	Apr.	1062
	VII.535	Adopted	Mar.	516

Potpourri

POTPOURRI

Office of the Governor
Cemetery Board

Cemetery Industry
(LAC 46:XIII. Chapter 1-23)

The Louisiana Cemetery Board published a Notice of Intent in the *Louisiana Register* on April 20, 2013, to adopt LAC 46:XIII.101 et seq., as authorized by R.S. 8:67. The notice invited interested parties to submit written comments. After a thorough review and careful consideration of the received comments, the board proposes to amend certain portions of the proposed rules:

- amend Subsection 901.A to provide clarification regarding what records must be retained by cemeteries;
- amend Paragraph 909.C.3 to remove actual and to insert percentage, as they relate to contract disclosures for perpetual care;
- delete Paragraph 909.D.2 due to redundancy;
- renumber Paragraphs 909.D.3 and 909.D.4 to be 909.D.2 and 909.D.3, respectively;
- amend the newly renumbered Paragraph 909.D.2 to add percentage as it relates to contract disclosures for merchandise trust funds;
- amend the newly renumbered Paragraph 909.D.3 to clarify that the name of the manufacturer is not required to be disclosed;
- amend Subsection 1501.D, Paragraph 1501.D.1, and Subsection 1501.E to provide for a 30-day deposit deadline for when perpetual care deposits are due;
- amend Subsection 1501.F to clarify when a cemetery can receive a credit on previously-deposited perpetual care deposits attributable to a cemetery space or interment right;
- amend Subsection 1503.B to clarify and make the language consistent throughout the rule;
- amend Subsection 1705.A to clarify language relative to what can be charged against the income of a merchandise trust fund.

No fiscal or economic impact will result from the amendments proposed in this notice.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XIII. Cemetery Industry

Chapter 9. Cemetery Records and Documents

§901. Records Required to be Maintained

A. Every cemetery or cemetery authority, whether holding a certificate of authority or not, shall maintain accurate, complete, and legible records of any books, contracts, records, or documents pertaining to, prepared in, or generated by, the cemetery including, but not limited to:

A.1. - B. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 8:67.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Cemetery Board, LR 39:

§909. Written Contracts Required

A. - C.2. …

3. the amount or percentage to be placed in the cemetery's perpetual or endowed care trust; and

C.4. - D.1 …

2. if the merchandise will not be delivered or stored pursuant to R.S. 8:502.1, then the agreement shall state the amount or percentage to be placed in the cemetery's merchandise trust fund;

3. a description of each item of merchandise or service with sufficient information to describe the merchandise or service, including the size, design, and materials used in construction or manufacture.

AUTHORITY NOTE: Promulgated in accordance with R.S. 8:67 and R.S. 8:206.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Cemetery Board, LR 39:

Chapter 15. Cemetery Care Fund

§1501. Payments to Perpetual Care Trust Fund [Formerly §1301]

A. - C. ...

D. All perpetual or endowed care deposits shall be delivered to the trustee not later than the thirtieth day after the close of the month of the sale or transfer of the interment space or interment right by the cemetery authority or cemetery sales/management organization. However, if the sale or transfer is financed by the seller and payments are pursuant to an installment contract, then the deposits to the trust fund must be made either:

1. not later than the thirtieth day of the close of the month in which the contract is made; or

2. …

E. If an installment contract is financed with or sold to a financial institution or entity other than the seller, the contract shall be considered paid in full, both as to time and amount, and the deposits shall be delivered to the trustee not later than the thirtieth day after the end of the calendar month in which the cemetery authority receives the funds.

F. In the event that a contract for a cemetery space or interment right is cancelled, terminated, upgraded, or traded, the cemetery authority shall be entitled to a credit for the amount deposited and attributable to such space, provided that the cemetery authority can provide sufficient documentation, acceptable to the board, of the credit due.

G. - H. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 8:67.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Cemetery Board, LR 8:467 (September 1982), amended by the Office of the Governor, Cemetery Board, LR 39:

§1503. Remittance by the Trustee to the Cemetery Authority [Formerly §1303]

A. …

B. The net income, after the deduction of costs associated with the operation of the trust, may be remitted to

the cemetery for care and maintenance of the cemetery as provided for by title 8. A cemetery or cemetery authority may not charge the trust for administrative costs for the operation of the cemetery or trust funds.

C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 8:67.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Cemetery Board, LR 8:467 (September 1982), amended by the Office of the Governor, Cemetery Board, LR 39:

Chapter 17. Merchandise Trust Funds

§1705. Withdrawals from Merchandise Trust Fund

A. The merchandise trust funds shall be held in trust both as to principal and income earned thereon, and shall remain intact, except that the costs of operation of the trust may be deducted from the income earned thereon, until delivery of the personal property is made or the services are performed. A cemetery, cemetery authority, or other entity required to establish and maintain a merchandise trust fund may not charge the income of the trust for its administrative costs for the operation of the cemetery, cemetery authority, other entity, or trust funds. Within a merchandise trust fund, realized capital gains and losses shall be allocated in the same manner as income.

B. - F.3. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 8:67.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Cemetery Board, LR 39:

Public Hearing

In accordance with the provisions of the Administrative Procedure Act, specifically R.S. 49:968(H)(2), the board gives notice of a public hearing to receive additional comments and testimony on these substantive amendments to the proposed Rule. The hearing will be held at 9 a.m. on Wednesday, August 28, 2013 at the office of the Louisiana Attorney General, 1885 North Third Street, Baton Rouge, LA. At that time, all interested parties will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. Interested parties may submit written comments to Lucy L. McCann, Louisiana Cemetery Board, 3445 North Causeway Boulevard, Suite 700, Metairie, LA 70002. She is responsible for responding to inquiries regarding the proposed Rule. The deadline for submitting written comments is 4:30 p.m., August 28, 2013.

Lucy L. McCann
Director

1307#019

POTPOURRI

Department of Health and Hospitals
Board of Veterinary Medicine

Fall/Winter Examination Dates

The Louisiana Board of Veterinary Medicine will administer the state board examination (SBE) for licensure to practice veterinary medicine on the first Tuesday of every month. Deadline to apply for the SBE is the third Friday prior to the examination date desired. SBE dates are subject to change due to office closure (i.e. holiday, weather).

The board will accept applications to take the North American veterinary licensing examination (NAVLE) which will be administered through the National Board of Veterinary Medical Examiners (NBVME), formerly the National Board Examination Committee (NBEC), as follows:

Test Window Date	Deadline To Apply
November 18-December 14, 2013	August 1, 2013
April 14-April 26, 2014	January 3, 2014

The board will also accept applications to take the veterinary technician national examination (VTNE) which will be administered through American Association of Veterinary State Boards (AAVSB), for state registration of veterinary technicians as follows:

Test Window Date	Deadline To Apply
November 15-December 15, 2013	October 15, 2013
March 15-April 15, 2014	February 15, 2014
July 15-August 15, 2014	June 15, 2014

Applications for all examinations must be received on or before the deadline. No late application will be accepted. Requests for special accommodations must be made as early as possible for review and acceptance. Applications and information may be obtained from the board office at 263 Third Street, Suite 104, Baton Rouge, LA 70801 and by request via telephone at (225) 342-2176 or by e-mail at admin@lsbvm.org; application forms and information are also available on the website at www.lsbvm.org.

Wendy D. Parrish
Executive Director

1307#046

POTPOURRI

Department of Health and Hospitals
Office of Public Health

Louisiana Standards for Water Works Construction, Operation, and Maintenance Committee

The Office of Public Health, in accordance with Act 292 of the 2013 Legislative Session, gives notice that the first meeting for Louisiana Standards for Water Works Construction, Operation, and Maintenance Committee will be held at 1 p.m. on Tuesday, August 13, 2013, in room 118 of the Bienville Building, 628 North Forth Street, Baton Rouge, LA. Persons attending the meeting may have their parking ticket validated when one parks in the seven-story Galvez Parking Garage which is located between North sixth and North Fifth/North and Main Streets (catercorner and across the street from the Bienville Building). All interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. Inquiries regarding this meeting should be addressed to Jake Causey,

Chief Engineer, Engineering Services Section, Office of Public Health, Mail Bin #3, P.O. Box 4489, Baton Rouge, LA 70821-4489; emailed to jake.causey@la.gov; or faxed to (225) 342-7303.

Kathy H. Kliebert
Secretary

1307#077

POTPOURRI

Department of Natural Resources
Office of Conservation

Orphaned Oilfield Sites

Office of Conservation records indicate that the oilfield sites listed in the table below have met the requirements as set forth by section 91 of Act 404, R.S. 30:80 et seq., and as such are being declared orphaned oilfield sites.

Operator	Field	District	Well Name	Well Number	Serial Number
Morgan and Fish	Caddo Pine Island	S	Gamm	004	56144
John F Mitchell et al	Caddo Pine Island	S	Gamm	002	52423
Wilson Well Service	Red River-Bull Bayou	S	Doan Nelson	C-001	68973
Wilson Well Service	Red River-Bull Bayou	S	Townsend	001	136440
Wilson Well Service	Red River-Bull Bayou	S	Waller	001	141762
Wilson Well Service	Red River-Bull Bayou	S	Townsend	005	178456
Wilson Well Service	Red River-Bull Bayou	S	Nelson Heirs A	001	182102
Wilson Well Service	Red River-Bull Bayou	S	Townsend	006	185230
Wilson Well Service	Pendleton-Many	S	Wp Nabours Swd	B-1	99937

James H. Welsh
Commissioner

1307#017

POTPOURRI

Department of Natural Resources
Office of the Secretary
Fishermen's Gear Compensation Fund

Underwater Obstructions—Latitude/Longitude Coordinates

In accordance with the provisions of R.S. 56:700.1 et seq., notice is given that two claims in the amount of $7,470.01 were received for payment during the period June 1, 2013-June 30, 2013.

There was 1 paid and 1 denied.

Latitude/longitude coordinates, in degree decimal minutes, of reported underwater obstructions are:

29 49.230 93 21.530 Cameron

A list of claimants and amounts paid can be obtained from Gwendolyn Thomas, Administrator, Fishermen's Gear Compensation Fund, P.O. Box 44277, Baton Rouge, LA 70804 or you can call (225) 342-9388.

Stephen Chustz
Secretary

1307#033

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